END-OF-LIFE PLAN

This End-of-Life Plan records the wishes and personal information of _____ (in this plan, "I" and "me"), so that the people close to me know what I want and where to find what they will need.

Purpose and Effect. This plan is a guide for my family. It is not a will, a living will or advance directive, or a health care power of attorney. It does not transfer property, appoint an executor or guardian, or give anyone authority to make medical or financial decisions for me. If this plan conflicts with any of those documents, they control.

1. ABOUT ME

Full legal name: _____

Date of birth: _____

Home address: _____

Date of this plan: _____

2. KEY CONTACTS

Executor or personal representative: _____

Health care agent: _____

Attorney: _____

Doctor: _____

Other contacts (accountant, insurance agent, clergy): _____

3. WHERE TO FIND MY DOCUMENTS

I have these documents (check all that apply): [ ] will [ ] living trust [ ] living will or advance directive [ ] health care power of attorney [ ] financial power of attorney [ ] life insurance policies [ ] deeds and vehicle titles [ ] bank and investment records [ ] retirement and pension records [ ] recent tax returns [ ] birth certificate, marriage or divorce papers [ ] military discharge papers (DD 214) [ ] prepaid funeral or cemetery contract

They are kept here: _____

Safe deposit box location and key: _____

4. HEALTH CARE WISHES

My formal instructions about medical treatment are in my living will, advance directive or health care power of attorney, which control. This summary is a guide only.

My care preferences: _____

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Where I would prefer to spend my final days (check one): [ ] at home, with hospice support if possible [ ] in a hospice or care facility [ ] in a hospital [ ] no preference

Spiritual care I would like near the end of my life: _____

5. ORGAN AND TISSUE DONATION

(Check one): [ ] I am registered as a donor [ ] I want to donate any organs and tissue that can help others [ ] I want to donate only: _____ [ ] I do not want to donate [ ] my family may decide

The surest record of a donation decision is a registration in your state's donor registry, made online or at a motor vehicle office.

6. FINAL ARRANGEMENTS

(Check one): [ ] burial [ ] cremation [ ] green or natural burial [ ] donating my body to science [ ] my family may decide

Cemetery, burial place, wishes for ashes, or body donation program: _____

I would like _____ to make decisions about my remains, funeral and memorial, or _____ if that person cannot or will not act.

Note: some states let you name an agent to control the disposition of your remains only in a separate signed document that follows the state's rules, such as a notary or witnesses. This plan states a preference and may not be binding.

7. FUNERAL OR MEMORIAL SERVICE

(Check one): [ ] funeral service [ ] memorial service [ ] graveside service only [ ] celebration of life [ ] no service [ ] my family may decide

Place: _____

Religious or cultural wishes: _____

Music, readings, speakers or flowers: _____

Prepaid funeral or cemetery plan (provider and where the contract is kept): _____

Preferred funeral home: _____ Spending wishes: _____

Under the Federal Trade Commission's Funeral Rule, a funeral home must give an itemized price list, let my family choose only the goods and services they want, and accept a casket or urn bought elsewhere without a handling fee.

8. OBITUARY AND PEOPLE TO NOTIFY

(Check one): [ ] publish an obituary in _____ [ ] share a notice with family and friends only [ ] no obituary

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Details to include: _____

In place of flowers, gifts to: _____

Person who should spread the news: _____

People to tell, with phone or email: _____

9. DIGITAL ACCOUNTS

Email, social media and other online accounts: _____

(Check one): [ ] memorialize accounts where the service allows it [ ] close or delete the accounts [ ] my family may decide

Where my password manager or access instructions are kept: _____

Do not write passwords in this plan. Where I have named a contact through a service's own account tool, my family should follow that setting.

10. PETS

My pets: _____

I would like _____ to care for them, if that person agrees. Care notes (vet, food, medicines): _____

11. PERSONAL MESSAGES AND OTHER WISHES

_____

_____

_____

12. KEEPING THIS PLAN CURRENT

I intend to review this plan whenever my health, family or wishes change and to give copies to the people named in it. If I make a new plan, the one with the latest date controls.

SIGNATURES

Plan Owner

Signature: _____ Date: _____

Printed Name: _____

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Helper (if any)

Signature: _____ Date: _____

Printed Name: _____

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