Ethical Will

Written by

_____

_____

_____

End of Life Planner

A Complete Guide To My Wishes, Belongings, and Other Matters

Disclaimer:

This planner should not be considered a legally binding document

Personal Records

Personal Records

Full legal name: _____

Nicknames: _____

Current address: _____

_____

Phone number(s): _____

_____

Email: _____

Date of birth: _____

Place of birth: _____

Father’s name: _____

Mother’s name: _____

Personal Records

Social Status:

- Single
- Married
- Divorced
- Other: _____

Spouse: _____

Number of children (if any): _____

Name of children:

_____

_____

Other family:_____

Employment Status:

- Employed
- Unemployed
- Entrepreneur
- Other: _____

Employer's Name:_____

Employer's Phone: _____

Employer's Address: _____

Data and Documents

Important Contacts

Attorney:

Name:_____

Phone:_____

Email:_____

Address:_____

Attorney:

Name:_____

Phone:_____

Email:_____

Address:_____

Attorney:

Name:_____

Phone:_____

Email:_____

Address:_____

Attorney:

Name:_____

Phone:_____

Email:_____

Address:_____

Important Contacts

Doctor:

Name:_____

Phone:_____

Email:_____

Address:_____

Doctor:

Name:

Phone:_____

Email:_____

Address:_____

Doctor:

Name:_____

Phone:_____

Email:_____

Address:_____

Doctor:

Name:_____

Phone:_____

Email:_____

Address:_____

Important Contacts

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Important Contacts

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Relative:

Name:_____

Phone:_____

Email:_____

Address:_____

Important Contacts

Friend:

Name:_____

Phone:_____

Email:_____

Address:_____

Friend:

Name:_____

Phone:_____

Email:_____

Address:_____

Friend:

Name:_____

Phone:_____

Email:_____

Address:_____

Friend:

Name:_____

Phone:_____

Email:_____

Address:_____

Important Contacts

Other:

Name:

Phone:

Email:

Address:

Other:

Name:

Phone:

Email:

Address:

Other:

Name:

Phone:

Email:

Address:

Online Account Information

Account:_____

Username:_____

Password:_____

Account:_____

Username:_____

Password:_____

Account:_____

Username:_____

Password:_____

Account:_____

Username:_____

Password:_____

Account:_____

Username:_____

Password:_____

Important Documents

Document:_____

Location:_____

What to do:_____

_____

Document:_____

Location:_____

What to do:_____

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Document:_____

Location:_____

What to do:_____

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Document:_____

Location:_____

What to do:_____

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Important Documents

Document:_____

Location:_____

What to do:_____

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Document:_____

Location:_____

What to do:_____

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Document:_____

Location:_____

What to do:_____

_____

Document:_____

Location:_____

What to do:_____

_____

Insurance Information

Life Insurance

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Car Insurance

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Health Insurance

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Company/Agency: _____

Agent:_____

Phone:

