My plans -
My gift to you

A checklist to help you honor my final wishes

We plan for college, marriage, a baby & retirement... but we don’t prepare for the end of life. Let’s change that!

www.gotplans123.org

Peace of mind is a precious gift. We can help.

Hospice & Palliative CareCenter
hospicecarecenter.org

Rowan Hospice & Palliative Care
rowanhospice.org
Hospice & Palliative Care Center, Novant Health, Rowan Hospice & Palliative Care, and Wake Forest Baptist Health have come together to promote a common cause in the Piedmont Triad region of North Carolina. Along with other regional healthcare leaders, our coalition – The Community Partnership for Compassionate Care – works to encourage and facilitate the advance healthcare planning process. The partnership and its members have created “Got Plans?” and related resources to help promote decisions, discussions, and documentation related to the advance healthcare planning process. Our mission is to “encourage conversations about end of life care.”
Why should I complete this guide?

Death is an inevitable aspect of life, yet planning ahead can ease some of the challenges that often add stress and anxiety to those grieving your loss. Completing this guide will help bring peace of mind to you and your loved ones that want to honor your wishes and fulfill your life’s legacy.

This packet was designed to help you think through, and make plans now for the many important decisions that will have to be carried out after your death. This packet will prompt thorough and detailed consideration of what is meaningful and important to you. Making these decisions in advance is one of the most precious gifts you can provide to those you love.

By completing this packet, you are collecting vital information and organizing it into one simplified and convenient location.

This guide is a gift.

It is a gift for your family, friends, loved ones, and anyone who will be charged with funeral and burial arrangements, financial and legal organization and making a host of necessary decisions once you are gone. Like most people, your information may be dispersed in various locations. This packet is a tool you can use to organize that information, so that when the time comes, your loved ones are prepared to take on the responsibility of your affairs and honor your wishes.

Information and documents to consider as you complete this packet:

- Advance Directives
- Medical Information
- Birth Certificate
- Family Birth Certificates
- Family Death Certificates
- Social Security Card
- Marriage Certificates
- Divorce Decrees
- Guardianship Documents
- Insurance Policies
- Estate Plans
- Deeds and Titles to Property
- Automobile Title and Registration Papers
- Credit Card Accounts
- Bank Accounts
- Safety Deposit Boxes
- Retirement Accounts
- Stock Certificates
- Military Service and Veteran information
- Income Tax and W-2 Forms
- Loan and Installment Information
- Travel Documents
- Important Contact Information

The time to repair the roof is when the sun is shining.

John F. Kennedy
My Advance Directive

It’s as simple as 1, 2, 3...

1 Decide
☐ Choose the type of care you would like to receive at the end of life
☐ Select your Health Care Agent

My Health Care Agent ________________________ Relationship ________________________

2 Discuss
☐ Discuss your wishes with your loved ones
☐ Discuss your wishes with your health care provider
☐ Discuss your wishes with your Health Care Agent

3 Document
☐ Fill out the Advance Directive forms according to your wishes
☐ Attend a Got Plans? Workshop if you have any concerns or questions about your forms
  Date of workshop ________________________
☐ Get your forms notarized
  Date of notarization ________________________
☐ Distribute your documents
  ☐ Send a copy to your doctor
    Doctor’s Name ____________________________ Practice ____________________________
    Phone ____________________________ Date ____________________________
  ☐ Send a copy to the department of records at your hospital
    Hospital ____________________________ Date ____________________________
  ☐ Give a copy to your Health Care Agent if you have one
    Health Care Agent’s Name ____________________________
    Phone ____________________________ Date ____________________________
  ☐ Give copies to your family and loved ones
    Who has a copy?
    Name ____________________________ Relationship ____________________________
    Phone ____________________________ Date ____________________________
    Name ____________________________ Relationship ____________________________
    Phone ____________________________ Date ____________________________
    Name ____________________________ Relationship ____________________________
    Phone ____________________________ Date ____________________________
☐ Keep the original document in a safe and easily accessible place at all times

My original document
Location _______________________________________________ Date ______________________

My copies
Location _______________________________________________ Date ______________________
Location _______________________________________________ Date ______________________

☐ Fill out your Notice of Advance Directive card and keep it with you at all times

It is important to note that some of the information in this guide may not apply to you. Only complete the sections you are comfortable with or you think are relevant to your life. You should also keep in mind that your own individual life circumstances are subject to change. The information you record in this guide should be updated as those changes occur.

