

Final Preparations Planner



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.

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.

[Handwritten signature]

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

Owner: _____

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 Child(ren)

PET PROFILE

General Information

Name:

Date of Birth:

Type:

License/Tag #:

Pedigree Information:

Adoption Service:

Other Info:

Spayed/Neutered:

Breed

Microchip #:

Vet Information

Veterinarian's Name:

Address:

Phone:

Email:

Contact Information

EMERGENCY CONTACTS

Full Name:

Phone #:

Address:

Relationship:

Email:

Full Name:

Phone #:

Address:

Relationship:

Email:

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:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	

FRIEND CONTACTS

Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	
Full Name:	Relationship:
Phone #:	Email:
Address:	

Full Name:	Relationship:
Phone #:	Email:
Address:	

Full Name:	Relationship:
Phone #:	Email:
Address:	

PROFESSIONAL CONTACTS

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 CONTACTS

Electric Company

Name:	
Phone #:	Email:
Address:	

Security System

Name:	
Phone #:	Email:
Address:	

UTILITY CONTACTS

(Continued)

Gas Company

Name:

Phone #:

Email:

Address:

Water Company

Name:

Phone #:

Email:

Address:

Other

Specialty:

Name:

Phone #:

Email:

Address:

Other

Specialty:

Name:

Phone #:

Email:

Address:

Internet company

Name:

Phone #:

Email:

Address:

Other

Specialty:

Name:

Phone #:

Email:

Address:

Other

Specialty:

Name:

Phone #:

Email:

Address:

Other

Specialty:

Name:

Phone #:

Email:

Address:

Final Preparations

END OF LIFE DIRECTIVES

Last Will and Testament

Location of Document:

Executor:

Phone #:

Prepared By:

Phone #:

Address:

Trust Agreement

Location of Document:

Trustee:

Phone #:

Prepared By:

Phone #:

Address:

Healthcare Power of Attorney

Location of Document:

Person Named:

Phone #:

Prepared By:

Phone #:

Address:

END OF LIFE DIRECTIVES

(Continued)

Financial Power of Attorney

Location of Document:

Person Named:

Phone #:

Prepared By:

Phone #:

Address:

FUNERAL ARRANGEMENTS

Preferred Funeral Home

Funeral Home:

Address:

Phone #:

Email:

Funeral Expenses

Company:

Contact:

Funeral Policy #:

Amount:

Notes:

Funeral Service Preferences

Religious Affiliation:

Service Performed By:

Service Type:

Phone #:

Email:

Flowers:

Songs:

Notes:

Burial/Cremation

Burial

Cremation

Other:

Notes:

OBITUARY INFORMATION

General Information

Full Legal Name:

Maiden Name:

Birthdate:

Birthplace:

Spouse/Partner:

Parents:

Religious Affiliation:

OBITUARY INFORMATION

(Continued)

Children

Siblings

Notes:

FINAL WISHES

Name:

[illegible]

Username & Passwords

WEBSITE LOG-IN INFO

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

WEBSITE LOG-IN INFO

(Continued)

	Website	Username	Password
Youtube	www.youtube.com		
Other			
Other			
Other			
Other			
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

[illegible]

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/Website:

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/Website:

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

Investment:	Account #:
Account Type:	Date Invested:
Custodian/Company:	Advisor:
Contact Info:	Website:
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 Deposit Box 2

Bank Name:	Box #:	
Address:		
City:	State:	Zip:
Access Info:		
Contents:		

Safety Deposit Box 3

Bank Name:	Box #:	
Address:		
City:	State:	Zip:
Access Info:		
Contents:		

VALUABLES INVENTORY

Valuables	Serial #/Model	Purchase Price	Purchase Date

DOCUMENT CHECKLIST

- ## DOCUMENT LOCATION

[illegible]

