
OUR FINAL WISHES

FROM CHAOS TO CONFIDENCE

OurAgingParents.net

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OUR FINAL WISHES

When a loved one passes away, surviving family members have to make a lot of quick decisions ... often difficult and in the worst possible situation ... when they are suffering a deep personal loss. As a result, the deceased's wishes are often overlooked, or discovered too late.

While no one likes to think about passing away, you can help your family with some advance preparation. Just as important, you can help make sure that your final wishes are known in advance and respected. This will help insure that important details are not overlooked.

OUR FINAL WISHES will help you achieve your goals. And, it will help guide your family through their personal loss.

You'll begin by writing down important facts about yourself ... facts your family may not know, or may have forgotten. Then, you'll describe your final legal arrangements, the instructions for your funeral, and the preparations you've already made.

HIS PERSONAL HISTORY

Full Name _____

Date of Birth _____ Social Security Number _____

Married? _____ If YES, Date _____ Place _____

Pre-Nuptial Agreement? _____ Widowed? _____ If YES, Date _____

Divorced? _____ If YES, Date _____ Single? _____

Legal Residence Address _____

_____ How Long? _____

Other Current Address _____

_____ How Long? _____

Prior Address _____

_____ From _____ To _____

Father's Name _____

Date of Birth _____ Still Living? _____

Mother's Name _____

Date of Birth _____ Maiden Name _____ Still Living? _____

Children

Name	Date of Birth

Name	Date of Birth

Brothers and Sisters

Name	Date of Birth

Name	Date of Birth

Religious Affiliation _____ At _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____
 Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	From	To	Degrees, Diplomas, Honors, Etc.

EMPLOYMENT

Current Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

*Due either now or at retirement. Include details in the Insurance and Retirement sections.

HER PERSONAL HISTORY

Full Name _____ Date of Birth _____
Social Security Number _____ Maiden Name _____
Married? _____ If YES, Date _____ Place _____
Pre-Nuptial Agreement? _____ Widowed? _____ If YES, Date _____
Divorced? _____ If YES, Date _____ Single? _____

Legal Residence Address _____
_____ How Long? _____

Other Current Address _____
_____ How Long? _____

Prior Address _____
_____ From _____ To _____

Father's Name _____
Date of Birth _____ Still Living? _____

Mother's Name _____
Date of Birth _____ Maiden Name _____ Still Living? _____

Children

Name	Date of Birth

Name	Date of Birth

Brothers and Sisters

Name	Date of Birth

Name	Date of Birth

Religious Affiliation _____ At _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____
 Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	From	To	Degrees, Diplomas, Honors, Etc.

EMPLOYMENT

Current Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

*Due either now or at retirement. Include details in the Insurance and Retirement sections.

Date of his latest **Will** _____ Location(s) of Original Copy(ies) _____

His **Will** was prepared according to the laws of which state? _____

Executor's or Administrator's Name and Address _____

Phone _____

Attorney's Name and Address _____

Phone _____

Does his **Will** appoint a **financial guardian** for his dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Financial Guardian _____

Address _____ Phone _____

Does his **Will** appoint a **personal guardian** for his dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Personal Guardian _____

Address _____ Phone _____

Has he included special instructions in his **Will** for distribution of his property? _____

If NO, has he created separate **Codicils** and/or **Letters of Instruction**? _____ If YES,

Location of original Codicils/Letters _____

Does he have a **Living Will**? _____ If YES, Location _____

Has he signed an **Organ or Body Donor's Certification**? _____ Location _____

Has he assigned his **Durable Power of Attorney** to someone else to make decisions regarding his health care or his finances? _____ If YES, Location(s) _____

For **HEALTH CARE**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

For **FINANCES**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

Trusts and Life Estates:

Has he transferred any property or assets into a **Trust**? _____

Is he the beneficiary of a **Trust**? _____

Does any of his property or assets transfer into a **Trust** upon his death? _____

Has he transferred any property or assets through a **Life Estate**? _____

If the answer to any of these 4 questions is **YES**, please complete page 8, 9 or 10.

Date of her latest **Will** _____ Location(s) of Original Copy(ies) _____

Her **Will** was prepared according to the laws of which state? _____

Executor's or Administrator's Name and Address _____

Phone _____

Attorney's Name and Address _____

Phone _____

Does her **Will** appoint a **financial guardian** for her dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Financial Guardian _____

Address _____ Phone _____

Does her **Will** appoint a **personal guardian** for her dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Personal Guardian _____

Address _____ Phone _____

Has she included special instructions in her **Will** for distribution of her property? _____

If NO, has she created separate **Codicils** and/or **Letters of Instruction**? _____ If YES,

Location of original Codicils/Letters _____

Does she have a **Living Will**? _____ If YES, Location _____

Has she signed an **Organ or Body Donor's Certification**? _____ Location _____

Has she assigned her **Durable Power of Attorney** to someone else to make decisions regarding her health care or her finances? _____ If YES, Location(s) _____

For **HEALTH CARE**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

For **FINANCES**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

Trusts and Life Estates:

Has she transferred any property or assets into a **Trust**? _____

Is she the beneficiary of a **Trust**? _____

Does any of her property or assets transfer into a **Trust** upon her death? _____

Has she transferred any property or assets through a **Life Estate**? _____

If the answer to any of these 4 questions is **YES**, please complete page 8, 9 or 10.