Email:_____

Beneficiary: _____

Notes:_____

_____

Other Insurance

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

Company/Agency: _____

Agent:_____

Phone:_____

Email:_____

Beneficiary: _____

Notes:_____

_____

My Will Information

Will Information

Location of Will: _____

_____

Location of Living Will :_____

_____

Location of Family Trust:_____

_____

Location of Power Attorney:_____

_____

Location of Advanced Directive: _____

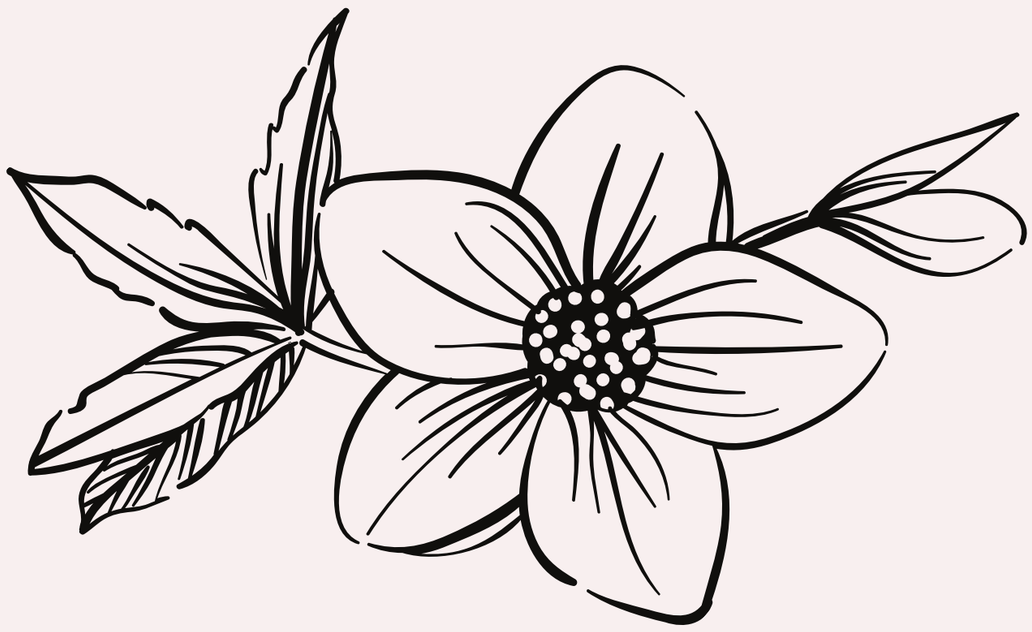
_____

Location Health Care Power of Attorney:_____

_____

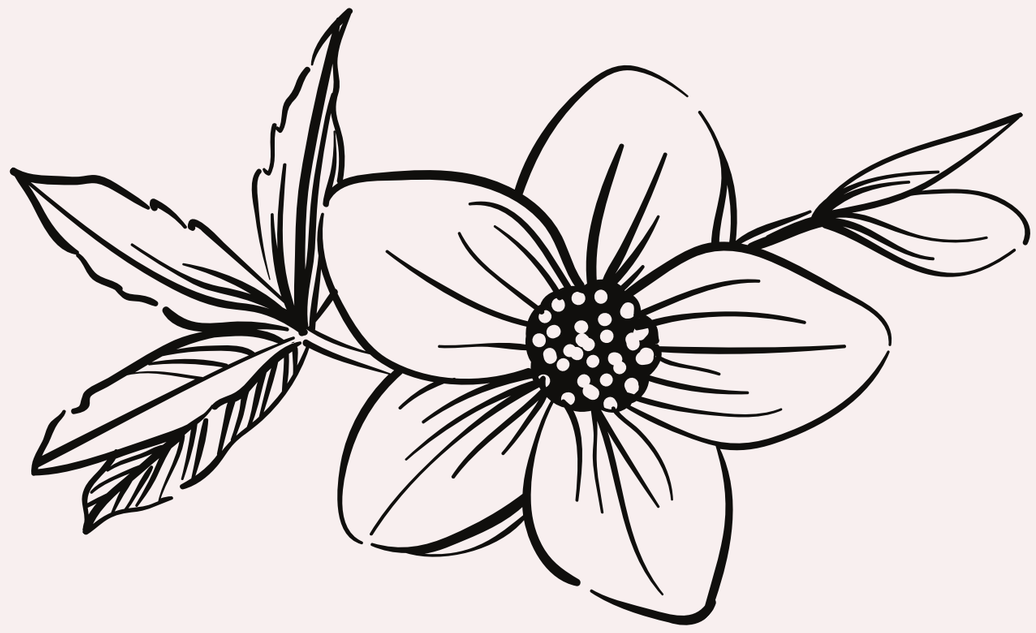
Location of Other Will Related Documents:

_____



Will Information

Additional Information Related to my Will



Financial Information

Bank Accounts

Bank: _____

Phone:

Address: _____

Account Number: _____

Account Type: _____

Card Type: _____

Account Username: _____

Account Password:

Expiration Date: _____

Bank: _____

Phone: _____

Address: _____

Account Number: _____

Account Type: _____

Card Type: _____

Account Username: _____

Account Password: _____

Expiration Date: _____

Bank Accounts

Bank: _____

Phone:

Address: _____

Account Number: _____

Account Type: _____

Card Type: _____

Account Username: _____

Account Password:

