

# End of Life Planner

By completing this Planner now you will make your wishes known on important decisions that will be made concerning your care in your final days and end of life.

This planner should be completed, signed, witnessed, or if you don't have a witness available, notarized. Each page should also be initialed by you. Leave a copy in your home and let your most trusted friend or relative know where it is. If you feel comfortable sharing the information in this Planner you may wish to give copies of the Planner to those you trust.

If you need extra room for information please use additional sheets of paper.

Prepared as a public service  
by

**The Hospice Support Fund**

a program of The New Hope Foundation, Inc.

PO BOX 1839

Merrifield, VA 22116-8039

[www.HospiceSupportFund.org](http://www.HospiceSupportFund.org)

## Type of Care I wish to Receive if I am Critically or Terminally ill, and Where I wish to Receive Care:

**My family doctor** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Name* *City* *State* *Phone Number*

**My pharmacist** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Name* *Drug Store* *Phone Number*

### Medical Specialists

<i>Name</i>	<i>Specialty</i>	<i>City</i>	<i>State</i>	<i>Phone Number</i>
				( )
				( )
				( )
				( )
				( )
				( )
				( )
				( )
				( )

Hospital I would like to be taken to: \_\_\_\_\_  
*Name* *Address*

Hospital(s) I DO NOT wish to be taken to: \_\_\_\_\_  
 \_\_\_\_\_

<i>Document</i>	<i>Have you signed?</i>	<i>Location (or who has copy)</i>	<i>Comments</i>
Living will <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Power of Attorney <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		Who appointed
Power of Attorney over Financial Matters <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		Who appointed
Do Not Resuscitate Form <sup>4</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Organ Donation Card <sup>5</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>1</sup>A living will is a legal document separate from your will that lets family members know what kind of care you want and don't want should you become terminally ill or unable to communicate. The living will comes into play only if you are unable to communicate what you want yourself.

<sup>2</sup>A medical power of attorney is a document that allows you to appoint someone to make healthcare decisions on your behalf if you are unable to do so.

<sup>3</sup>A power of attorney is a legal document that gives another person your permission to make legal, financial, or mechanical decisions for you. In most cases this "person" will be a spouse, child, or other trusted relatives, a friend or in financial matters a bank or trust company. You need a power of attorney if you are unable to make decisions yourself. If you do not have a power of attorney courts may appoint someone to look after your interests. You should use a lawyer to draw up a "power of attorney".

<sup>4</sup> A "Do Not Resuscitate Order" (DNR) lets your doctors know you don't want to get life prolonging treatment if your heart and breathing stop.

<sup>5</sup>A signed and witnessed card you carry to show that bodily organs specified on it may be used for transplants after your death. Organ donation may also be specified on your drivers license in many states.

Who would you like to make medical decisions for you if you are unable to do so yourself? \_\_\_\_\_

To what lengths and by what means do you want medical care to keep you alive? \_\_\_\_\_

I have health insurance through: \_\_\_\_\_  
*Name* *ID Number*

I have a Medicare supplement policy through: \_\_\_\_\_  
*Name* *ID Number*

My Social Security number is:  -  -  My medical records are located: \_\_\_\_\_

Do you have strong feelings about going to a nursing home and if you would like to go to a nursing home do you have one you would prefer? \_\_\_\_\_

Are you aware that home hospice care, covered by Medicare and most insurance policies, is available for patients suffering from congestive heart failure, emphysema, stroke, Parkinson's, Alzheimer's, dementia, cancer, multiple sclerosis, coma, and dozens of other conditions?  Yes  No

If you are critically or terminally ill, do you wish to spend your last days  in the hospital  at home  other \_\_\_\_\_

Palliative medicine doctors specialize in keeping patients comfortable and without pain. If you are critically or terminally ill, it is advisable to consult with a physician that specializes in palliative medicine early on. Do you wish to do this?  Yes  No

If you choose home health care for your last days, do you have a local hospice you prefer to provide care?

\_\_\_\_\_  
*Name* *Address* *Contact*

**Who I wish to be notified if I am terminally or critically ill:**

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Comments</i>
	( )		
	( )		
	( )		
	( )		

**Persons I DO NOT wish to see:**

\_\_\_\_\_  
*Name* *Name*

\_\_\_\_\_  
*Name* *Name*

**Persons I wish to be notified upon my passing:**

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Comments</i>
	( )		
	( )		
	( )		
	( )		
	( )		

**Obituary Facts and Wishes**

The information on this Form will help insure what you want, and do not want, to be included in your Obituary.

