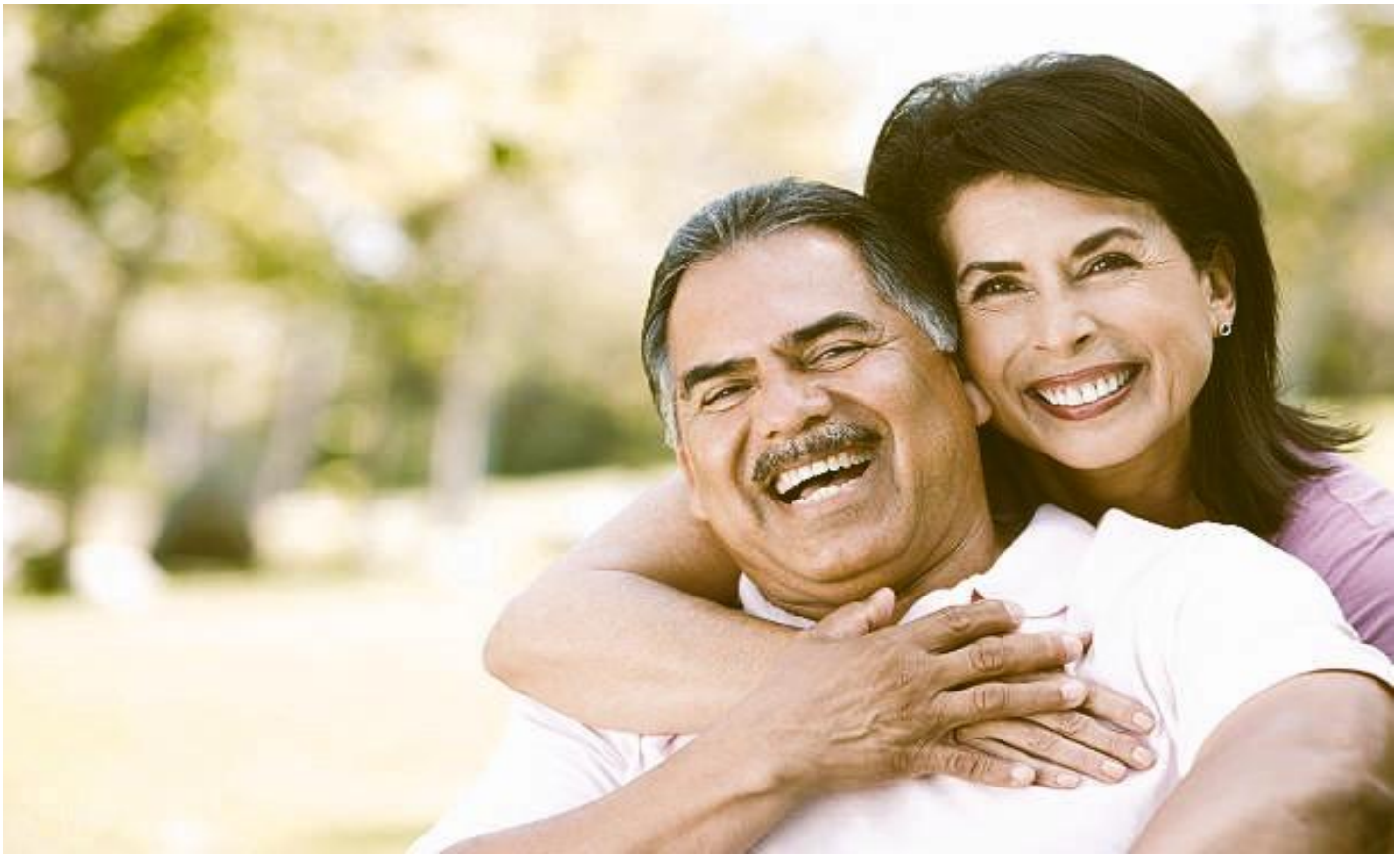
My Final Wishes Planner

_____

(Your Name)



This planner is presented by

Senior Life Agent _____

Phone# _____

Email _____

To My Beloved Family,

It is my deepest and heartfelt hope that when the time comes for my passing, you will experience as little pain and financial stress as possible. I know this will be a difficult moment, and I want you to feel surrounded by love, not burdened by worry. To help bring you comfort and clarity, I have prepared this Final Wishes Planner. My intention is for it to serve as a helpful guide—something that brings peace and direction when decisions feel heavy.

Within these pages, you will find my personal wishes for how I hope to be remembered and celebrated. I've included the locations of important documents, such as my life insurance policy, and the names of people who should be notified. Every detail has been written with love and care to help ease the process and lift some of the weight from your shoulders.