About Me

My Full Name ____________________________________________
My Date of Birth _________________________________________
My Address ______________________________________________
Home Phone ___________________ Work Phone ________________
Cell Phone ____________________ Email Address __________________
Social Security Number ____________________________________________
Driver’s License Number __________________ State Issued __________________

☐ I am married

My Spouse’s Full Name __________________________________________________________
Spouse’s Home Phone ___________________ Cell Phone _________________________
Work Phone ___________________________ Email Address __________________________
☐ I am divorced
   Date __________________________
   Location of my divorce decree or other important information
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

☐ I am a United States citizen
   ☐ I was born in the United States
   ☐ I earned U.S. citizenship
      Location of my citizenship papers________________________________________
      _____________________________________________________________________

☐ I served in the military
   Years Served ________________________________ My Company _________________________
   My Rank ________________________________
   Decorations____________________________________
   Discharge Date __________________ Location of my DD214 ____________________________
   _______________________________________________________________________
   Location of any other military service records ________________________________
   _______________________________________________________________________
   My VA Information_________________________________________________________

My Family

☐ I have children
   Name
   __________________________________________ Birthdate ____________ Phone _____________
   Name
   __________________________________________ Birthdate ____________ Phone _____________
   Name
   __________________________________________ Birthdate ____________ Phone _____________
   Name
   __________________________________________ Birthdate ____________ Phone _____________
   Name
   __________________________________________ Birthdate ____________ Phone _____________
☐ My children are minors, and I have designated their legal guardian in case of emergency or my death

Name of Legal Guardian ___________________________ Phone ____________________

My Attorney _________________________________ Phone ____________________ Date __________

Notes
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

☐ My children are adopted

Location of adoption papers
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date __________________________

☐ I am the legal guardian of one or more individuals

Name of Minor ____________________________ Birth Date _______________________

Name of Minor ____________________________ Birth Date _______________________

Location of Guardianship Papers
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

☐ I am a caregiver

Care Recipient’s Name ____________________________

Address ______________________________________

Home Phone ____________________________ Cell Phone __________________________

My Responsibilities
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Emergency Contact or Other Caregiver ____________________________ Phone ____________________
☐ I have other loved ones I wish to be notified in case of an emergency or my death

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<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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Notes
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_________________________________________________________________________________________

☐ I have one or more pets, and I have designated the circumstances of their guardianship in case of my death

My Veterinarian __________________________ Practice __________________________

Practice Address __________________________ Phone __________________________

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<th>Pet’s Name</th>
<th>Age</th>
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Designated Guardian __________________________ Phone __________________________

Notes:______________________________________________________________________________________
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Designated Guardian __________________________ Phone __________________________

Notes:______________________________________________________________________________________
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Designated Guardian __________________________ Phone __________________________

Notes:______________________________________________________________________________________
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Designated Guardian __________________________ Phone __________________________

Notes:______________________________________________________________________________________
_________________________________________________________________________________________
### My Healthcare Information

**My Primary Care Physician** ___________________________ **Phone Number** __________________

**Medical Practice** ___________________________________________________ **Date** __________________

- **I have other physicians**
  Consider your eye specialists (optometrists, ophthalmologists), hearing specialists, podiatrists, neurologist, and any surgeons or oncologists.

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<th>Name</th>
<th>Specialty</th>
<th>Practice</th>
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- **I have one or more specific health issues**

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<th>Condition</th>
<th>Date Diagnosed</th>
<th>Attending Physician</th>
<th>Phone</th>
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- **I take medications regularly**

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<tr>
<th>Medication</th>
<th>Date Started</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason for Medication</th>
<th>Prescribing Physician</th>
<th>Date Discontinued</th>
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<td>Reason for Medication</td>
<td>Prescribing Physician</td>
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☐ I have one or more allergies

Please describe

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ I have completed a portable Do Not Resuscitate (DNR) form

Date Completed ______________________
Location of my copy ______________________
Who else has a copy?
Name ______________________ Phone ______________________
Name ______________________ Phone ______________________
Name ______________________ Phone ______________________

