

End Of Life Planning Checklist

Patient Information

- Full Name:
- Date of Birth:
- Home Address:
- Phone:
- Email:

Medical Preferences

Advance Healthcare Directive

- Preferences for life-sustaining measures:
- Preferences for resuscitation:
- Organ donation desires:

Healthcare Proxy

- Healthcare proxy:
 - Contact information for healthcare proxy:

Legal Matters

Last Will

- Assets distribution:
- Executor:
- Trusts or estate plans:

Financial Information

- **Bank accounts:**
- **Insurance policies:**
- **Outstanding debts:**

Insurance Policies

- **Life Insurance:**
 - **Coverage amount:**
 - **Beneficiary:**
 - **Additional details:**
- **Additional Life Insurance:**
 - **Coverage amount:**
 - **Beneficiary:**
 - **Additional details:**
- **Health Insurance:**
 - **Coverage details:**
 - **Additional notes:**
- **Long-Term Care Insurance:**
 - **Coverage details:**
 - **Additional notes:**
- **Property and Casualty Insurance:**
 - **Coverage details:**
 - **Additional notes:**

Funeral and Memorial Preferences

Burial or Cremation

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- **Specify location:**

Funeral or Memorial Service

- 1.
2. **Location:**

Online Presence

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- **Preferences:**

Regular Review

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Communication

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Safekeeping

Additional Notes

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