Trustee's Name _____

Address _____ Phone _____

Successor Trustee's Name _____

Address _____ Phone _____

Has someone else been named to manage, or to make investment decisions about, the trust's property or assets? If YES, who? _____

Address _____ Phone _____

Who established the trust? _____

Describe the property or assets now in the trust, or which will go into the trust upon your death:

Approximate value of property or assets \$ _____ Was a Gift Tax Return Filed? _____

Is the trust in effect now, or does it take effect upon your death? _____

IF IT IS IN EFFECT NOW: Name of Trust _____

Federal Tax I.D.# _____ Date of Trust _____

Is the trust revocable or irrevocable? _____

Who is (are) the beneficiary (beneficiaries) of the **property or assets** in the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

Who is (are) the beneficiary (beneficiaries) of the **income** of the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

What is the approximate annual income from the trust? \$ _____

When does the trust terminate for each beneficiary? _____

To whom is the property or assets transferred upon termination of the trust?

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

Trustee's Name _____

Address _____ Phone _____

Successor Trustee's Name _____

Address _____ Phone _____

Has someone else been named to manage, or to make investment decisions about, the trust's property or assets? If YES, who? _____

Address _____ Phone _____

Who established the trust? _____

Describe the property or assets now in the trust, or which will go into the trust upon your death:

Approximate value of property or assets \$ _____ Was a Gift Tax Return Filed? _____

Is the trust in effect now, or does it take effect upon your death? _____

IF IT IS IN EFFECT NOW: Name of Trust _____

Federal Tax I.D.# _____ Date of Trust _____

Is the trust revocable or irrevocable? _____

Who is (are) the beneficiary (beneficiaries) of the **property or assets** in the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

Who is (are) the beneficiary (beneficiaries) of the **income** of the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

What is the approximate annual income from the trust? \$ _____

When does the trust terminate for each beneficiary? _____

To whom is the property or assets transferred upon termination of the trust?

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

1. Describe the gift _____
By whom was the gift given _____
Address _____ Phone _____
To whom was the gift given _____
Address _____ Phone _____
Who is the Custodian _____
Address _____ Phone _____
Approximate value of the gift \$ _____ Date of Gift _____
When does the custodianship end? _____ Was a Gift Tax Return Filed? _____

2. Describe the gift _____
By whom was the gift given _____
Address _____ Phone _____
To whom was the gift given _____
Address _____ Phone _____
Who is the Custodian _____
Address _____ Phone _____
Approximate value of the gift \$ _____ Date of Gift _____
When does the custodianship end? _____ Was a Gift Tax Return Filed? _____

LIFE ESTATES

1. Describe the property or asset transferred through a Life Estate _____
Approximate value \$ _____
To whom was ownership transferred _____
Address _____ Phone _____
By whom was ownership transferred _____
Address _____ Phone _____
Date of Transfer _____ Was a Gift Tax Return Filed? _____

2. Describe the property or asset transferred through a Life Estate _____
Approximate value \$ _____
To whom was ownership transferred _____
Address _____ Phone _____
By whom was ownership transferred _____
Address _____ Phone _____
Date of Transfer _____ Was a Gift Tax Return Filed? _____

Whenever a question mark appears below, please answer the question either YES or NO.

Person to Conduct Service: Name _____

Address _____ Phone _____

Or, if he or she is Not Available: Name _____

Address _____ Phone _____

Desired Funeral Home or Mortuary: Name _____

Address _____ Phone _____

Service to be held at: Funeral Home or Mortuary? _____ Church, Synagog or Mosque? _____

If Church, Synagog or Mosque: Name _____

Address _____ Phone _____

Type of Service: Family Only? _____ Include Friends? _____ Open to Public? _____

Music: Organist? _____ Vocalist? _____ If either is YES, Please list selections _____

Disposition of his body: Burial? _____ Cremation? _____

Has he purchased a prepaid funeral plan? _____ If YES, # _____

At: Name of Funeral Home or Mortuary _____

Address _____ Phone _____

Has he purchased a: Cemetery Lot? _____ Mausoleum Crypt? _____ Columbarium Vault? _____

If YES, Name _____

Address _____ Phone _____

Lot Number _____ Block Number _____ Section _____

If Burial, Casket Viewing: Open? _____ Closed? _____

If Cremation, does he want his ashes scattered? _____ If YES, Where _____

Donate Organs or Body? _____ If YES, Which _____

To What Institution or Hospital _____

Address _____ Phone _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s) _____

Other special requests (type of casket, Bible passages to be read, clothing, etc.) _____

Whenever a question mark appears below, please answer the question either YES or NO.

Person to Conduct Service: Name _____

Address _____ Phone _____

Or, if he or she is Not Available: Name _____

Address _____ Phone _____

Desired Funeral Home or Mortuary: Name _____

Address _____ Phone _____

Service to be held at: Funeral Home or Mortuary? _____ Church, Synagog or Mosque? _____

If Church, Synagog or Mosque: Name _____

Address _____ Phone _____

Type of Service: Family Only? _____ Include Friends? _____ Open to Public? _____

Music: Organist? _____ Vocalist? _____ If either is YES, Please list selections _____

Disposition of her body: Burial? _____ Cremation? _____

Has she purchased a prepaid funeral plan? _____ If YES, # _____

At: Name of Funeral Home or Mortuary _____

Address _____ Phone _____

Has she purchased a: Cemetery Lot? _____ Mausoleum Crypt? _____ Columbarium Vault? _____

If YES, Name _____

Address _____ Phone _____

Lot Number _____ Block Number _____ Section _____

If Burial, Casket Viewing: Open? _____ Closed? _____

If Cremation, does she want her ashes scattered? _____ If YES, Where _____

Donate Organs or Body? _____ If YES, Which _____

To What Institution or Hospital _____

Address _____ Phone _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s) _____

Other special requests (type of casket, Bible passages to be read, clothing, etc.) _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
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Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____