☐ I have completed a MOST (Medical Orders for Scope of Treatment) form

Physician who signed my form ______________________
Date Completed ______________________
Location of my copy ______________________
Who else has a copy?
Name ______________________ Phone ______________________
Name ______________________ Phone ______________________
Name ______________________ Phone ______________________

☐ I wish to donate my organs

☐ I have discussed organ donation with my doctor, and my wishes have been documented in my medical records. Date ________________

☐ I have registered for organ donation with North Carolina Donor Registry at www.donatelifenc.org
My username ______________________ Password ______________________ Date ________________

☐ I have an organ donation card.
Location of my card ______________________ Date ________________

☐ I wish to donate my body to a medical school or other scientific institution

☐ I have a preferred recipient ______________________

☐ I have made arrangements for the donation of my body with this recipient
Contact Name ______________________ Phone Number ______________________
Date ________________
My Possessions

☐ I have an income
Consider your employers and any social security, retirement assets, retirement benefits, or disability payments

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<th>Source</th>
<th>Amount</th>
<th>Frequency</th>
<th>Contact</th>
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Location of related documents
____________________________________________________________________________________
____________________________________________________________________________________

☐ I have a Last Will and Testament

My Attorney _______________________________ Phone Number _______________________________
Executor of my will _______________________________ Phone number _______________________________
Location of my original copy _______________________________ Date __________________________

Other copies
Location 1 __________________________________ Date __________________________
Location 2 __________________________________ Date __________________________
Location 3 __________________________________ Date __________________________

☐ I have a Trust

Location of my original copy _______________________________ Date __________________________

Other copies
Location 1 __________________________________ Date __________________________
Location 2 __________________________________ Date __________________________
Location 3 __________________________________ Date __________________________

☐ I have a codicil

Location of my original copy _______________________________ Date __________________________

Other copies
Location 1 __________________________________ Date __________________________
Location 2 __________________________________ Date __________________________
Location 3 __________________________________ Date __________________________
I have included charities of my choice in my estate plans
Charity Name ____________________________________ Date ____________
Charity Name ____________________________________ Date ____________
Charity Name ____________________________________ Date ____________

I have designated an Attorney-in-Fact under a durable Power of Attorney (POA)
Name of my attorney-in-fact ___________________________ Phone Number ____________
Address __________________________________________ Date ____________

I have an annuity
Recipient name __________________________________________ Phone ____________
Term of annuity ___________________________ Amount __________________________ Date ____________

I have a mortgage
Location of my documents ___________________________ Date ____________
My bank ___________________________ My personal banker __________________________ Phone ____________

I have a loan
Location of my documents ___________________________ Date ____________
My bank ___________________________ My personal banker __________________________ Phone ____________

I am in the possession of a safety deposit box
My Bank ___________________________ My Financial Advisor __________________________
Contents________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Lock Combination or Key Location ___________________________ Date ____________

I am in the possession of a personal safe
Location ___________________________ Lock Combination __________________________
Date __________________________
Contents________________________________________________________________________
________________________________________________________________________________
I am in the possession of a personal computer or laptop
Location _______________________ Password ___________________ Date ________________
Important Contents _____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

I use a company-owned computer or laptop at my place of work
Location ____________________________________________ Password __________________________
Important contents _____________________________________________________________
___________________________________________________________________________________________
Name of employee to whom these contents may be relevant ____________________________
Employee phone number ___________________________ Date ______________________

I maintain personal or work-related websites, blogs, or social media accounts (Facebook, Twitter)
Website Name __________________ Username ____________ Password ______________
Website Name __________________ Username ____________ Password ______________
Website Name __________________ Username ____________ Password ______________
Website Name __________________ Username ____________ Password ______________
Website Name __________________ Username ____________ Password ______________
Notes (eg. What would you like to happen with your accounts?)
___________________________________________________________________________________________
___________________________________________________________________________________________

I have one or more email accounts
Email Address ___________________________ Password ______________________
Email Address ___________________________ Password ______________________
Email Address ___________________________ Password ______________________
Email Address ___________________________ Password ______________________
Email Address ___________________________ Password ______________________

I have important travel documents (Passport, Visas, Identification Cards, etc.)