\_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

\_\_\_\_\_  
*Nick Name* *Date Of Birth*     
*Month* *Day* *Year*

\_\_\_\_\_ Still living?  Y  N  
*Mothers First Name*      *Middle Name*      *Maiden Name*

\_\_\_\_\_ Still living?  Y  N  
*Fathers First Name*      *Middle Name*      *Last Name*

**Siblings and their families**

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Sibling				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Sibling				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Sibling				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Sibling				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	

\_\_\_\_\_   
*High School you attended*      *City*      *State*      *Year Graduated*

High School Athletic, Academic, Extra Curricular Honors/Achievements: \_\_\_\_\_

\_\_\_\_\_   
*College you attended*      *City*      *State*      *Degree*      *Year Graduated*

College Athletic, Academic, Extra Curricular Honors/Achievements: \_\_\_\_\_

### Graduate Degrees, Honorary Degrees, other Education

<i>Institution</i>	<i>City</i>	<i>State</i>	<i>Degree</i>	<i>Year Graduated</i>	<i>Honors &amp; Achievements</i>

<i>Military Branch of Service</i>	<i>Serial Number</i>	<i>Date Entered Service</i>	<i>Place</i>
<i>Type of Discharge</i>	<i>Date of Discharge</i>	<i>Place of Separation</i>	<i>Highest Grade Rank</i>

Special Military Honors / Wars Served in: \_\_\_\_\_

### Marriages

#### First Marriage

<i>Spouses First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>From (grew up)</i>	<i>Male/ Female?</i>	<i>Still living?</i>	<i>Marriage Date</i>	<i>Married how long?</i>
				<input type="checkbox"/> M <input type="checkbox"/> F			

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

**Second Marriage**

<i>Spouses First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>From (grew up)</i>	<i>Male/ Female?</i>	<i>Still living?</i>	<i>Marriage Date</i>	<i>Married how long?</i>
				<input type="checkbox"/> M <input type="checkbox"/> F			

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Male/Female?</i>	<i>Still living?</i>
Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

Child w/ spouse					
Child's spouse					
Grandchild					

**Employment History (list most recent first)**

<i>Company</i>	<i>Title</i>	<i>Dates of Employment</i>		<i>Special Honors &amp; Recognition</i>
		<i>From</i>	<i>To</i>	

Charitable, Civic, Religious, Political Achievements, Honors, Participation: \_\_\_\_\_

Unusual attributes, humor, other stories: \_\_\_\_\_

Memorial Gifts may be sent to \_\_\_\_\_  
*Charity / Institution* *Address*

Memorial Fund Established to benefit \_\_\_\_\_  
*Charity / Institution* *Address*

**Send obituary to the following (newspapers, alumni organizations, fraternity/sororities, professional organizations, service organizations, etc):**

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>

**Funeral Arrangement Wishes**

If possible, I would like \_\_\_\_\_ to be in charge of my funeral arrangements. ( ) \_\_\_\_\_  
*Name* *Phone Number*

If this is not possible, please ask \_\_\_\_\_ to make the arrangements. ( ) \_\_\_\_\_  
*Name* *Phone Number*

My preferred Funeral Home / Crematorium is: \_\_\_\_\_  
*Name* *City* *State*

Viewing preference: Public Private None    Type of casket: Metal Wood Cremation Coffin Other  
 Special Instructions: \_\_\_\_\_

I have pre-purchased a coffin. Contact \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number

Display at viewing:  Home Movies  Photo Collage  Stream family photos on video screen  Nothing

Other Special Instructions: \_\_\_\_\_

I would like to have a flag :  Draped  Folded  Presented To: \_\_\_\_\_  
Name

Clothing Preference: \_\_\_\_\_

Personal Accessories :  Wedding Band  Stays on  Return to: \_\_\_\_\_  
 Eyeglasses  Stays on  Return to: \_\_\_\_\_  
 Other \_\_\_\_\_  Stays on  Return to: \_\_\_\_\_

Floral Preferences (type and color): \_\_\_\_\_

Place of service (church, funeral home, graveside, memorial service): \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Preferred Clergy: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number

Participating Organizations (Fraternal, Military, etc): \_\_\_\_\_

**Preferred Pallbearers:**

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Comments</i>
	( )		
	( )		
	( )		
	( )		
	( )		
	( )		

Preferred Scripture passages, poems, book passages to be read: \_\_\_\_\_

**Individuals who should be asked to read passages:**

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Comments</i>
	( )		
	( )		
	( )		
	( )		

Preferred music to be played:  Recorded  Live \_\_\_\_\_

**Those invited to prepare and present eulogy:**

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>	<i>Comments</i>
	( )		
	( )		
	( )		

## Burial Wishes

I wish to be:  Cremated  Buried  Other: \_\_\_\_\_

If cremated, what type of disposition:  Burial  Scattered  Cremation Garden  Niche (select type below)  
 Urn  Keepsake Memorial

Please add specifics: \_\_\_\_\_  
 \_\_\_\_\_

If burial, what cemetery: \_\_\_\_\_  
*Name* *City* *State*

Do you own a burial plot?  Y  N If Yes, who holds the deed? \_\_\_\_\_  
*Name*

What type of memorial do you want:  Upright marble  Marble in ground plaque  Bronze plaque  
 Granite plaque  Other: \_\_\_\_\_

