

# End of Life Planner

THINGS YOU NEED TO  
KNOW WHEN I AM GONE



**Memoria Sky**



## *Plan. Collaborate. Honor.*

At Memoria Sky, we are committed to supporting you and your loved ones through every step of the end-of-life planning process. Our goal is to provide you with the tools and resources you need to navigate this difficult time with confidence and peace of mind.

To help ease this burden and ensure that your loved ones are supported during a difficult time, we have developed the End of Life Funeral Planner.

Our planner is designed to be simple and easy to use, serving as a fill-in-the-blank guide for organizing important information that your family and friends will need in the event of your passing. By providing clear instructions and spaces to document key details, our planner aims to alleviate the stress and confusion that often accompany end-of-life arrangements.

While the End of Life Funeral Planner provides helpful guidance, open discussions with family are crucial for smooth transitions. Professional expertise may also be needed for legal and financial matters, ensuring your affairs are handled carefully.

With gratitude,

*Doleen Chand - Founder & Chief Executive Officer*

# Navigating the Funeral Planning Process

**Get Started:** [Sign up as Customer](#)



## **Funeral Planning Checklist**

Stay organized and informed with a comprehensive checklist to guide you through every step of the funeral planning process.



## **Memoria Marketplace**

Find trusted funeral service providers near you offering various products and services.



## **Memoria Page**

Create a personalized digital obituary to celebrate the life of your loved one and share memories with friends and family. Reference: [Memoria Page Guide](#)



## **Funeral Resources**

Explore a curated collection of funeral resources, including articles, guides, and FAQs, to address common concerns and provide



## **End of Life Planner**

Prepare for end-of-life decisions and ensure your wishes are known and respected.

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# Things You Need to Know When I'm Gone

To assist my family and friends in being prepared.

I have created the End of Life Funeral Planner:

Name:

Phone:

Email:

Relationship:

Notes:

# Personal Information

Full Legal Name:

Maiden Name:

Address:

Date of Birth:

Place of Birth:

Email Address:

Passport or ID Number:

Drivers License Number:

Taxpayer ID Number:

PO Box Number:

Church Affiliation:

Military Service:

Education:

Occupation:

Additional Notes:

# Family Information

Parents:

Siblings:

Husband/Wife:

Children:

Grandchildren:

Pets:

# Personal Assets

Cell Phone Carrier:

Main Email Address:

Passwords:

Phone Pin Code:

Password Recovery:

Security Hints:

Additional Information:

## *Location of Important Legal Documents & Keys*

My Will:

Passport Identification:

Birth Certification:

Marriage Certification:

Divorce Certification:

Drivers License:

PO Box Key:

Additional Information:



# Personal Assets

Real Estate:

Lender:

Address:

Notes:

Heirlooms:

Firearms:

Storage Unit:

Occupation:

Additional Notes:

# Emergency Contacts

Name:  
Phone:  
Email:  
Relationship:  
Notes:

Name:  
Phone:  
Email:  
Relationship:  
Notes:

Name:  
Phone:  
Email:  
Relationship:  
Notes:

Name:  
Phone:  
Email:  
Relationship:  
Notes:

# Digital Assets

Account & Password Tracker

Important Information on Computer:

Additional Information:

Digital Asset Account & Password Tracker

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

# Digital Assets

Account & Password Tracker

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account :
Email:
Username:
Password:
Notes:

# Digital Assets

Account & Password Tracker

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

Website/Account:
Email:
Username:
Password:
Notes:

# Medical Information

Health Insurance Provider:

Health Insurance Number:

Primary Care Physician:

Specialist Care:

Preferred Pharmacy:

Blood Type:

Medical Conditions:

Medications:

Allergies:

# Medical Information

Family Health History:

Additional Notes:

## *Location of Important Legal Medical Documents*

Health Insurance Card:

Living Will:

Medical Power of Attorney:

Advance Health Care Directive:

DNR (do-not--resuscitate order):

Organ Donation:

Additional Documents:

# Medical Information

## My Dependents

Name:

Relationship:

Address:

Birthday:

Birthplace:

Personal Info:

Caregiving, Custody, or Guardianship:

Health Insurance Number:

Medical Conditions:

Medications:

Allergies:

Primary Care Physician:

Specialties Care:

Preferred Pharmacy:

Blood Type:

Additional Notes:



# Medical Information

## My Dependents

Name:
Relationship:
Address:
Birthday:
Birthplace:
Personal Info:
Caregiving, Custody, or Guardianship:
Health Insurance Number:
Medical Conditions:
Medications:
Allergies:
Primary Care Physician:
Specialties Care:
Preferred Pharmacy:
Blood Type:
Additional Notes:

# Medical Information

My Dependents

Name:
Relationship:
Address:
Birthday:
Birthplace:
Peronsal Info:
Caregiving, Custody, or Guardianship:
Health Insurance Number:
Medical Conditions:
Medications:
Allergies:
Primary Care Physician:
Specialities Care:
Preferred Pharmacy:
Blood Type:
Additional Notes:

# Pets

Pets Name:
Breed:
License:
Age:
Birthday:
Birthplace:
Caregiving, Custody, or Guardianship:
Pet Insurance Number:
Medical Conditions:
Medications:
Allergies:
Veterinarian:
Specialities Care:
Preferred Pharmacy:
Additional Notes:

# Pets

Pets Name:
Breed:
License:
Age:
Birthday:
Birthplace:
Caregiving, Custody, or Guardianship:
Pet Insurance Number:
Medical Conditions:
Medications:
Allergies:
Veterinarian:
Specialities Care:
Preferred Pharmacy:
Additional Notes:

# Arrangements

Insurance Policy:

Contacts:

Funeral Home:

Address:

Email:

Phone:

*How I would like my remains disposed*

Burial:

Cremation:

Cemetery:

Address:

Email:

Memorial Stone:

Additional Note:

# Arrangements

Ashes to be Scattered:

Address:

Phone:

Email:

Additional Notes:

Obituary Information:

# Arrangements

## Who to Notify

Name:

Phone:

Email:

Relationship:

Notes:

Name:

Mobile:

Email:

Relationship:

Notes:

Name:

Mobile:

Email:

Relationship:

Notes:

Name:

Mobile:

Email:

Relationship:

Notes:

# Financial Information

## Bank Accounts

Bank:
Checking Account:
Account Number:
Username:
Password:

Bank:
Saving Account:
Account Number:
Username:
Password:

Bank:
Type:
Account Number:
Username:
Password:

Bank:
Type:
Account Number:
Username:
Password:



# Financial Information

## Bank Accounts

Bank:
ATM Card:
Account Number/ Pin:
Username:
Password:

Bank:
Debit Card:
Account Number/ Pin:
Username:
Password:

Bank:
Credit Card:
Account Number/Pin:
Username:
Password:

Bank:
Credit Card:
Account Number:
Username:
Password:

# Financial Information

## Bank Accounts

Bank:
Credit Card:
Account Number/ Pin:
Username:
Password:

Bank:
Store Credit Card:
Account Number/ Pin:
Username:
Password:

Bank:
Store Credit Card:
Account Number/Pin:
Username:
Password:

*Location of Financial Information & Cards*

# Financial Information

Investments, Stocks, Bonds & Other

Type:
Description:
Account Number/ Pin:
Username:
Password:

Type:
Description:
Account Number/ Pin:
Username:
Password:

Type:
Description:
Account Number/ Pin:
Username:
Password:

*Location of Investments, Stocks, Bonds & Other*

# Financial Information

Tax Records:
Federal/State Records Location:
Tax Accountant:
Username:
Password:

  

Safe Deposit Box:
Bank / Description:
Account Number/ Pin:
Content:
Notes:

*Location of Tax Records & Safe Deposit Keys*

# Financial Information

What I Owe

Mortgage:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Home Loan:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Car Loan:
Lender:
Account Number/ Pin:
Keys:
Username:
Password:

Additional Notes:

# Financial Information

What I Owe

Student Loan:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Medical Bills:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Credit Card Bills:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Additional Notes:

# Financial Information

What I Owe

Personal Loan:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Judgments/Lawsuits:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Other:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Additional Notes:

# Financial Information

What is Owed to Me

Personal Loan:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Judgments/Lawsuits:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Other:
Lender:
Account Number/ Pin:
Tax Information:
Username:
Password:

Additional Notes:



# Financial Information

Location of Financial Documents

Financial Power of Attorney:
Deposit Account Agreement:
Investment Agreements:
Safe Deposits Box Key:
Legal Documents:

Additional Notes:

# Notes

# Business Information

Business Name:
Tax ID:
Address:
Website:
Username:
Password:

Business Team:
Employee Name:
Phone:
Email Address:
Notes:

Business Team:
Name/Title:
Phone:
Email Address:
Notes:

Certified Public Accountant:
Name:
Phone:
Email Address:
Notes:

# Business Information

Attorney:

Name:

Phone:

Email Address:

Notes:

Business Insurance:

Name:

Phone:

Email Address:

Notes:

Bank:

Name:

Phone:

Email Address:

Notes:

Business Tax Records:

Federal/State Records Location:

Tax Accountant:

Username:

Password:

# Business Information

Business Bank:
ATM Card:
Account Number/ Pin:
Username:
Password:

Business Bank:
Debit Card:
Account Number/ Pin:
Username:
Password:

Business Bank:
Credit Card:
Account Number/Pin:
Username:
Password:

Additional Notes:

# Notes

# Beneficiary Information

Life & Health Insurance Policies

Type of Policy:
Account Number:
Lender:
Address:
Website:
Username:
Password:

Type of Policy:
Account Number:
Lender:
Address:
Website:
Username:
Password:

Employee Benefits:
Beneficiary:
Account Number:
Address:
Contact:
Username:
Password:

# Beneficiary Information

Life & Health Insurance Policies

Social Security:
Beneficiary:
Account Number:
Contact:
Notes:

Retirement:
Beneficiary:
Account Number:
Contact:
Notes:

Military Veterans Benefits:
Beneficiary:
Account Number:
Contact:
Notes:

## *Location of Beneficiary Information & Life Insurance Policies*

Life Insurance Policy:
Employment:
Social Security:
Retirement:
Military Veterans Benefits:



# Beneficiary Information

Who to Notify

Name:
Mobile:
Email:
Relationship:
Notes:

Name:
Mobile:
Email:
Relationship:
Notes:

Name:
Mobile:
Email:
Relationship:
Notes:

Name:
Mobile:
Email:
Relationship:
Notes:

# My Wishes

# Letters to Loved Ones

# My Last Words

# Notes