I have a passport
Issuing Country ___________________________ Passport Number ___________________________
Date Issued ___________________________ Expiration Date ___________________________
Location of my passport _____________________________________________________________
☐ I have one or more Visas
Issuing Country __________________________ Type __________ Number __________________
Date Issued _______________ Expiration Date _______________

Issuing Country __________________________ Type __________ Number __________________
Date Issued _______________ Expiration Date _______________

Issuing Country __________________________ Type __________ Number __________________
Date Issued _______________ Expiration Date _______________

☐ I have other important travel documents
Please describe
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

☐ I have a Post Office (PO) Box
My Post Office _________________________________ PO Box Number ______________
Location of my PO Box Key __________________________
____________________________________________________________________________________

☐ I have one or more personal bank accounts
Bank _____________________ Account Number _______________ Password ______________

Bank _____________________ Account Number _______________ Password ______________

Bank _____________________ Account Number _______________ Password ______________

☐ I have one or more personal credit card accounts
Provider _________________ Account Number _______________ Password ______________

Provider _________________ Account Number _______________ Password ______________

Provider _________________ Account Number _______________ Password ______________

☐ I am a stockholder
Which companies? __________________________________________

Location of my stock certificates __________________________________________

____________________________________________________________________________________
☐ I have employee benefits

Please describe ____________________________________________________________

__________________________________________________________________________

Employer Name __________________________________   Human Resources Contact ______________________________

Phone Number ___________________________ Date ______________

☐ I have an independent insurance policy

Insurance company ________________________________ My agent ______________________________

Phone Number ___________________________ Date ______________

☐ I have an automobile

Registered Owner __________________________________   Legal Owner ______________________________

Outstanding Payments __________________________________________________________

Vehicle Identification Number ______________________________ Make __________________

Year Manufactured _______________________ License Number ______________________________

Location of vehicle title and registration

__________________________________________________________________________

☐ I have automobile insurance

Policy Holder _______________________ Policy Number ________________ Date ______________

Insurance Company ___________________________ Date ______________

☐ I am in possession of other important belongings, documents, and collateral in another non-disclosed location or on another technological device (consider your Social Security statement, birth certificates, marriage certificates, divorce decrees, death certificates, deeds, citizenship papers, etc., if you have not already listed their locations)

Location 1 ________________________________________ Lock Combination _______________________

Contents ____________________________________________________________

__________________________________________________________________________

_________________________________________ Date ______________

Location 2 ________________________________________ Lock Combination _______________________

Contents ____________________________________________________________

__________________________________________________________________________

_________________________________________ Date ______________
Location 3  ______________________________  Lock Combination  

Contents  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

Date  

Location 4  ______________________________  Lock Combination  

Contents  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

___________________________________________________________________________________________  

Date  

☐  I have other valuable information pertaining to my possessions

Please describe  

___________________________________________________________________________________________  

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___________________________________________________________________________________________
In the event I need to be admitted to the hospital, my hospital preference would be

☐ I have completed a Do Not Hospitalize form
Location of my Do Not Hospitalize form

☐ If possible, I would like to die at home

☐ If I become eligible, I would like to receive hospice care
My preferred hospice is __________________________ Phone ______________
Address of my preferred hospice __________________________ Date ______________

☐ I have preferences for pain relief
  O I would like enough medication to keep me as comfortable as possible, even if it makes me less aware of what is going on
  O I prefer to be medicated for pain, but I want to be aware of my surroundings, even if this means that my pain may not be completely alleviated.
  O Or, please provide your own instructions
    ____________________________________________________________________________
    ____________________________________________________________________________

☐ In addition to medication, I would also benefit from non-medical comfort measures, such as healing therapy, massages, turning and repositioning, and all measures to keep me fresh and clean
Please indicate any special request

☐ I wish to have the support of those special to me
Family members

Friends

Faith community members

Other special people or animals

Date ______________

Location of my Do Not Hospitalize form __________________________

Date ______________

Date ______________

Date ______________
I have other preferences for my setting at the end of life
The following will bring me peace and comfort:

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<th>Music</th>
<th>Readings</th>
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<th>Prayers</th>
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<th>Artwork</th>
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After my death

☐ I have written my own obituary

Location of my obituary ________________________________________________________________
Date __________________________

☐ I have distributed copies of my obituary

Recipient __________________________ Date __________________________
Recipient __________________________ Date __________________________
Recipient __________________________ Date __________________________

