

 **MY FINAL WISHES**

BASIC INFORMATION

Legal Name: _____

Maiden Name: _____

Phone Number: _____ Date of Birth: _____

Place of Birth: _____ Social Security Number: _____

Home Address: _____

Parent(s) or Guardian(s) legal name(s): _____

Occupation: _____

Name of Beneficiary: _____

Name of Attorney: _____

Location of Documents

My will or trust is located: _____

My keys are located: _____

My life insurance paperwork is located: _____

Any other keys and/or safe combinations: _____

My bank statements are located: _____

Important Passwords: _____

Other:

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What are my thoughts on my funeral, memorial, or celebration of life?

Do I have specific end of life requests that I feel strongly about?

Which individuals or organizations should be notified after I pass away?

Is my will in order?

Do I have a few options lined up to take care of my pets?

If my child or children are minors when I pass away, do I have guardian options for them?

Would I like to leave certain assets to specific individuals?

Who would I like to leave notes or letters for before I pass away?

What needs to be done or in order before I pass away?