Planning ahead is an important gift that you can give to yourself and your family.

1. Start the Conversation
Talk about your feelings and end-of-life wishes with your family, friends, healthcare providers and legal advisors

2. Take Care of the Essentials
Take action now to record your healthcare and financial decisions

3. Share your Personal Preferences
Consider and document details about your healthcare, belongings, burial or cremation, and funeral or memorial service.

4. Revisit your decisions every 10 years, on your “9th birthday”

___29 ___39 ___49 ___59 ___69 ___79 ___89 ___99

Name ____________________________________________________________

Date ____________________________________________________________

deehwise®
# Conversation Starter Worksheet

1. Print this worksheet.
2. Enter the details about your conversation.
3. Make copies for your family, close friends, and clergy.
4. Keep this worksheet in your End-of-Life Binder.

Name ____________________________________________

## Where I Stand Scales

Here is a tool from The Conversation Project, a nonprofit partner of DeathWise, that can help you explore your own preferences for end-of-life care. Use the scales below to figure out how you want your end-of-life care to be. Circle the number that best represents your feelings.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I want to live as long as possible, no matter what.</td>
</tr>
<tr>
<td>2</td>
<td>Quality of life is more important to me than quantity.</td>
</tr>
<tr>
<td>3</td>
<td>I want my doctors to do what they think is best.</td>
</tr>
<tr>
<td>4</td>
<td>I want to have a say in every decision.</td>
</tr>
<tr>
<td>5</td>
<td>I’m worried that I won’t get enough care.</td>
</tr>
<tr>
<td>6</td>
<td>I’m worried that I’ll get overly aggressive care.</td>
</tr>
<tr>
<td>7</td>
<td>I want my loved ones to do exactly what I’ve said, even if it makes them a little uncomfortable at first.</td>
</tr>
<tr>
<td>8</td>
<td>I want my loved ones to do what brings them peace, even if it goes against what I’ve said.</td>
</tr>
<tr>
<td>9</td>
<td>When the time comes, I want to be alone.</td>
</tr>
<tr>
<td>10</td>
<td>I want to be surrounded by my loved ones.</td>
</tr>
<tr>
<td>11</td>
<td>I don’t want my loved ones to know everything about my health.</td>
</tr>
<tr>
<td>12</td>
<td>I am comfortable with those close to me knowing everything about my health.</td>
</tr>
</tbody>
</table>

Last date updated __________________

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Conversation Starters

Here are some examples of how you can start a conversation with your Healthcare Agent or family about end-of-life planning and your preferences.

“I’ve always committed to living a good life. Now I realize that planning for a ‘good death’ is also part of a good life.”

“I’m in great health and have a lot to live for. At the same time, I realize that accidents can happen to anyone at any time. So I’ve decided to get my affairs in order, just in case.”

“I just read about how planning for death is a gift you can give your family and friends. It got me thinking, maybe I should do that, too.”

“I’ve just been reading about how important it is to plan ahead for death, even for someone at my age.”

“Do you remember when ________________ was dying, and nobody really knew what treatments she wanted at the end her life? That was hard for everyone.”

“Have you read stories about people who are kept alive on a machine, because their family is arguing over what to do? I don’t want that to happen to me.”

“I’ve filled out a questionnaire about how I want the end of my life to be. Would you be willing to talk about some of my answers?”

“I just found out how easy it is to designate someone to make healthcare decisions if I can’t do it myself. Could we have a conversation about that?”

“I don’t like thinking about death, especially my own. But I’m at least going to sign a paper that says who can make decisions if I can’t.”

“You’re someone I trust and depend on. Would you be willing to be my Healthcare Agent, in case someday I’m not able to speak for myself?”

“I found a website called DeathWise.org. It’s full of practical information and articles about how to plan for death. You might want to check it out.”

“Thanks for your friendship and support all these years. I’ve got one more thing I’d like to talk about.”

“It’s fantastic knowing you’re going to die; it really makes having priorities and trying to follow them very real to you.” — Susan Sontag
Healthcare Essentials Worksheet

1. Print this worksheet.
2. Enter the details about your healthcare essentials.
3. Make copies for your family, physician, and healthcare agents.
4. Keep this worksheet in your End-of-Life Binder.

