



# End-of-Life Planning Checklist



Check off each document as you complete the steps.  
Make sure to keep the paperwork in an accessible place  
and let your loved ones know where to find it.

## Last Will and Testament

Choose executor

\_\_\_\_\_ will be my executor and oversee my estate.  
This includes submitting my will to probate, distributing my estate and paying  
any bills or dues.

\_\_\_\_\_ will be my backup executor if this person is  
unable to serve as my executor at the time of death.

Choose beneficiaries

When I die, my money and things will go to the following people:

**Name**

**Amount/Items**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Process and sign will and/or trust documents

Document location: \_\_\_\_\_

## Financial Power of Attorney

Choose financial power of attorney

I choose \_\_\_\_\_ to be my financial power of attorney and to handle all legal and financial matters on my behalf.

Choose level of power

General power of attorney

Durable power of attorney

Process and sign financial power of attorney document

Document location: \_\_\_\_\_

## Health Care Power of Attorney

Choose health care power of attorney

I choose \_\_\_\_\_ to be my health care power of attorney and to make all medical care decisions on my behalf should I be unable to make them on my own.

Process and sign health care power of attorney document

Document location: \_\_\_\_\_

## Do Not Resuscitate Order

Sign DNR order

Make copies to give to family members

Family members who have a copy:

_____	_____
_____	_____
_____	_____
_____	_____

Document location: \_\_\_\_\_

## Organ Donor Card

Register to become an organ donor

## HIPAA Release

Process and sign HIPAA form

I give \_\_\_\_\_ permission to share health information with the following people:

_____	_____
_____	_____

Make copy of HIPAA authorization form

Document location: \_\_\_\_\_

## Letter of Competency

Obtain letter of competency from doctor

Document location: \_\_\_\_\_

## Letter of Intent

Create letter of intent, including:

Funeral arrangements

Usernames and passwords

List of beneficiaries

List of executors

List of powers of attorney

Make copies of letter and give to loved ones

Document location: \_\_\_\_\_

## Other Important Documents

	Location	Notes
Birth certificate		
Passport		
Medical insurance		
Tax documents		
Driver's license		
Life insurance policy		
Car title		
Homeowner's policy		
Property deeds		
Bank statements		



# Celebration of Life Arrangements



This will give your loved ones peace of mind knowing they put you to rest the way you wanted. If there are any additional wishes you'd like fulfilled on that day, such as who you want to lead your services or any specific photos you want to be displayed, write that in the additional notes section below.

Funeral home and cemetery: \_\_\_\_\_

Casket or cremation container: \_\_\_\_\_

Type of disposition: \_\_\_\_\_

Headstone or marker: \_\_\_\_\_

Burial clothing: \_\_\_\_\_

Personal items to be buried with: \_\_\_\_\_

Additional notes/special requests: \_\_\_\_\_

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# Important Contacts



Contact information for your executors, beneficiaries, doctors, family, friends and any other important people can go here so their information is easily accessible to your loved ones.

Name	Phone	Email	Relationship	Notes

# Final Thoughts for My Family