☐ I have not written my own obituary, but I have special instructions or guidelines and I have designated a writer

Designated writer ____________________________________________ Date _________________
Special instructions or guidelines _______________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________
_________________________________________________________________________________

Biographical Information to Guide My Obituary

Education
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Social Activities
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Military Service
_________________________________________________________________________________
_________________________________________________________________________________
Acts of Service
___________________________________________________________________________________________
___________________________________________________________________________________________
Employment
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Special Achievements, Awards, or Recognition
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Other
___________________________________________________________________________________________
___________________________________________________________________________________________
I have already contracted arrangements regarding my funeral
Selected Funeral Service __________________________ Contact Name __________________________
Phone Number __________________________ Date __________________________
Selected Venue __________________________ Contact Name __________________________
Phone Number __________________________ Date __________________________
I have not already made arrangements, but I have special instructions regarding my funeral
Preferred funeral service __________________________________________
Preferred venue __________________________________________ Date ____________
 o I wish to have a visitation prior to my funeral service: Public or Private (circle one)
 o I wish to have a private funeral
 o I would like to choose my funeral officiator
   Preferred officiator __________________________________________ Date ____________
   Phone Number __________________________ Date ____________
 o I would like to choose my pallbearers
   Name __________________________ Phone __________________________
   Name __________________________ Phone __________________________
   Name __________________________ Phone __________________________
Name ______________________  Phone ______________________
Name ______________________  Phone ______________________
Name ______________________  Phone ______________________

☐ I want donations to be made to a specific charity
Charity Name ________________________________________________________________

☐ I have made arrangements for my burial or cremation

☐ I wish to be buried
Location of my pre-purchased burial plot or crypt
____________________________________________________________________________
Location of plot deed __________________________________________________________
Contact Phone Number __________________________ Date __________

☐ I wish to be cremated
Cremation Service _____________________________________________________________
Contact Phone Number __________________________ Date __________
Instructions for my ashes _______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ I have set aside funds to finance my funeral and burial/cremation
Account Information _____________________________________________________________
Personal Banker __________________________ Phone Number __________________________
Designated Amount __________________________ Date __________

☐ I have other wishes regarding the funeral or memorial service

☐ In addition to my family, there are special individuals who I wish to be present at my funeral or memorial service

Name ______________________  Phone ______________________
Name ______________________  Phone ______________________
Name ______________________  Phone ______________________
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Name ______________________  Phone ______________________
Name ______________________  Phone ______________________
Name _____________________________  Phone ______________________
Name _____________________________  Phone ______________________
Name _____________________________  Phone ______________________
Name _____________________________  Phone ______________________
Name _____________________________  Phone ______________________
Name _____________________________  Phone ______________________

○ I have drafted a guest list or additional instructions for my funeral
  Location of document _____________________________________________

  □ I have additional funeral guidelines

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<tr>
<th>Music</th>
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<th>Flowers</th>
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Additional Notes
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
## Important Numbers

<table>
<thead>
<tr>
<th>Name</th>
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<th>Important Notes</th>
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<tbody>
<tr>
<td>My primary care physician</td>
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<td>My other doctors</td>
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</tr>
<tr>
<td>My dentist</td>
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<tr>
<td>My faith community leader</td>
<td></td>
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</tr>
<tr>
<td>My pharmacy</td>
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<tr>
<td>My attorney</td>
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<tr>
<td>My CPA</td>
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<tr>
<td>My bank</td>
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<tr>
<td>My financial advisor</td>
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<tr>
<td>My personal banker</td>
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<tr>
<td>Executor of my will</td>
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<tr>
<td>People listed in my will</td>
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<td>My insurance Agent</td>
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<td>My landlord</td>
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<td>Other</td>
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Got Plans? has been endorsed by the North Carolina Partnership for Compassionate Care, the North Carolina Medical Society and the North Carolina Bar Association.

Got Plans? was created by the Community Partnership for Compassionate Care. Steering committee representatives from Hospice & Palliative CareCenter, Rowan Hospice & Palliative Care, Novant Health and Wake Forest Baptist Health work in collaboration to promote and facilitate advance care planning efforts throughout the region.

The Community Partnership for Compassionate Care is one of seven regional members of the North Carolina Partnership for Compassionate Care.