Expiration Date: _____

Bank: _____

Phone: _____

Address: _____

Account Number: _____

Account Type: _____

Card Type: _____

Account Username: _____

Account Password: _____

Expiration Date: _____

Investment Accounts

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Retirement Accounts

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Outstanding Loans

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Bank: _____

Phone:_____

Address: _____

Account Number: _____

Account Type: _____

Account Username: _____

Account Password: _____

Safe Deposit Boxes

Number: _____

Address: _____

Date Opened: _____

Period of Engagement: _____

Number: _____

Address: _____

Date Opened: _____

Period of Engagement: _____

Number: _____

Address: _____

Date Opened: _____

Period of Engagement: _____

Current Bills

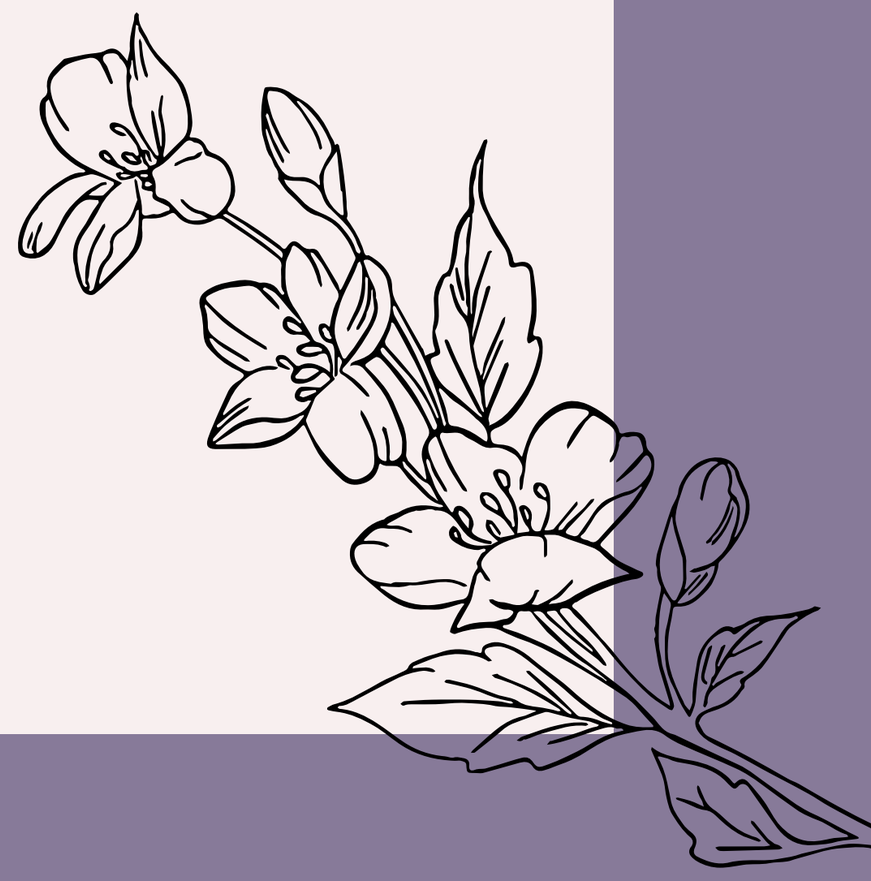
Bill/Company	Due Date	Amount	Payment Method	Notes

Utility Bills

Company	Due Date	Amount	Payment Method	Notes

Financial Information

Additional Information Related to my Finances



Property Information

My Properties

Type:_____

Location: _____

Co-owner(s) : _____

Year of Acquisition: _____

Loan Company:_____

Account Number: _____

Other:

Type:_____

Location: _____

Co-owner(s) : _____

Year of Acquisition: _____

Loan Company:_____

Account Number: _____

Other: _____

My Properties

Type:_____

Location: _____

Co-owner(s) : _____

Year of Acquisition: _____

Loan Company:_____

Account Number: _____

Other: _____

Type:_____

Location: _____

Co-owner(s) : _____

Year of Acquisition: _____

Loan Company:_____

Account Number: _____

Other: _____

Vehicle Information

Type:_____

Location: _____

License Plate Number: _____

Year of Acquisition: _____

Loan Company:_____

Account Number: _____

Other: _____

Type:_____

Location: _____

License Plate Number: _____

Year of Acquisition: _____

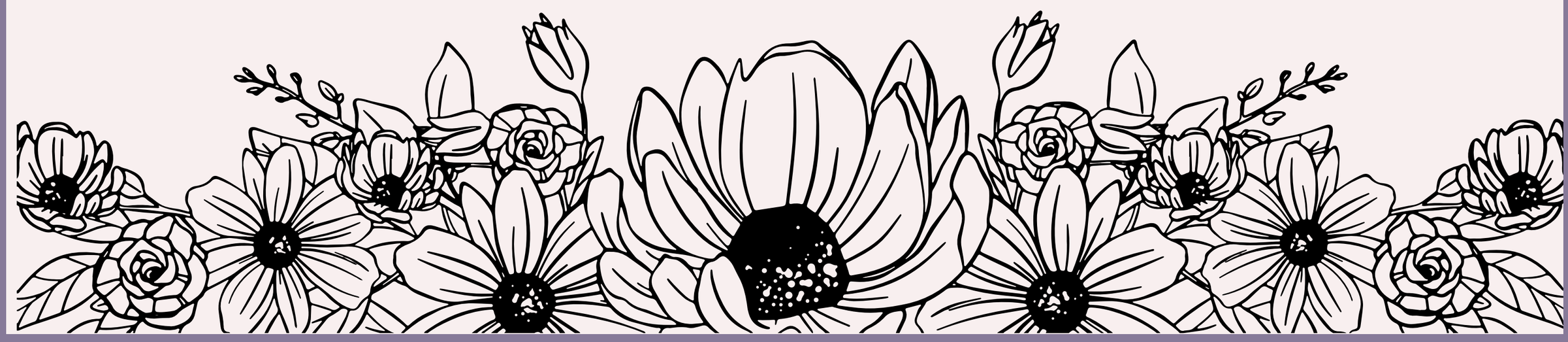
Loan Company:_____

Account Number: _____

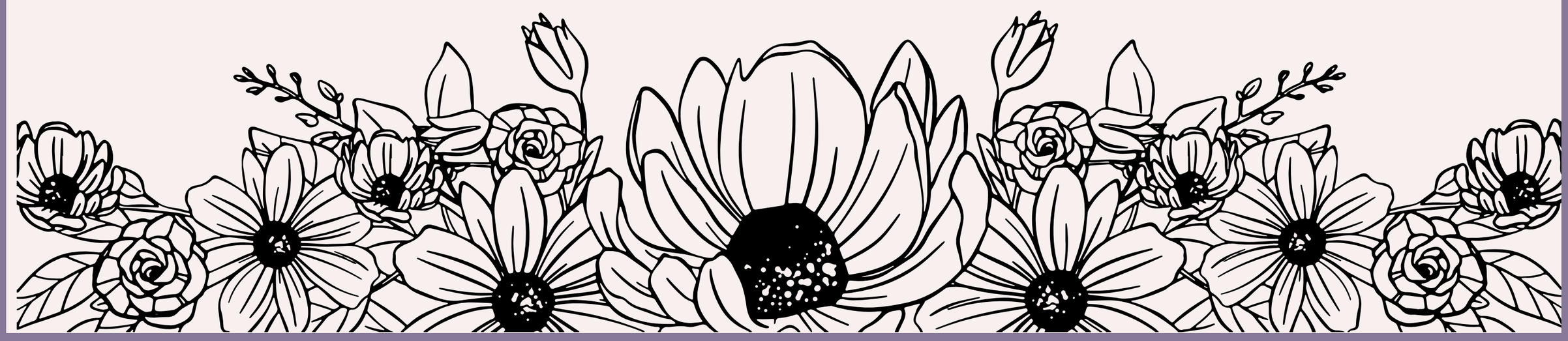
