

## **Easy Life Planner Series**

### **Final Wishes Checklist**

#### PURPOSE

This checklist is designed to help you document important end-of-life preferences and decisions. It provides a simple way to organize your wishes and communicate them clearly to family members and trusted individuals.

#### **1. PERSONAL INFORMATION**

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

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

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

Phone Number: \_\_\_\_\_

#### **2. KEY CONTACTS**

Primary Contact:

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

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

Phone: \_\_\_\_\_

Secondary Contact:

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

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

Phone: \_\_\_\_\_

### 3. MEDICAL & CARE PREFERENCES

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital / Care Facility:

\_\_\_\_\_

Do you have a Living Will or Advance Directive?

Yes  No

Location of documents:

\_\_\_\_\_

Special medical or care instructions:

\_\_\_\_\_

\_\_\_\_\_

### 4. LEGAL & FINANCIAL INFORMATION

Do you have a Will or Trust?

Yes  No

Location of documents:

\_\_\_\_\_

Power of Attorney:

\_\_\_\_\_

Executor / Responsible Person:

\_\_\_\_\_

Important financial notes:

\_\_\_\_\_

\_\_\_\_\_

## 5. FUNERAL & MEMORIAL PREFERENCES

Preferred arrangements:

Burial  Cremation  Other: \_\_\_\_\_

Preferred funeral home (if known):

\_\_\_\_\_

Service preferences (if any):

\_\_\_\_\_

\_\_\_\_\_

Special requests:

\_\_\_\_\_

## 6. PERSONAL WISHES & MESSAGES

Messages for family or loved ones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7. ADDITIONAL NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NEXT STEP

This checklist is a starting point. For a more complete system to organize your wishes and important information, refer to the Easy Life Planner Series.

Part of the Easy Life Planner Series

[EasyLifePlanner.com](http://EasyLifePlanner.com)