



Final Wishes Planning Guide



Insurance Masters

416 8th Street • Augusta, GA 30901 • Tel. 866-983-0888
www.insurancemasters.biz



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 (i.e., military or other)

FUNERAL REQUESTS (CONT.)

Pallbearers

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

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 _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
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 _____

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This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue lines spaced evenly across the page, typical of standard notebook paper. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings on the page.

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced, horizontal blue lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins, text, or other markings present.



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