Other: _____

End of Life Wishes

Wishes for my Spouse

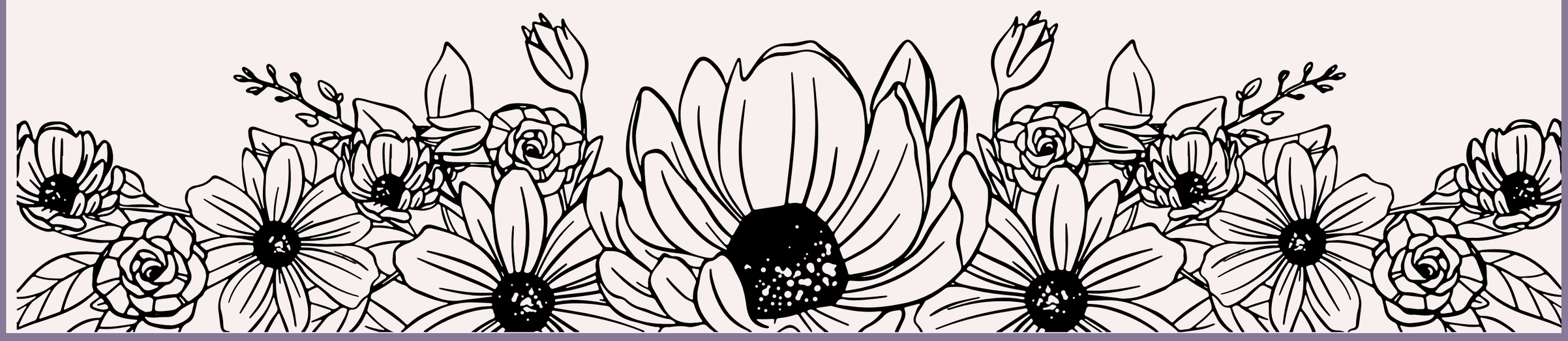


Wishes for my Children

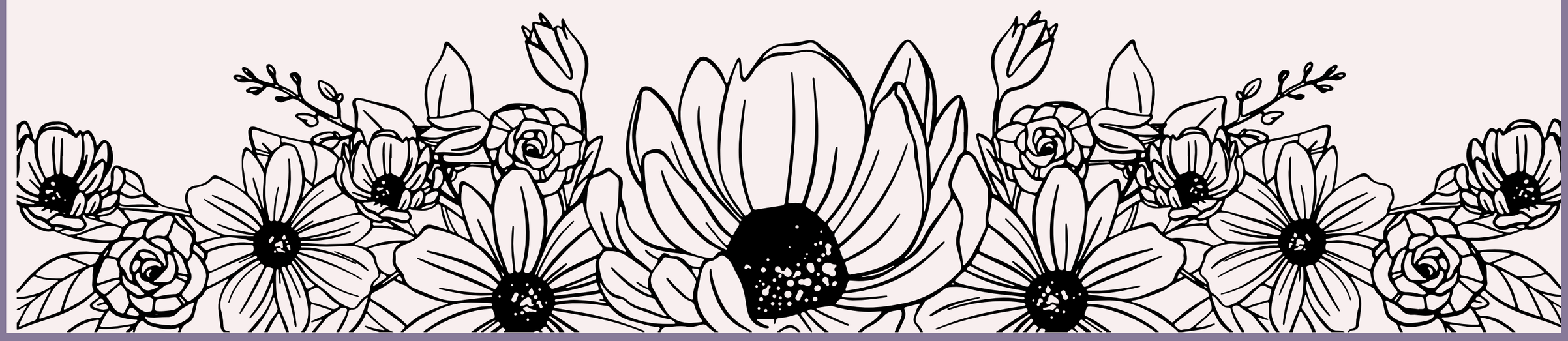


Wishes for my Relatives

Wishes for my Friends



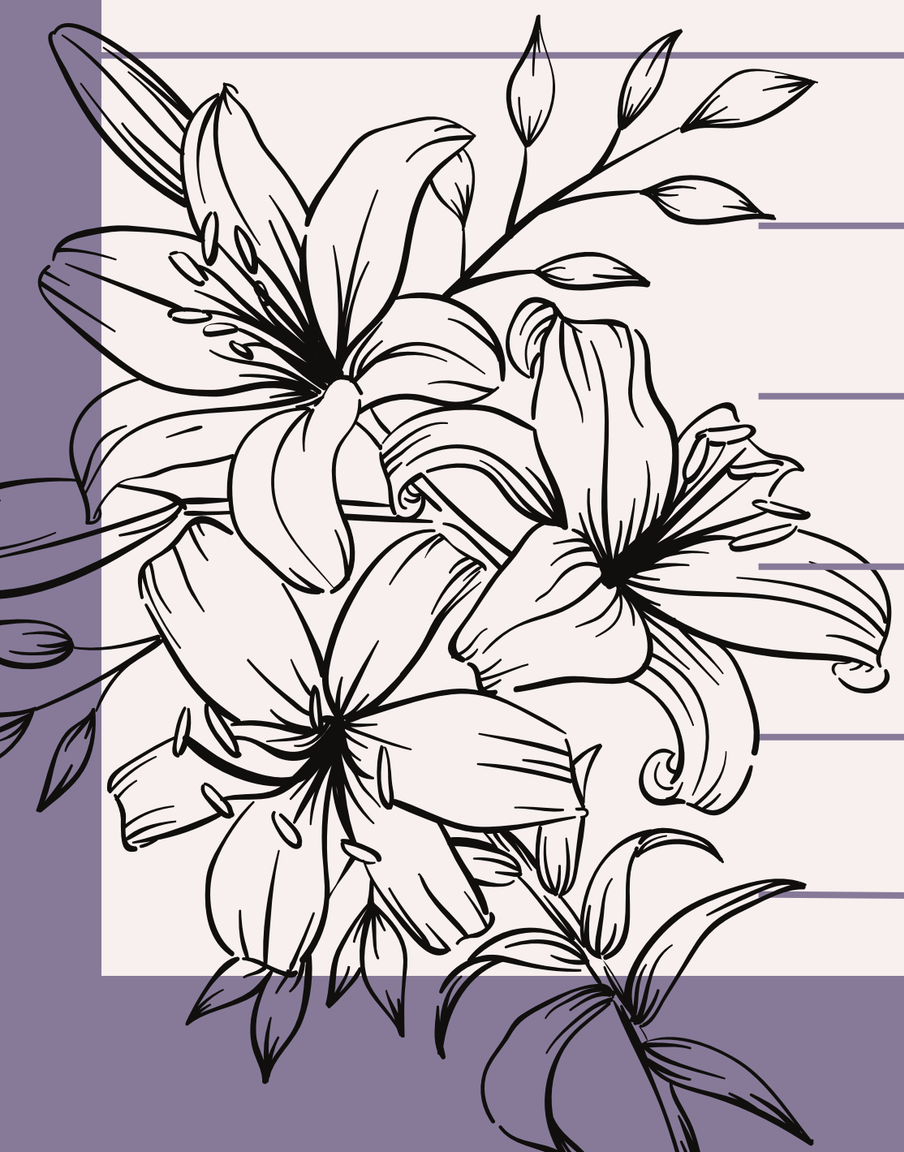
Wishes for my Pets



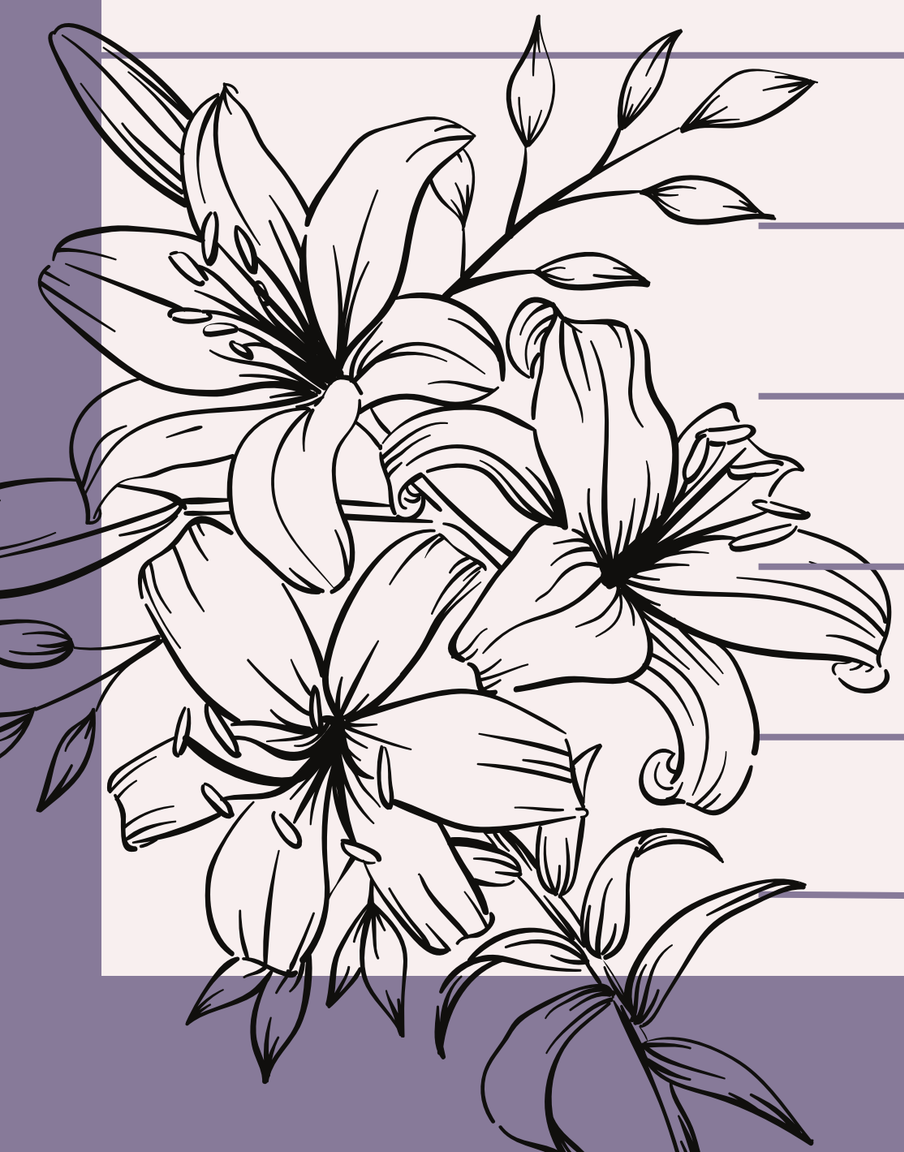
Other Wishes/Requests

My Letters

Letter to:

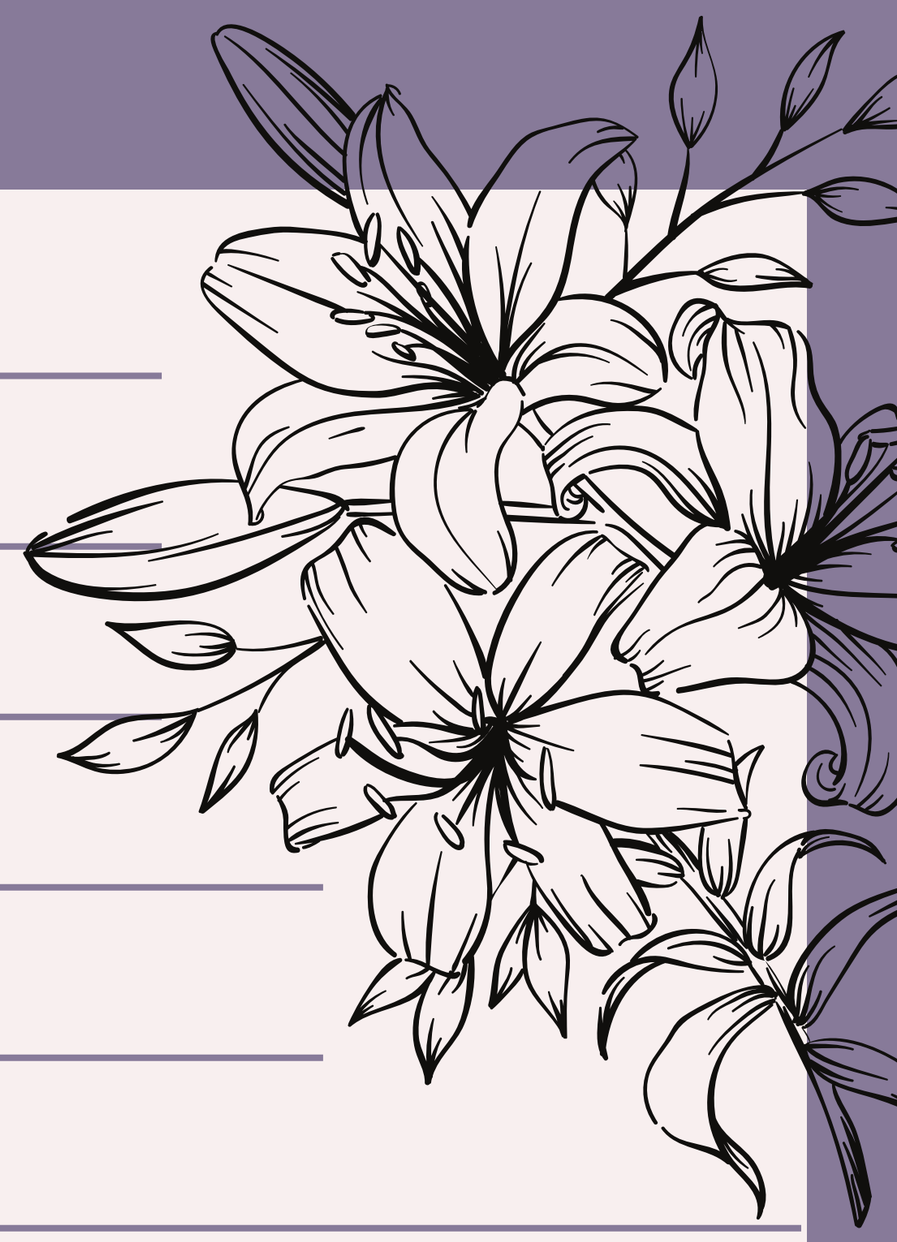


Letter to:

