

MY FINAL WISHES ORGANIZER



A Memorial Guide For My Loved Ones



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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

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 one plans and when our loved one does not plan. I want you to bless your family and friends by planning.

Regina Wagner

– Licensed Insurance Agent/Agency Owner

Our Mission

The mission of **Allthings Senior Consulting LLC** 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 at Allthings Senior Consulting LLC are passionate about providing Affordable and Easy To Obtain Insurance From Reputable Insurance Companies and if you have a policy you no longer want or need call us before letting it go to see if it qualifies for a cash offer.

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

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

Medicare Planning



Insurance Planning

Extended Care Planning

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