

## MY LAST WISHES

To my friends, family, advisors, physicians, and all others whom it may concern;

This document is an expression of my wishes and preferences, to assist those who survive me in understanding my wishes and preferences, and to avoid conflicts and disagreements. I direct the Personal Representative of my Will and the Agent under my Health Care Power of Attorney to cooperate with my Agent designated below, and to take all actions necessary or appropriate to carry out my wishes and preferences.

Full Name:	
Sometimes or formerly known as:	
Residence Address:	
Place of Birth:	Domicile in AZ since:
Date of Birth:	SS#:
Father's Name:	Mother's Maiden Name:
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	
Spouse's Full Name:	
Spouse's Address: <input type="checkbox"/> same	
Spouse's Phone Number:	
Spouse's Date of Birth:	
Date of Spouse's Death:	
Date of Marriage:	Place of Marriage:

1. Agent.

I designate \_\_\_\_\_ as my Agent, to carry out my wishes as described herein. My Agent's address is: \_\_\_\_\_ Phone: \_\_\_\_\_

I designate \_\_\_\_\_ as Alternate. My Alternate Agent's address is \_\_\_\_\_ Phone: \_\_\_\_\_

I designate \_\_\_\_\_ as Second Alternate. My Second Alternate's address is: \_\_\_\_\_ Phone: \_\_\_\_\_

If there are any disagreements about my wishes, I want my Agent to resolve such disagreements. I do not want any of the following people to be involved in making decisions regarding the matters covered in this document:

\_\_\_\_\_

\_\_\_\_\_

2. How to dispose of my body.

<input type="checkbox"/> Buried, not embalmed	<input type="checkbox"/> Cremated, not embalmed
<input type="checkbox"/> Buried, embalmed	<input type="checkbox"/> Cremated, embalmed
<input type="checkbox"/> Cryogenically frozen	<input type="checkbox"/> Do above <u>after</u> organ/tissue donation
<input type="checkbox"/> Donate <u>entire</u> body (nothing to bury/cremate)	<input type="checkbox"/> _____

3. Organ/tissue donation. (Note: this document is not an organ donor form.)

I have signed an organ/tissue donor form.

I have not signed an organ/tissue donor form, but I want to be an organ/tissue donor.

I have not signed an organ/tissue donor form, because I do not want to be an organ/tissue donor.

\_\_\_\_\_

4. Funeral/burial insurance.

NA

I do not have funeral or burial insurance.

I have funeral/burial insurance, with \_\_\_\_\_ (company), policy number \_\_\_\_\_.

5. Funeral home.

NA

I prefer to use the following funeral home or funeral director:

No preference

\_\_\_\_\_

I have already contacted the funeral home or funeral director named above

6. Hair/makeup.  NA

I prefer my hair/makeup be prepared by the following person(s):

No preference

Hair \_\_\_\_\_

Makeup \_\_\_\_\_

7. Clothing.  NA

I want to be dressed in:

No preference

Shroud only

Shroud over clothing

This clothing: \_\_\_\_\_

8. Possessions.  NA

I would like to be buried/cremated with these items (jewelry, favorite possessions, etc.):

\_\_\_\_\_

9. Funeral/Memorial service.

I prefer:

no formal service

memorial service (body not present)

funeral service (body present)

open casket

closed casket

10. Location of service.  NA

I prefer that any service be held at:

church/synagogue/mosque/temple \_\_\_\_\_

funeral home/crematorium

grave side

home

\_\_\_\_\_

11. Officiant.  NA

I want the service to be officiated by:

minister \_\_\_\_\_

priest \_\_\_\_\_

rabbi \_\_\_\_\_

other \_\_\_\_\_

12. Music/reading/prayers.

NA

<p>I prefer the following:</p> <p><input type="checkbox"/> music _____</p> <p><input type="checkbox"/> readings _____</p> <p><input type="checkbox"/> prayers _____</p> <p><input type="checkbox"/> other _____</p>
---

13. Public/private service.

NA

<p>I prefer that the service:</p> <p><input type="checkbox"/> be open to the public</p> <p><input type="checkbox"/> be private, family/invitees only</p>
--

14. "Calling hours" (wake).

