

# *Preparation for Transition*

A Practical Guide for Order, Clarity, and Readiness

# *Why This Matters*

- Life is temporary
- Order removes burden from loved ones
- This document provides clarity, not confusion

*“And as it is appointed unto men once to die,  
but after this is judgment.”*

*Ibrim (Hebrews) 9:27*

## *To My Loved Ones:*

I write this in advance so that when my time of departure comes, there is order, clarity, and no unnecessary burden placed upon you.

Life is given by Yahuah, and every soul returns to Him at the appointed time. This is not uncertain, nor is it without purpose.

For this reason, I have prepared these instructions ahead of time—so that what must be done is carried out with understanding, without confusion, and without delay.

Within this document, you will find the necessary information to guide you: practical matters, final decisions, and clear direction for what is to be handled.

Do not allow grief to lead to disorder. Let all things be done with wisdom, simplicity, and in alignment with what is right.

Carry out these matters with strength, and remain grounded in Yahuah.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## *First Person to be Notified:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***Personal Information:***

Record the following information clearly so that all necessary details are readily available and no confusion arises.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Industry/Trade: \_\_\_\_\_

Military Service: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Place of Birth (if known): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Birth (if known): \_\_\_\_\_

## ***Service Location (If Applicable)***

Funeral Home (If used): \_\_\_\_\_ Address: \_\_\_\_\_

Address of Place of Gathering: \_\_\_\_\_

Address of Other Location (if applicable): \_\_\_\_\_

## *Emergency Contacts*

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

***“A good man leaves an inheritance to his children’s children: and the wealth of the sinner is laid up for the just.”***

***Mishlei (Proverbs) 13:22***

## *Medical Decisions*

Record the following information clearly so that those responsible for my care are not left to guess or make decisions without direction.

These instructions are given in advance and are to be honored as written.

**Conditions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Life support preferences** \_\_\_\_\_

\_\_\_\_\_

**Do Not Resuscitate (DNR):**

Yes     No

## *Body & Tissue Donation (Optional)*

This section is optional and is to be completed only if I have chosen to allow the use of my body or specific tissues after death.

If selected, these instructions are to be carried out as written.

A.  I permit the use of any needed organs or tissues

B.  I permit only the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *Final Instructions for My Service:*

The following instructions are given in advance so that all matters are handled with order, simplicity, and without confusion.

These instructions are to be followed as written.

### **Type of Arrangement**

- Burial
- Cremation

### **Service Guidance**

Will there be a gathering or service?

- Yes
- No

If yes, provide direction:

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### **Location (If Applicable):**

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### **Specific Instructions**

State clearly anything that is to be done-or not done.

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### **Personal Items**

List any instructions regarding personal belongings.

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## *Burial & Resting Place Instructions:*

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

### Resting Method:

- Earth Burial
  - Interment (following cremation)
  - Other:
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### Specific Location (If Applicable)

If a plot, space, or designated area has already been secured, provide details below

### Marker / Identification( Optional):

Provide any instructions regarding a marker, inscription, or identification.

### Additional Instructions:

State anything that must be followed regarding burial.

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## *Insurance Information*

### *Policy 1*

Type of Insurance

(Life, Health, Property, Other) \_\_\_\_\_

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Company	Location	Policy No.	Amount
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Agent	Phone Number	Primary Beneficiary
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### *Policy 2*

Type of Insurance

(Life, Health, Property, Other) \_\_\_\_\_

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Company	Location	Policy No.	Amount
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Agent	Phone Number	Primary Beneficiary
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### *Policy 3*

Type of Insurance

(Life, Health, Property, Other) \_\_\_\_\_

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Company	Location	Policy No.	Covered
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Agent	Phone Number	Primary Beneficiary
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Where are documents stored?

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## *Financial Information & Access*

Record the following information clearly so that all financial matters can be located and handled without confusion or delay..

### *Document Locations (High Priority)*

Birth Certificate: \_\_\_\_\_

Will / Trust: \_\_\_\_\_

Property Deeds / Titles: \_\_\_\_\_

Insurance Documents: \_\_\_\_\_

Tax Records: \_\_\_\_\_

Other: \_\_\_\_\_

### *Banking & Accounts*

Account 1

Bank / Institution: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number (last 4 only): \_\_\_\_\_

Account 2:

Bank / Institution: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number (last 4 only): \_\_\_\_\_

Account 2:

Bank / Institution: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number (last 4 only): \_\_\_\_\_

## *Financial Information & Access*

### *DEBTS & OBLIGATIONS*

Mortgage / Rent:

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Car Payment:

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Credit Cards:

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Other Debts:

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### *SAFE DEPOSIT / SECURE ACCESS*

Bank:

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Box Number:

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Key / Access Location:

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### *VALUABLE ITEMS*

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Designated Person (if any): \_\_\_\_\_

Access Instructions (state where passwords, keys, or access details are securely stored):

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## *Personal Reflection & Final Words*

This section is provided for any personal words, reflections, or statements I choose to leave behind.

It is not required, but may be used to provide clarity, encouragement, or final thoughts.

### **Statement of Belief (Optional):**

If I choose to leave a statement of belief or understanding, record it below.

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### **Scripture (Optional):**

List any scripture that is to be remembered or shared.

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### **What Matters Most:**

State what I want to be remembered for.

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### **Words to My Family:**

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### **Additional Reflections (Optional):**

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## ***Final Declaration***

I have prepared this document in advance to provide clear direction regarding my care, arrangements, and personal matters.

These instructions are given intentionally and are to be followed as written.

This document reflects my decisions at the time it was completed.

### **Signature Section:**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (Optional): \_\_\_\_\_

Date: \_\_\_\_\_