SarahCares

Final Wishes

Planning Guide

A personal guide for documenting the details, preferences, and information that matter most.

Meaningful care. Real relationships. More good days, together.

Prepared for SarahCares families and community partners

My Final Wishes

This guide belongs to: _____

Keep this guide in a safe, accessible place and let a trusted family member, friend, or representative know where it is stored.

> This planning guide is intended as an organizational resource. It is not a substitute for legal, financial, medical, or estate-planning advice.

To My Family and Friends

I am aware of the emotional upset one may experience at a time such as this. So that I may spare you any additional unrest, I have prepared this booklet to help you with the planning and decision-making that must be done.

Within these pages I have outlined my final wishes. I have specified the arrangements that should be made and provided a list of those who should be informed of my passing.

I have also provided a detailed list of all legal and financial information that will be needed when settling my estate. I hope this somewhat lessens the difficulties you may face upon my passing.

Personal Information

Name

First _____ Middle _____ Last _____

Social Security Number _____

Address

Street _____

City _____ County _____

State/ZIP _____ Phone _____

Birthplace

City _____ State _____

Date of birth _____ Country _____

Occupation _____ Date retired _____

Employer _____

Marital Status

☐ Married ☐ Single ☐ Divorced ☐ Widowed

Spouse's Name _____

Father's Name _____ Birthplace _____

Mother's Name _____ Birthplace _____

If you are a Veteran, please complete this information:

Service Number _____ Name of War _____

Branch _____ Rank _____

Date Enlisted _____ Date Discharged _____

Location of original discharge papers _____

Funeral Requests

Funeral Director

Name _____

Address _____

_____

Phone _____

I want my funeral to be

☐ Public ☐ Private

Funeral Home

Name _____

Address _____

_____

Phone _____

Church

Name _____

Address _____

_____

Phone _____

Clergyman

Name _____

Address _____

_____

Phone _____

Participating Organizations

Include military or other _____

_____

Funeral Requests (cont.)

Pallbearers

Name	Phone

Special Service Requests

Favorite Hymns/Songs

Clothing to be worn

Flowers or Arrangements

Donations can be made to the following organizations

Funeral Requests (cont.)

I expect expenses for a casket and Mortuary Service to total approximately $ _____ and to consist of a:

I would prefer

- ☐ Earth Burial ☐ Cremation/Inurnment
- ☐ Mausoleum/Entombment
- ☐ Plot already purchased
- ☐ Other

Type of casket

- ☐ Cloth Covered Casket (moderate cost)
- ☐ Metal Casket (average selection)
- ☐ Metal Sealer Casket (finest protection)

Mortuary Service usually includes

- Charges of first call at hospital or home
- Preservation and preparation
- Use of funeral coach/director
- Automobile for family and pallbearers
- Use of mortuary chapel for service and music

Cemetery

Name _____

Address _____

_____

Phone _____

Flag

☐ Folded ☐ Draped ☐ No flag

Presented to: _____

Announcements

The following Publications/Newspapers should be notified

Information to be contained in the Public Announcement

Spouse's Name

If deceased, place and date of death

Family to be listed (brothers, sisters, children, etc.)

Family Member Names (Include Spouses)	Relationship

Education highlights

Date of Marriage

Religious, charitable, social, fraternal or lodge affiliations or special achievements you wish to mention

Family Information

Father

Full Name

Address

Phone

Mother

Full Name

Address, if different from above

Phone

Father-In-Law

Full Name

Address

Phone

Mother-In-Law

Full Name

Address, if different from above

Phone

Family Information

List children's names (If married, list spouse's name and grandchildren's names)

Name _____ Phone _____

Address _____

_____

Grandchildren _____

_____

Name _____ Phone _____

Address _____

_____

Grandchildren _____

_____

Name _____ Phone _____

Address _____

_____

Grandchildren _____

_____

Name _____ Phone _____

Address _____

_____

Grandchildren _____

_____

Notification

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death.

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Notification (cont.)

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death.

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Name _____ Relationship _____

Address _____

_____

_____

Phone _____

Legal Documents

Location of papers and documents

Name of Estate Executor

Last Will and Testament

Birth Certificate

Marriage Certificate

Stock Certificates

Bond Certificates

Military Records

Passport

Trust Fund Information

Insurance Documents

Automobile Insurance Documents

Home Owners Insurance Documents

Mortgage Papers

Deed to House

Car Title or Loans

Citizenship Papers (if applicable)

Income Tax Information

Passwords/PIN Numbers

Safe Deposit Box Location(s) and Persons with access to it

Financial Information

Record of checking/savings accounts

Checking Accounts

Institution _____ Account Number _____

Address _____

_____

Institution _____ Account Number _____

Address _____

_____

Savings Accounts

Institution _____ Account Number _____

Address _____

_____

Institution _____ Account Number _____

Address _____

_____

Financial Information

Record of credit card/IRA accounts

IRA, CDs, 401(k), or Additional Investments

Institution _____ Account Number _____

Address _____

_____

Institution _____ Account Number _____

Address _____

_____

Institution _____ Account Number _____

Address _____

_____

Institution _____ Account Number _____

Address _____

_____

Credit Cards

Institution _____ Account Number _____

Institution _____ Account Number _____

Institution _____ Account Number _____

Legal

Record of life/health and accidental insurance policies

Life, Health, and Accidental Insurance Policies

Institution _____

_____

Policy Number _____ Agent _____

Beneficiary _____

Institution _____

_____

Policy Number _____ Agent _____

Beneficiary _____

Institution _____

_____

Policy Number _____ Agent _____

Beneficiary _____

Institution _____

_____

Policy Number _____ Agent _____

Beneficiary _____

Record of other important documents

Document _____ Location _____

Document _____ Location _____

Special Thoughts I Would Like to Share With My Family

Additional Information

Additional Information (cont.)

SarahCares

Here when the in-between years need a little more support.

Keep this completed guide with your other important documents and make sure someone you trust knows where to find it.