Final Preparations Planner

Dear Fellowship Family,

Think with me about the uncomfortable and unfamiliar details around you passing from this earth and into the presence of Christ. Although many hold a view about what will happen to them the moment they die, very few think about the details that others will need to take care of on the day they die. Amidst the hurry and distractions of life, even those who are well into years have not taken the time to give direction and intention to the people they care about the most who will need to sort through the physical things they leave behind.

Over the many years of ministry with our church family, I have navigated the expected and unexpected losses of loved ones with families. Their grief feels overwhelming and their guidance is mostly silent. They would have benefited their families with a resource like this to give them some picture of what to do in a time of sorrow. So although this may not be comfortable to do, it will be of great value to your time to clearly communicate to those who sort through the things you leave behind. By completing this planner, you will give comfort and clarity to those who navigate life without you.

It's my prayer and hope for you that this Final Preparations Planner will be a life-giving resource for you to put your thoughts and details to guide others as they navigate your loss. Rather than depressing you, it is my intention to provide an expression of your heartfelt encouragement and intentions for your loved ones. The end of your life will be the beginning for those who continue living without you so this will actually be more useful to others than it will be for yourself. You will provide clarity and comfort to those who navigate your loss. In their time of sorrow you can be a blessing.

Sincerely,

Joe Hishmeh

Lead Pastor

Annual Reviews

The information contained below is private and contains information that could be used to comprise your identity and access financial and other accounts. It is vital that this be kept in a secured location, such as a lockable fire-resistant safe or safety deposit box. Please be sure your trusted loved ones know where and how to obtain this document.

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Personal Information

HOME INFO

HOME	Ow	/ner:	
Street Address:			
City:	State:	Zip:	
Phone:			
WiFi Name:		Password:	
Notes:			
Occupants			
Name	Date of Birth	Relationship	Phone No.
Schedules			
Trash Collection:		Recycling Collection:	
Other			
Neighbor Contact Details:			
Other Info:			
ADULT PROFILE			
General Information			
Full Name:			
Date of Birth:		Birthplace	
Street Address:			
City:	State:	Zip:	
Social Security #:		License/ID #:	
Phone #:		Email:	
Marital Status:		Spouse Name:	
CHILD PROFILE			
Name	Date of Birth	Email	Phone No.

Name	Date of Birth	Email	Phone No.
Important Medical	Information for C	Child(ren)	
PET PROFILE			
General Informatio	n		
Name:			
Date of Birth:		Spayed/Neutered	d:
Type:		Breed	
License/Tag #:		Microchip #:	
Pedigree Information:			
Adoption Service:			
Other Info:			
Vet Information			
Veterinarian's Name:			
Address:			
Phone:		Email:	
Contact Info	ormation		
EMERGENCY	CONTACTS		
Full Name:		Relationship:	
Phone #:		Email:	
Address:			
Full Name:		Relationship:	
Phone #:		Email:	
Address:		Eman.	

Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
FAMILY CONTACTS	
Full Name:	Relationship:
Phone #:	Email:
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Full Name:	Relationship:
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Full Name:	Relationship:
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FRIEND CONTACTS	
Full Name:	Relationship:
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Full Name:	Relationship:
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Full Name:	Relationship:
Phone #:	Email:
Address:	

Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
PROFESSIONAL C	ONTACTS
Lawyer	
Full Name:	Firm:
Phone #:	Email:
Address:	
Banker	
Full Name:	Institution:
Phone #:	Email:
Address:	
Accountant	
Full Name:	Firm:
Phone #:	Email:
Address:	
Other	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Other	
Full Name:	Relationship:
Phone #:	Email:
Address:	
UTILITY CONTACT	<u>'S</u>
Electric Company	Security System

Name:

Phone #:

Address:

Email:

Name:

Phone #:

Address:

Email:

4

UTILITY CONTACTS

Gas Compa	ny	Internet con	npany
Name:		Name:	
Phone #:	Email:	Phone #:	Email:
Address:		Address:	
Water Com	pany	Other	Specialty:
Name:		Name:	
Phone #:	Email:	Phone #:	Email:
Address:		Address:	
Other	Specialty:	Other	Specialty:
Name:		Name:	
Phone #:	Email:	Phone #:	Email:
Address:		Address:	
Other	Specialty:	Other	Specialty:
Name:		Name:	
Phone #:	Email:	Phone #:	Email:
Address:		Address:	
END OF	reparations LIFE DIRECT and Testament	IVES	
Location of Docu	Iment:		
Executor:	amene.	Phone #:	
Prepared By:		 Phone #:	
Address:			
Trust Agree	ment		
Location of Docu	ument:		
Trustee:		Phone #:	
Prepared By:		Phone #:	
Address:			
Healthcare	Power of Attorney		
Location of Docu	ument:		
Person Named:		Phone #:	
Prepared By:		Phone #:	

Address:

END OF LIFE DIRECTIVES

Spouse/Partner:

Religious Affiliation:

Financial Power	r of Attorney		
Location of Document	t:		
Person Named:		Phone #:	
Prepared By:		Phone #:	
Address:			
FUNERAL A	ARRANGEM	ENTS	
Preferred Fune	ral Home		
Funeral Home:			
Address:			
Phone #:		Email:	
Funeral Expens	es		
Company:		Contact:	
Funeral Policy #:		Amount:	
Notes:			
Funeral Service	Preferences		
Religious Affiliation:			
Service Performed By	:	Service Type:	
Phone #:		Email:	
Flowers:		Songs:	
Notes:			
Burial/Cremation	on		
Burial	Cremation	Other:	
Notes:			
OBITUARY	INFORMAT	ION	
General Informa	ation		
Full Legal Name:			
Maiden Name:			
Birthdate:		Birthplace:	