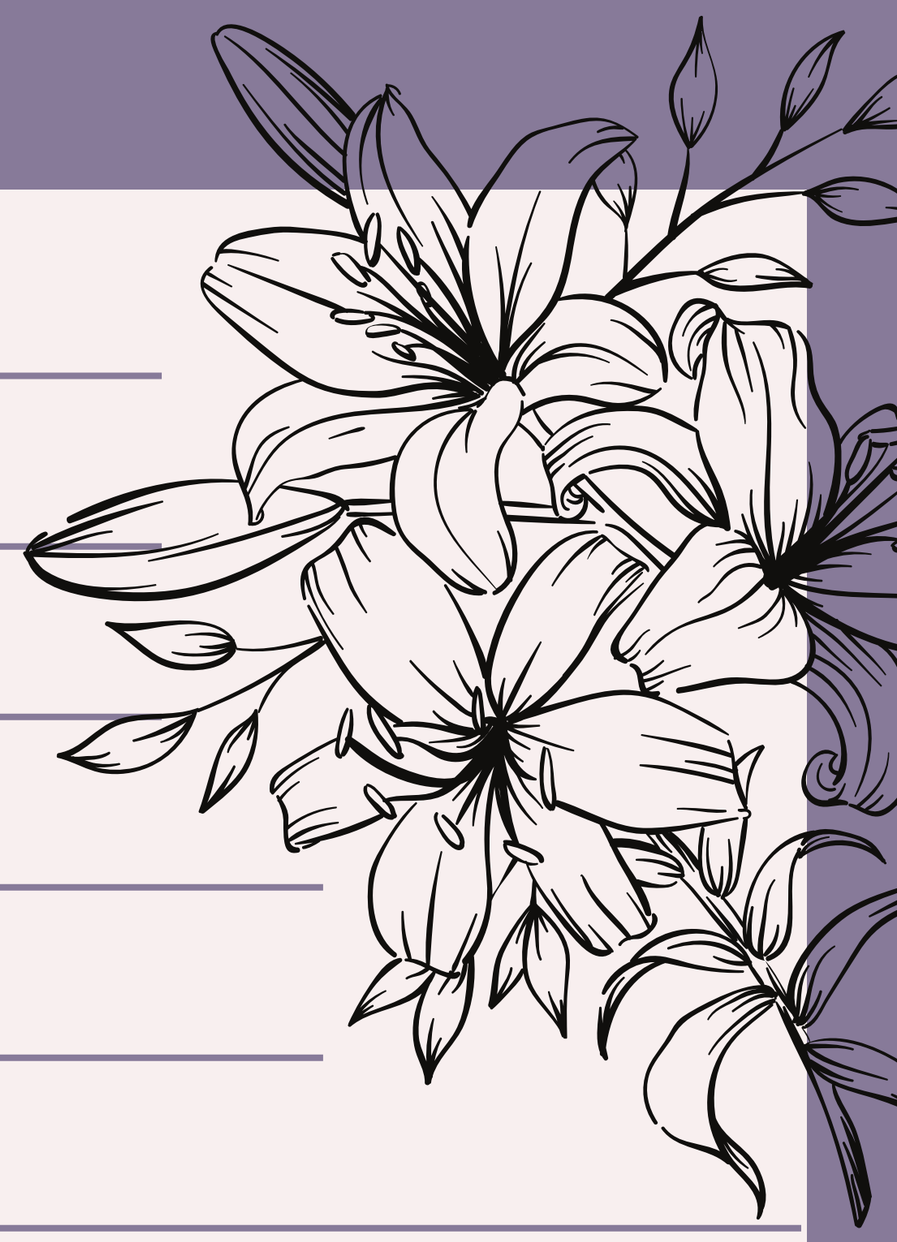


My Apologies

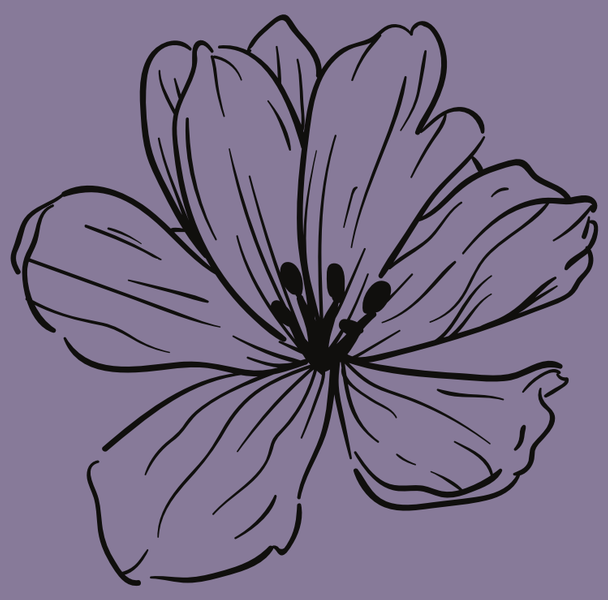
Apology to:



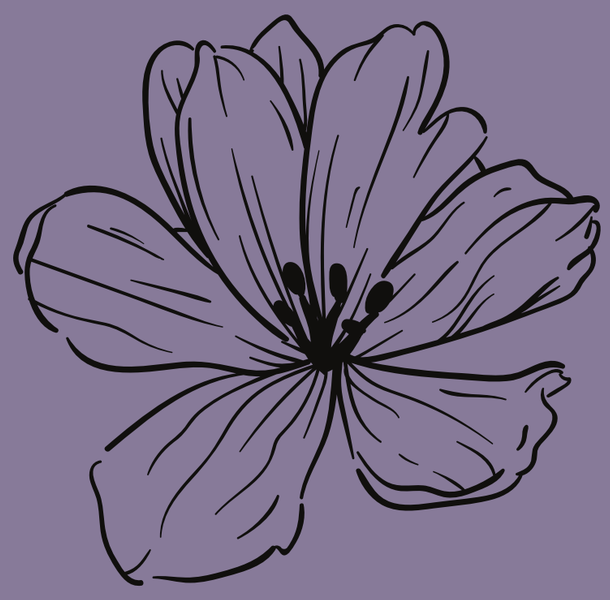
Apology to:



Funeral Requests



Requests



Last Words

Last Words