<p>I prefer that "calling hours":</p> <p><input type="checkbox"/> not be held</p> <p><input type="checkbox"/> be held</p> <p style="padding-left: 20px;"><input type="checkbox"/> with open casket</p> <p style="padding-left: 20px;"><input type="checkbox"/> without open casket</p>
--

15. I would like the following people to act as pallbearers:

NA

Name	Address/Phone

16. Cemetery.

NA

<p>I want to be buried at this cemetery: _____</p>
--

17. Cemetery plot/mausoleum.  NA

I own a: <input type="checkbox"/> cemetery plot <input type="checkbox"/> mausoleum The location of the deed is _____ The deed is in the name of _____
---

18. I want to be buried with this person:  NA

_____
-------

19. I want a specific type of:  NA

<input type="checkbox"/> casket _____ <input type="checkbox"/> vault _____ <input type="checkbox"/> grave marker _____
--

20. Epitaph.  NA

<input type="checkbox"/> I want this to be written on my grave marker: _____ _____
--

21. Symbol/decoration.  NA

<input type="checkbox"/> I want this symbol or decoration on my grave marker: _____
--

22. Regarding military service:  NA

<input type="checkbox"/> I do not want a veteran's grave marker <input type="checkbox"/> I do want a veteran's grave marker I was in this military branch: _____ from _____ to _____ I was discharged on this date: _____ with the rank of _____ My discharge papers are located _____
--

23. Ashes ("cremains").  NA

I want my ashes to be: <input type="checkbox"/> Placed in an urn, to be kept at _____ <input type="checkbox"/> Buried, at _____ <input type="checkbox"/> Scattered, at _____ <input type="checkbox"/> Other _____
---

24. I want a specific type of:  NA

- urn \_\_\_\_\_
- columbarium (niche) \_\_\_\_\_

25. Notification.

- I have attached a sheet listing the names, addresses and phone numbers of people to be notified of my death.

26. Reception.  NA

- There should be a reception after the funeral/service.
- Location \_\_\_\_\_
- Music \_\_\_\_\_
- Photos/Video \_\_\_\_\_
- Food/beverage \_\_\_\_\_
- Activities/Other \_\_\_\_\_

27. Attendance.  NA

- I hope that the following people will attend my funeral/service/reception:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I prefer that the following people not attend my funeral/service/reception:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Flowers/donations.

- I prefer that mourners:
- send flowers
  - make donations to \_\_\_\_\_
  - other \_\_\_\_\_
  - do nothing

29. Obituary/death announcement.

- I have attached a separate page containing the obituary I would like.
- I would like my obituary to contain the following information:  
\_\_\_\_\_  
\_\_\_\_\_
- I prefer that no announcement of my death appear in print
- An obituary/memorial should appear on the internet
- Please send copies of my obituary to the following newspapers, organizations, etc.

\_\_\_\_\_  
\_\_\_\_\_

30. Cost.

The cost of the various services described above should be subject to the following limits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Pets.

NA

Description of my pets (name, species, appearance, other info): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I request that the following people care for my pets: \_\_\_\_\_

Other arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

32. Advisors.

Lawyer: _____ _____
Insurance Agent: _____ _____
Financial Planner: _____ _____
Accountant: _____ _____
Bank/Trust Officer: _____ _____
Other: _____ _____

33. Location of key documents.

Will _____
Trust Agreement _____
Life Insurance policies _____
Birth Certificate _____
Other _____





36. Special.

<p>I feel very strongly that I especially <u>do</u> want: _____</p> <p>_____</p> <p>I feel very strongly that I especially <u>do not</u> want: _____</p> <p>_____</p>
---

37. Other instructions.

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

People to be notified at my death:

<u>Name</u> Relationship	Address	Phone
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

## OUTLINE FOR OBITUARY

NAME/DOB/ETC.	(see first page)
STATE CAUSE OF DEATH? (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
MAIN EVENTS IN LIFE	
SCHOOLS/DEGREES	
HOBBIES/VOCATION	
SURVIVORS spouse/children/ grandchildren/ parents/siblings	
SERVICES (DATE/TIME/ LOCATION)	
MEMORIAL CONTRIBUTIONS	