Name ____________________________________________________________

Advance Directive: Durable Power of Attorney for Healthcare

Do you have a durable power of attorney for healthcare? ☐ Yes ☐ No
If yes, where is it stored?
Original ____________________________________________________________
Copies ____________________________________________________________

Who is your healthcare agent?

Name ____________________________________________________________
Phone ____________________________________________________________
Email ____________________________________________________________
Address __________________________________________________________
Relationship _______________________________________________________

Who is your alternate healthcare agent?

Name ____________________________________________________________
Phone ____________________________________________________________
Email ____________________________________________________________
Address __________________________________________________________
Relationship _______________________________________________________

Advance Directive: Living Will

Do you have a living will? ☐ Yes ☐ No
If yes, where is it stored?
Original ____________________________________________________________
Copies ____________________________________________________________
Healthcare Providers

List the details for your primary care physician

Name ___________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________
Address _________________________________________________________

List the details for other healthcare providers

Name ___________________________________________________________
Service __________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________

Name ___________________________________________________________
Service __________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________

Name ___________________________________________________________
Service __________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________

Name ___________________________________________________________
Service __________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________

www.DeathWise.org   This document does not seek to provide legal, financial or healthcare advice.
1. Print this worksheet.
2. Enter the details about your financial essentials.
3. Make copies for your family, attorney, and financial agents.
4. Keep this worksheet in your End-of-Life Binder.

Name ________________________________

Durable Power of Attorney for Finances

Do you have a durable power of attorney for finances?  □ Yes  □ No
If yes, where is it stored?

Original ________________________________
Copies ________________________________

Who is your Financial Agent?
Name ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Relationship ________________________________

Who is your Alternate Financial Agent?
Name ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Relationship ________________________________

List of Assets and Liabilities

Do you have a list of assets and liabilities?  □ Yes  □ No
If yes, where is it stored?

Original ________________________________
Copies ________________________________

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Last Will and Testament

Do you have a will? □ Yes □ No

If yes, where is it stored?
Original ____________________________________________
Copies ____________________________________________

Who is the executor of your will?
Name ______________________________________________
Phone _____________________________________________
Email _____________________________________________
Address ___________________________________________
Relationship ________________________________________

Living Trust

Do you have a living trust? □ Yes □ No

If yes, where are your living trust documents stored? ______________________________
Original ____________________________________________
Copies ____________________________________________

Who is the successor trustee of your living trust?
Name ______________________________________________
Phone _____________________________________________
Email _____________________________________________
Address ___________________________________________
Relationship ________________________________________
1. Print this worksheet.
2. Enter the details about your assets and liabilities.
3. Make copies for your family, attorney, and financial agents.
4. Keep this worksheet in your End-of-Life Binder.

Name

Assets and Income

Bank Accounts

Do you have bank accounts?  □ Yes  □ No

If yes, where are your bank statements stored?

List the details for each account:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Authorized signers</th>
<th>Bank</th>
<th>Phone</th>
<th>Email</th>
<th>Address</th>
</tr>
</thead>
</table>

Is this account payable on death?  □ Yes  □ No

If yes, payable to
Brokerage Accounts

Do you have a brokerage account?  □ Yes  □ No
If yes, where are the account documents stored? ____________________________

List the details:
Type ____________________________
Number ____________________________
Authorized signers ____________________________
Firm ____________________________
Broker ____________________________
Phone ____________________________
Email ____________________________
Address ____________________________

Is this account payable on death?  □ Yes  □ No
If yes, payable to ____________________________

Life insurance

Do you have a life insurance policy?  □ Yes  □ No
If yes, where is it stored? ____________________________

List the details:
Type ____________________________
Number ____________________________
Coverage details ____________________________
Company ____________________________
Agent ____________________________
Phone ____________________________
Email ____________________________
Address ____________________________
Health Insurance

Do you have a health insurance policy? □ Yes □ No

If yes, where is it stored? ____________________________________________

List the details:
Type ____________________________________________________________
Number __________________________________________________________
Coverage details ____________________________________________________
Company __________________________________________________________
Agent _____________________________________________________________
Phone _____________________________________________________________
Email _____________________________________________________________
Address ___________________________________________________________

Long-Term Care Insurance

Do you have a long-term care insurance policy? □ Yes □ No

If yes, where is it stored? ____________________________________________

List the details:
Type ____________________________________________________________
Number __________________________________________________________
Coverage details ____________________________________________________
Company __________________________________________________________
Agent _____________________________________________________________
Phone _____________________________________________________________
Email _____________________________________________________________
Address ___________________________________________________________
Safe Deposit Box