Please think of this planner as a final gift from my heart to yours and a way for me to continue caring for you, even when I'm gone. My wish is that these preparations give you time to focus on what truly matters: honoring our shared memories, finding peace in the love we built, and celebrating the life we spent together. I hope that as you look back, you feel the warmth of my love and know how grateful I am for each of you.

With all my love, always, _____

Personal Information

Fill out the following information for you and your family's personal records.

Full Name_____

Address_____

City_____ State_____ Zip_____

Phone_____

Social Security Number_____

Date of Birth_____ Birthplace_____

Occupation_____

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Spouse's Name (if applicable) _____

Father's Name _____

Mother's Name (include maiden name) _____

Additional Notes

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Funeral Request

Funeral Home / Mortuary / Crematorium Preferred

Name_____

Address_____

Phone_____

I want my funeral to be: ☐ Public ☐ Private

Service Plans: Funeral Home / Mortuary _____

Church_____ Other_____

☐ Cemetery ☐ Memorial Service ☐ Burial ☐ Cremation ☐ Other

If Burial: Durning service, casket ☐ Open ☐ Closed

Religious Preference_____

Celebrant / Clergyman_____

Participating Organizations_____

Flag ☐ Draped ☐ Folded Presented to _____

Wake/Rosary Service ☐ Yes ☐ No Location_____

Viewing ☐ Public ☐ Private ☐ None

Clothing Preference ☐ Current Wardrobe ☐ New ☐ Military

Clothing description/ color _____

Personal Accessories: Special request_____

Wedding band ☐ Stays on ☐ Returned to_____

Eyeglasses ☐ Stays on ☐ Returned to_____

Floral Preferences_____

Memorial contributions made to_____

Music Preferences_____

Religious Passages_____

Eulogy given by_____

Eulogy notations_____

_____

Pallbearers

#1 Name _____

Phone number _____

#2 Name _____

Phone number _____

#3 Name _____

Phone number _____

#4 Name _____

Phone number_____

#5 Name _____

Phone number_____

#6 Name _____

Phone number_____

Additional Notes

_____

_____

_____

Announcements

The following publications/newspapers to be notified:

_____

_____

Public announce information

Spouse's Name_____

Date of Marriage _____

Place and date of death_____

Family to be listed (mother, father, children, siblings, others

Name(s)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Highlights: Education, Military, Religious, charitable, affiliations, special achievements _____

_____

_____

Family Members

Children/Grandchildren/Other Relatives

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

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Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

Family Members Continued

Children/Grandchildren/Other Relatives

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

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Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

To Be Notified

The provided names and addresses are people who are significant in my life and need to be notified of my death

Name Senior Life Insurance Company Relationship Life Insurance Company

Phone# 877-777-8808 Email info@srlife.net

Address 1 Senior Life Ln, Thomasville, GA 31792

.....

Name _____ Relationship Senior Life Agent

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

.....

Name _____ Relationship_____

Phone# _____ Email_____

Address_____

Will & Important Documents

I have a Will ☐ Yes ☐ No Date of Will (_____)

Location of original Will _____

Executor/Executrix: Name _____

Address _____

Phone# _____

Prepared by (attorney's name) _____

Address _____

Phone# _____

Special Thoughts to share with my family

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Legal Documents

Location of papers and Documents

Birth Certificate _____

Marriage Certificate _____

Life Insurance Policies _____

Stocks/Bonds Certificates _____

Military Records/DD214 _____

Passport _____

Trust Fund info _____

Auto/Home Owners Insurance _____

Mortgage papers _____

Deed to House _____

Car Title/Loan Papers _____

Citizenship Documents _____

Income Tax Documents _____

Passwords/Pin #s _____

_____

Safe Deposit Box Information/Key_____

_____

Additional Documents_____

_____

Insurance & Financial Information

Life, Health, Annuities, Banking, and Savings

Name of Company_____

Type of Policy_____ Policy Number_____

Ageny Name _____ Beneficiary _____

Banking Information

Bank Name _____ ☐Checking ☐Savings

Account # _____

Address/Phone# _____

.....

Bank Name _____ ☐Checking ☐Savings

Account # _____

Address/Phone# _____

IRA, CDs, 401k, and other Investments

Company Name_____ Account#_____

Address/Phone#_____

.....

Company Name_____ Account#_____

Address/Phone#_____

Credit Cards/Additional Information

Name of Credit Card Company_____

Account Number_____

Phone Number _____

.....

Name of Credit Card Company_____

Account Number_____

Phone Number _____

.....

Name of Credit Card Company_____

Account Number_____

Phone Number _____

Additional Credit/Investment Information

_____

_____

_____

_____

_____

_____

Recognition

People in my life I would like to recognize

Name _____ Relationship_____

Special Message_____

_____

_____

.....

Name _____ Relationship_____

Special Message_____

_____

_____

.....

Name _____ Relationship_____

Special Message_____

_____

_____

.....

Name _____ Relationship_____

Special Message_____

_____

_____