Inscription you would like on your memorial: \_\_\_\_\_  
 \_\_\_\_\_

Emblem on memorial: \_\_\_\_\_

Desired plantings on grave site: \_\_\_\_\_

Social Security Death Benefit is a payment of \$255 to be paid upon the death of a person who has paid into social security. The deceased does not need to be collecting social security benefits at the time of death. Contact the Social Security Administration at 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov)

Veterans Burial Benefits include a government paid headstone, burial flag, and a Presidential Memorial Certificate. Some veterans will also qualify for a burial allowance which is up to \$300 toward burial and funeral expenses and another \$300 for burial expenses. For additional information contact the VA at 800-827-1000 or at [www.cem.va.gov](http://www.cem.va.gov)

## Estate Settlement Information

I  have  do not have a will.\* The will is located \_\_\_\_\_

\*Having a will is very important. If you die without a will the state where you live will distribute your assets generally in this order: children, parents, grandchildren, siblings, grandparent, great grandchild, niece/nephew, etc. Therefore you should have a will prepared to distribute your assets to the people or charities the way you wish. It is recommended you get a lawyer to prepare a will for you.

<i>Important Contacts</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Your legal representative (executor if you have a will)		( )	
Your childrens guardian if you have appointed one		( )	
Attorney who prepared my will		( )	
Attorney who handles other business		( )	
Life Insurance Agent		( )	
Accountant who prepares your tax returns		( )	
Financial Planner		( )	
Human Resources Director at your work		( )	
Housekeeper		( )	
Veterinarian		( )	
Trusted Neighbor		( )	
Electrician		( )	
Plumber		( )	
Heating / AC Repair		( )	
Snow Removal		( )	
Lawn Care		( )	

<i>More Important Contacts</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Pool Service		( )	
Pet Sitter		( )	
		( )	
		( )	

**Real Estate Owned**

<i>Property Type</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Mortgage Co</i>	<i>Mortgage Acct #</i>	<i>Property Manager</i>

**User Names and passwords for Mobile Phones, Computers, Emails**

<i>Description</i>	<i>User Name</i>	<i>Password</i>
Cell Phone		
Home Voicemail		
Email Address		
Email Address		
Home Computer		
Home Security System		
Vacation Security System		

**Account Numbers of Banks, Brokerage Accounts, Insurance Policies, Credit Card Accounts**

<i>Account Type</i>	<i>Institution</i>	<i>Acct Number</i>	<i>Online User Name</i>	<i>Password</i>
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Brokerage Account				
Brokerage Account				
Brokerage Account				
Brokerage Account				
Life Insurance				
Life Insurance				
Life Insurance				
Auto Insurance				
Property Casualty Ins				
Property Casualty Ins				
Credit Card				

**Business / Employment:**

<i>Name</i>	<i>Address</i>	<i>Choose One</i>
		<input type="checkbox"/> employee <input type="checkbox"/> owner <input type="checkbox"/> partner
		<input type="checkbox"/> employee <input type="checkbox"/> owner <input type="checkbox"/> partner
		<input type="checkbox"/> employee <input type="checkbox"/> owner <input type="checkbox"/> partner
		<input type="checkbox"/> employee <input type="checkbox"/> owner <input type="checkbox"/> partner
		<input type="checkbox"/> employee <input type="checkbox"/> owner <input type="checkbox"/> partner

I have:  Pension Benefits  Life Insurance  Other Benefits: \_\_\_\_\_

Contact \_\_\_\_\_ for more information.  
Name

I have a:  Dog  Cat  Other who requires the following care: \_\_\_\_\_

I would like \_\_\_\_\_ to adopt my pets.  
Name

Indoor plants and care required: \_\_\_\_\_

<i>Item</i>	<i>Location</i>	<i>Comments</i>
Master set of keys for home, auto, etc.		
Safe deposit box		
Safe deposit box key		
Safe deposit box contents		
Home safe		
Home safe combination		
Hidden valuables in home or elsewhere		
Your address book		
Post office boxes (or other places you get mail)		
Keys to post office box		
Tax returns		
Title and Registration for Cars		
Cars		
Appraisals on personal possessions		
Military Discharge Papers		
Storage locker		
Storage locker key		
Season Tickets (sports team, symphony, etc.)		
Personal possessions at work to be retrieved		
Documents (diary,etc) to destroy		
Items you've borrowed that should be returned		
Items you've lent out that should be retrieved		
Items to save on your computer/cell phone		
Items to delete from your computer/cell phone		

**Loans and Debts you owe:**

<i>Lender</i>	<i>Approximate Amount Owed</i>	<i>Loan Number</i>	<i>Lender Phone Number</i>

**Valuable items in your home that might be over looked (i.e. paintings, jewelry, etc)  
and underestimated in value.**

<i>Item</i>	<i>Location</i>	<i>Approximate Value</i>

**Heirlooms and keepsakes you would like to give away that are NOT already listed in your Will:**

<i>Item</i>	<i>Location</i>	<i>Person to Receive</i>

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

or

Notary Seal