**Do you have a safe deposit box?** □ Yes □ No

If yes, where are the keys stored? ________________________________

**List the details:**

- Number ________________________________
- Others with authorized access ________________________________
- Bank ________________________________
- Phone ________________________________
- Email ________________________________
- Address ________________________________

Home or Other Properties

**Do you own a home or other properties?** □ Yes □ No

If yes, list the details for each property:

- Type ________________________________
- Address ________________________________
- Estimated value ________________________________

*Is this property transferrable on death?* □ Yes □ No

If yes, transferrable to ________________________________

- Type ________________________________
- Address ________________________________
- Estimated value ________________________________

*Is this property transferrable on death?* □ Yes □ No

If yes, transferrable to ________________________________

- Type ________________________________
- Address ________________________________
- Estimated value ________________________________

*Is this property transferrable on death?* □ Yes □ No

If yes, transferrable to ________________________________
Motor Vehicles

Do you own a motor vehicle? □ Yes □ No

If yes, list the details for each vehicle:
Make ____________________________________________
Model ____________________________________________
Year ____________________________________________
Identification number __________________________________
Location of title __________________________________

Is this vehicle transferable on death? □ Yes □ No
If yes, transferable to __________________________________
Make ____________________________________________
Model ____________________________________________
Year ____________________________________________
Identification number __________________________________
Location of title __________________________________

Do you lease a motor vehicle? □ Yes □ No

If yes, list the details for each vehicle:
Make ____________________________________________
Model ____________________________________________
Year ____________________________________________
Identification number __________________________________
Location of lease documents ____________________________

Make ____________________________________________
Model ____________________________________________
Year ____________________________________________
Identification number __________________________________
Location of lease documents ____________________________
Financial Interest in a Business
Do you have financial interest in a business? □ Yes □ No
If yes, list the details:
Name ____________________________________________
Legal structure ______________________________________
State ______________________________________________
Percentage of ownership or number of shares ________________
Approximate value ________________________________

Employment Income
Do you have employment income? □ Yes □ No
If yes, list the details:
Company __________________________________________
Contact ____________________________________________
Phone _____________________________________________
Email _____________________________________________
Address ___________________________________________

Retirement Account Income
Do you have retirement account income? □ Yes □ No
If yes, list the details:
Name ____________________________________________
Location ___________________________________________
Contact ___________________________________________
Phone _____________________________________________
Email _____________________________________________
Address ___________________________________________
Payment amount ________________________________
Is this account transferrable on death? □ Yes □ No
If yes, transferrable to ________________________________

Social Security Income
Do you have social security income? □ Yes □ No
If yes, what is the payment amount ______________________

Other Sources of Income
Do you have other sources of income? □ Yes □ No
If yes, list the details:
Description or name __________________________________
Contact ___________________________________________
Phone _____________________________________________
Email _____________________________________________
Address ___________________________________________
Payment amount ________________________________
Loans and Liabilities

Mortgage
Do you have a mortgage? □ Yes □ No
If yes, list the details:
Holder ____________________________
Balance due ________________________
Payment amount and schedule ____________
Date balance due ____________________

Other Loans
Do you have other loans? □ Yes □ No
If yes, list the details:
Holder ____________________________
Balance due ________________________
Payment amount and schedule ____________

Credit Card Debt
Do you have credit card debt? □ Yes □ No
If yes, list the details:
Issuer ____________________________
Number ____________________________
Balance due ________________________
Monthly payment amount ______________

Other Liabilities
Do you have other liabilities? □ Yes □ No
If yes, list the details:
Description __________________________
Amount due __________________________
Payment amount and schedule ____________

Financial Support for Others
Do you provide financial support for others? □ Yes □ No
If yes, list the details:
Name ______________________________
Phone ______________________________
Email ______________________________
Address ____________________________
Amount of support ____________________
Healthcare Preferences Worksheet

1. Print this worksheet.
2. Enter the details about your healthcare preferences.
3. Make copies for your family, physician, and healthcare agents.
4. Keep this worksheet in your End-of-Life Binder.

Name

Do Not Resuscitate Order

Do you have a Do Not Resuscitate Order? [ ] Yes [ ] No
If yes, where is it stored?
Original
Copies

Retirement Facility

Have you found a retirement or assisted living facility you are comfortable with? [ ] Yes [ ] No
Facility name
Contact
Phone
Email
Address

POLST/MOLST  For those living in an assisted living facility

Do you have a Physician/Medical Orders for Life-Sustaining Treatment (POLST)? [ ] Yes [ ] No
If yes, where is it stored?
Original
Copies

Hospice care provider

Do you have a hospice care provider you are comfortable with? [ ] Yes [ ] No
Organization
Phone
Email
Name of hospice nurse
Phone
Email
Name of social worker
Phone
Email

Last date updated

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Financial Preferences Worksheet

1. Print this worksheet.
2. Enter the details about your financial preferences.
3. Make copies for your family, attorney, and financial agents.
4. Keep this worksheet in your End-of-Life Binder.

Name ____________________________________________________________

Digital Assets

List your usernames and passwords:

Computer username ___________________________ Password________________
Email address _________________________________ Password________________
Email address _________________________________ Password________________

List your social networking sites and accounts:

Facebook_______________________________ Password________________
Twitter_______________________________ Password________________
LinkedIn_______________________________ Password________________
Amazon_______________________________ Password________________
iTunes_______________________________ Password________________
Other_______________________________ Password________________

Personal Belongings

Do you have a list of personal belongings? □ Yes □ No
If yes, have you determined who will receive them? □ Yes □ No
Where is your list of personal belongings stored? _____________________________
Original _____________________________
Copies _____________________________
Direct Transfer of Assets

Do you have accounts or assets set up for direct transfer of assets?  □ Yes  □ No

If yes, which accounts or assets?

Bank account ________________________________
Brokerage account ________________________________
Retirement fund ________________________________
Real estate ________________________________
Vehicle ________________________________

List the details for each account or asset:

Type ________________________________
Location ________________________________
Payable to ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Relationship ________________________________

Important Contacts

Name ________________________________
Phone ________________________________
Email ________________________________
Relationship ________________________________

Name ________________________________
Phone ________________________________
Email ________________________________
Relationship ________________________________

Name ________________________________
Phone ________________________________
Email ________________________________
Relationship ________________________________
Care of Body Preferences Worksheet

1. Print this worksheet.
2. Enter the details about your care of body preferences.
3. Make copies for your family, and for the person taking care of your body after your death.
4. Keep this worksheet in your End-of-Life Binder.

Name ________________________________

Organ Donor

Are you an organ or tissue donor? □ Yes  □ No

If yes, which organs or tissues will you donate?

- □ All organs and tissues  - □ Lungs
- □ Kidneys  - □ Skin
- □ Heart  - □ Corneas
- □ Liver  - □ Bone and bone marrow
- □ Pancreas  - □ Tendons, ligaments, connective tissue
- □ Intestines

List the details for the organization receiving the organs:

Name ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Deadline for delivery of the body ________________________________

Donating the Whole Body to Science

Are you donating your whole body to science? □ Yes  □ No

If yes, where are the documents confirming the whole body donation?

Original ________________________________
Copies ________________________________

List the details for the institution receiving the body:

Name ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Deadline for delivery of the body ________________________________
Prepaid Expenses

Have you prepaid any funeral or burial expenses? □ Yes □ No

If yes, list the details:
- Expense ____________________________
- Paid to ____________________________
- Amount ____________________________
- Date ______________________________
- Contact __________________________
- Phone ______________________________
- Email ______________________________
- Address ___________________________
- Comments __________________________

Military Veteran

Are you a military veteran? □ Yes □ No

If yes, would you prefer to be buried:
- At sea? □ Yes □ No
- In a national cemetery for veterans? □ Yes □ No

If yes, provide details: ____________________________________________

Funeral Home

Have you selected a funeral home? □ Yes □ No

If yes, list the details:
- Name ____________________________
- Contact __________________________
- Phone ____________________________
- Email ____________________________
- Address __________________________
Alternative Care of the Body

List the details for the person who will care for the body:
Name ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________

Cremation or Burial

Would you prefer cremation or burial of the body?  □ Cremation  □ Burial
If cremation:
Name of crematory ________________________________
Contact person ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________