Parents:

OBITUARY INFORMATION

Children				
Siblings				
Notes:				
FINAL W	'ISHES			
Name:				
		-		
			_	

Usernames & Passwords

WEBSITE LOG-IN INFO

	Website	Username	Password
Email Account			
Facebook	www.facebook.com		
Instagram	www.instragram.com		

WEBSITE LOG-IN INFO

	Website	Username	Password
Youtube	www.youtube.com		
Other			

CELL PHONE LOG-IN INFO

Phone 1		
Name:	Phone #:	
IMEI #:	Passcode:	
App Store User ID:	App Store Password:	
Wireless Provider:		
Phone 2		
Name:	Phone #:	
IMEI #:	Passcode:	
App Store User ID:	App Store Password:	
Wireless Provider:		

SECURITY Q&A

Security Question	Answer

Financial Information

BANK ACCOUNTS INFO

Bank Name:	
Bank Address:	
Phone #:	Routing #:
Account Holder:	
Account Type:	Account #:
Account Type:	Account #:
Website:	
User ID:	Password:
Other Details:	

CREDIT CARD INFO

Credit Card 1				
Card Holder:				
Card Type:				Card #:
Creditor Name:				
Creditor Address:				Contact Info:
Interest Rate/Fee:				Rewards:
Expiry Date:				Credit Limit:
Website:				
User ID:				Password:
Payment Method:	Mail	Autopay	Online/We	ebsite:
Credit Card 2				
Card Holder:				
Card Type:				Card #:
Creditor Name:				
Creditor Address:				Contact Info:
Interest Rate/Fee:				Rewards:
Expiry Date:				Credit Limit:
Website:				
User ID:				Password:
Payment Method:	Mail	Autopay	Online/We	ebsite:

LOAN INFO

Loan 1

Loan Holder:			Purpose:
Account #:			Monthly Payment:
Interest Rate/Term:			
Payment Method:	Mail	Autopay	Online/Website:
Username:			Password:
Pay Address:			

Loan 2

Loan Holder:			Purpose:
Account #:			Monthly Payment:
Interest Rate/Term:			
Payment Method:	Mail	Autopay	Online/Website:
Username:			Password:
Pay Address:			

INVESTMENT ACCOUNTS

Investment Account 1

Investment:	Account #:
Account Type:	Date Invested:
Custodian/Company:	Advisor:
Contact Info:	Website:
Username:	Password:

Investment Account 2

Account Type: Custodian/Company: Advisor: Contact Info: Website: Date Invested: Advisor:	Investment:	Account #:
Contact Info: Website:	Account Type:	Date Invested:
	Custodian/Company:	Advisor:
Username	Contact Info:	Website:
Osername. Password.	Username:	Password:

Investment Account 3

Investment:	Account #:
Account Type:	Date Invested:
Custodian/Company:	Advisor:
Contact Info:	Website:
Username:	Password:

STORED VALUABLES

Safety Deposit Box 1

Bank Name:		Box #:	
Address:			
City:	State:	Zip	:
Access Info:			
Contents:			
Safety Deposi	it Box 2		
Bank Name:		Box #:	
Address:			
City:	State:	Zip	:
Access Info:			
Contents:			
Safety Deposi	it Box 3		
Bank Name:		Box #:	
Address:			
City:	State:	Zip	•
City: Access Info:	State:	Zip	•
Access Info:	State:	Zip	•
Access Info:	State:	Zip	•
Access Info: Contents:	State: ES INVENTOR		•
Access Info: Contents: VALUABLI			Purchase Date
Access Info: Contents: VALUABLI	ES INVENTOR	Y	
Access Info: Contents: VALUABLI	ES INVENTOR	Y	
Access Info: Contents: VALUABLI	ES INVENTOR	Y	
Access Info: Contents: VALUABLI	ES INVENTOR	Y	
Access Info: Contents: VALUABLI	ES INVENTOR	Y	
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Access Info: Contents:	ES INVENTOR	Y	
Access Info: Contents: VALUABLI	ES INVENTOR	Y	

Document Information

DOCUMENT CHECKLIST

\circ	Passports/Visa	O	Insurance Policies (Life, Health, Home, Vehicle)
0	License/Identification Cards	0	Insurance Card
0	Immigration Papers, Citizenship Papers	0	Mortgage Papers
0	National Licenses or Certificates	0	Property Deeds
0	Birth Certificates or Adoption Papers	0	Cemetery Deeds
0	Marriage Certificates	0	Rental Contracts
0	Social Security Cards	0	Property Assessments
0	Divorce or Separation Papers	0	Lease Agreements
0	Will and/or Living Trust	0	Maintenance Records
0	Power of Attorney Documents	0	Medical Records
0	Military Records	0	Immunization Records
0	Vehicle Registration Documents	0	
0	Employment Contracts	0	
0	Financial Account Information	0	
0	Stock & Bond Certificates	0	
0	Investment Account Statements	0	
0	Retirement Account Info	0	
0	Tax Returns	0	

DOCUMENT LOCATION

Document	Location	Notes:

