

Which Piece Are You Missing  
For PEACE OF MIND?



# MY FINAL WISHES ORGANIZER



**A Memorial Guide For My  
Loved Ones**



**This Complimentary Gift Is Provided By:**

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## To my family and friends

It's out of pure and simple love that I leave you with this gift to guide and assist you in successfully handling the various task thrust upon you by my death.

My wish is to spare you any unnecessary expense and the burden of having to make decisions under pressure of time and emotions. By sharing my wishes in advance, I hope it will ease your burdens. I have also shared my personal thoughts and memories. May you find as much comfort and meaning in receiving these pages as I found in preparing them.



Sign: \_\_\_\_\_

Date: \_\_\_\_\_

# Personal Records/ Vital Statistics

## About Me

First name  Middle  Last name

Street address  City

State  Zip  Phone number

Place of birth:  City  State

Date of birth  Country of citizenship  Social Security number

Primary care physician  Phone number

Marital status:  Single  Married  Divorced  Widowed

Maiden name  Spouse's name

Date and place of marriage

## Father

First name  Middle  Last name

Father's birthplace

## Mother

First name  Middle  Last name

Mother's maiden name  Mother's birthplace

## Education

Highest grade completed: Elementary/Secondary (0-12) \_\_\_\_\_ College (1-4 or 5+) \_\_\_\_\_

College/university names  Degree

**Career**

Occupation

Last name

Type of business/industry

Employer

Phone number

**Military**

If Veteran, Name of war

Claim Number

Dates of service

Branch

Rank

Serial number

Location of military discharge papers (DD-214)

Date and place of induction

Date and place of discharge

**This information will be necessary for the preparation of a death certificate.**

**People to notify**

**Please notify the following friends and family**

NAME	Relationship	Phone

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## Obituary Information

Born at

Born on

Education

Married

Date

Religious affiliation

Sorority/Fraternal/Clubs/Associations

War record

Information about employment

Preceded in death

### Surviving relatives:

NAME	Relationship	Address

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# Memorial Services

Funeral Director of choice

Location of service

Church Affiliation

Clergy

## Personal Effects:

Wedding Band       Stays On                       Returns to: \_\_\_\_\_

Eyeglasses               Stays On                       Returns to: \_\_\_\_\_

Other                       Stays On                       Returns to: \_\_\_\_\_

## Clothing Preference:

Current Wardrobe       New       Other: \_\_\_\_\_

Description/Color

Pallbearers

Music:

1.

2.

3.

Or let  Family       Funeral Home choose music

Flowers

Contributions



Prayers

Other

## Cemetery

### Preferred interment:

- Earth/ground burial  
 Mausoleum entombment inscription  
 Cremation/inurnment

Name of Cemetery

City & State

Own cemetery property:  Yes  No

Reserved facilities:  Yes  No Lot #: \_\_\_\_\_

Type of property:  Mausoleum  Lot  Niche

### Arrangement Preferred:

Family estate  Companion  Single

Casket preferences

Urn preferences

Pre-paid (Y/N)

Date (if applicable)

Memorial tablet/ marker:

Type

Inscription

Pre-paid (Y/N)

Date (if applicable)

### For cremation, location of remains:

- Burial  Scattering garden  Scattering air  Niche  
 Cremation garden  Scattering sea  Other

Other/request

## Funding

The following are funds available to assist with final expenses:

Social Security

Account Information

Veteran's allowance

### Life insurance:

Company

Agent

Phone number

Policy number

Beneficiary

Company

Agent

Phone number

Policy number

Beneficiary

### Location of documents:

Birth certificate

Marriage certificate

Will and testament

Durable Power of Attorney

Healthcare Advance Directive

Trust

Stocks and bonds

Military records

Automobile title/lien

Retirement plan

Address book

Insurance documents

Other

Make copies of IDs, social security card, credit cards,  
loan documents, and insurance policies

## Assets/ Liabilities

### Bank Accounts

Add Payable On Death (POD) to bank account. Accounts will freeze upon death without a POD.

Bank Name/branch

Type of account:  Checking  Savings

Username

Password

Bank Name/branch

Type of account:  Checking  Savings

Username

Password

Bank Name/branch

Type of account:  Checking  Savings

Username

Password

### Credit cards

Visa  Mastercard  American Express  Other

Account number

Expiration date

Username

Password

Visa  Mastercard  American Express  Other

Account number

Expiration date

Username

Password

Visa  Mastercard  American Express  Other

Account number

Expiration date

Username

Password

## Mortgage

Lender

Account number

Phone number

Location

## Pension/Retirement plans

Company name

Account number

Phone number

Location

Company name

Account number

Phone number

Location

Company name

Account number

Phone number

Location

## Thoughts

### My favorite...

Song(s)

Color(s)

Book(s)

Flower

Season

What life has meant to me

What I always wished for

A message to my family and friends

**Additional Thoughts...**

Significant life accomplishments

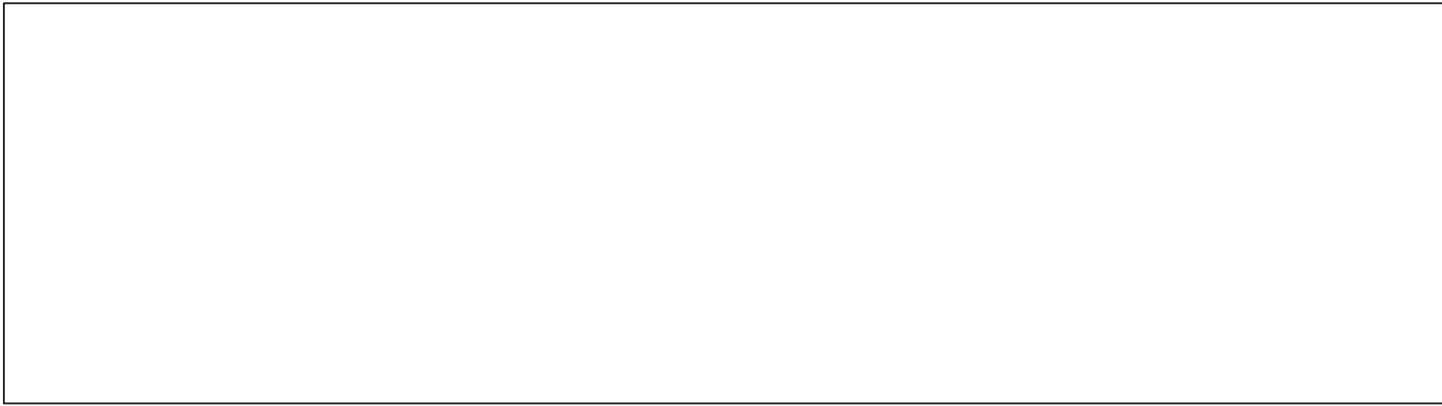
Religious beliefs

Times I remember most fondly

Hobbies I enjoyed

Favorite place





## **Words of wisdom from me**

Based on my life, comments or words of wisdom I would like to share...



## Private envelops

I have provided personal notes in envelopes for the following people:

### 1. Spouse/ Significant others

a.

### 2. Children

a.

b.

c.

d.

e.

### 3. Friend(s)

a.

b.

c.

d.

### 4. Relatives

a.

b.

c.

d.

### 5. Business partner /co-workers

a.

b.

### 6. Pastor/ spiritual leader

a.

### 7. Caregiver

a.

## Online Accounts

### Please de-activate or close the following accounts

My email, social media accounts or other important login information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

## Online Accounts (Cont.)

### Please de-activate or close the following accounts

My email, social media accounts or other important login information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

Account name

Web address/URL

Username

Password

Other information

## Memorial Checklist

### Notify:

- Relatives
- Friends
- Doctor or coroner
- Minister and church
- Co-worker
- Funeral Director
- Insurance agents
- Unions/organizations
- Newspaper
- Pallbearers

### Choose:

- Memorial estate/space
- Casket
- Clothing
- Vault
- Blanket or robe
- Flowers
- Music
- Food
- Time & place
- Cards of thanks

## After Memorial Checklist

- Send acknowledgements
- Check contents of safe deposit box
- Compile a list of heirs, next-of-kin, and beneficiaries
- File for life insurance benefits, including credit life
- File for employer/ retirement benefits (e.g., IRA, 401Ks, pensions, etc.)
- Review and update health insurance
- Make copies of dated obituary
- Notify bank/financial institutions
- File Veteran's benefits
- File for fraternal, union and association benefits
- Contact creditors



*Hello Neighbor,*

*I created this “Final Wishes Organizer” because after losing three siblings at young ages, I know what a family experiences when our deceased loved ones planned and when our loved ones did not plan. I want you to bless your family and friends by planning.*

**Regina Wagner, CLTC®**

**Medicare, Long-Term Care, and Life Insurance Specialist**

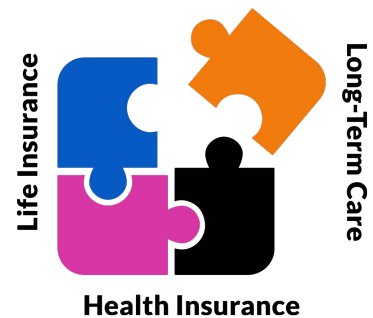
## **Our Mission**

The mission of All Things Insurance Benefits is to inform, educate, and inspire the community we serve to plan for end of life. Understanding death is part of living. And to plan is wise and prudent when we love our family and friends. All of us here are passionate about providing Affordable and Easy To Obtain Insurance From Reputable Insurance Companies.

## **What’s important to you?**

- Burial/ Final Expense Insurance
- Long Term Care planning
- Home Care Planning
- Medicare Health Insurance Review
- Life and Health Insurance Review
- Dental, Vision, and Hearing Insurance
- Prescription Drug Plan
- Hospital Indemnity/Supplemental Insurance
- Cancer, Stroke, and Heart Attack Insurance
- Free No-Obligation Insurance Review/ Consultation
- Increase Monthly Cash Flow

**Which Piece Are You Missing  
For PEACE OF MIND?**



*The time to plan is now!*