Final Location of the Body or Cremains

Have you chosen a location for your body or cremains (ashes)?  □ Yes  □ No
If yes, designate which type:  □ Cemetery plot  □ Mausoleum or family crypt
□ Columbarium or garden niche  □ Scattering of the cremains (ashes)  □ Other
List the details for the plot, crypt, or niche.
Name of cemetery, mausoleum or columbarium ________________________________
Name of crematory ________________________________
Contact ________________________________
Phone ________________________________
Email ________________________________
Address ________________________________
Number or description of the plot, crypt or niche ________________________________
Where would you like your cremains (ashes) to be scattered? ________________________________

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Headstone or Grave Marker

Have you selected a headstone or grave marker? □ Yes □ No

If yes, list the details for the supplier:
Name ____________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________
Address _________________________________________________________
Model number or description of the headstone _______________________

Epitaph

Have you decided on an epitaph? □ Yes □ No

If yes, list the details you’d like included:
Name ____________________________________________________________
Date of birth _____________________________________________________
Date of death _____________________________________________________
Place of birth _____________________________________________________
Place of death _____________________________________________________
A sentence or phrase _____________________________________________
________________________________________________________________
A photograph _____________________________________________________
________________________________________________________________
A symbol _________________________________________________________
________________________________________________________________
Other __________________________________________________________________

Memorial Society

Are you a member of a memorial society? □ Yes □ No

If yes, list the details:
Name ____________________________________________________________
Contact _________________________________________________________
Phone __________________________________________________________
Email __________________________________________________________
Address _________________________________________________________
Service and Obituary Preferences Worksheet

1. Print this worksheet.
2. Enter the details about your service and obituary preferences.
3. Make copies for your family, close friends, and clergy.
4. Keep this worksheet in your End-of-Life Binder.

Name ____________________________________________________________

Funeral or Memorial Service

Would you prefer:
☐ Funeral with the body present
☐ A memorial service without the body present
☐ No funeral or memorial service

Service Details
Describe how you envision your service: __________________________________

______________________________________________________________

______________________________________________________________

Music: __________________________________________________________

______________________________________________________________

______________________________________________________________

Readings: ________________________________________________________

______________________________________________________________

______________________________________________________________

Other: __________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
**Who would you like to serve as the:**
Leader of the service ____________________________________________
Eulogists ______________________________________________________
Readers ________________________________________________________

Organist ______________________________________________________
Soloists ________________________________________________________
Other musicians ________________________________________________

**List other participants and their roles:**
1 ____________________________________________________________
2 ____________________________________________________________
3 ____________________________________________________________

**Do you wish to have an open casket?**  □ Yes □ No
Suggested pallbearers:
1 ____________________________________________________________
2 ____________________________________________________________
3 ____________________________________________________________
4 ____________________________________________________________
5 ____________________________________________________________
6 ____________________________________________________________
7 ____________________________________________________________
8 ____________________________________________________________

**Graveside Service**
**Do you wish to have a graveside service?**  □ Yes □ No
If yes, list the details:
Leader _________________________________________________________
Description _____________________________________________________

Other participants _____________________________________________

**Other Gatherings**
**Would you like to have other gatherings?**  □ Yes □ No
If yes, list the details:
Leader _________________________________________________________
Description _____________________________________________________

Other participants _____________________________________________
Obituary

Have you written your obituary?  □ Yes □ No

If yes, where is it stored? ________________________________________________

List the details you would like included:
Date of birth ____________________________________________________________
Place of birth __________________________________________________________
Photograph(s) ___________________________________________________________
Where are the photographs stored? _________________________________________
Surviving spouse _________________________________________________________
Deceased spouse ________________________________________________________
Surviving children ________________________________________________________
Deceased children ________________________________________________________
Number of grandchildren _________________________________________________
Number of great grandchildren ___________________________________________
Educational institutions attended __________________________________________
_______________________________________________________________________
_______________________________________________________________________
Employment details ______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Military service _________________________________________________________
Memberships _____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Awards _________________________________________________________________
Hobbies _________________________________________________________________
Other _________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Would you prefer donations to charity instead of flowers?  □ Yes □ No

If yes, which charity(ies)? ______________________________________________

Where you would like your obituary published?
Local newspaper _________________________________________________________
Alumni magazine ________________________________________________________
Club, lodge or other organization __________________________________________
_______________________________________________________________________
Online _________________________________________________________________
_______________________________________________________________________
Other _________________________________________________________________
_______________________________________________________________________