



LEGACY  
*Assurance*<sup>SM</sup>

FINAL WISHES PLANNER



Thank you for trusting Legacy Assurance to be there for your family during their time of need. This Final Wishes Planner, which will be filled out by the member, is intended to guide family members through the planning process by recording preferences and specific instructions.

Enclosed you will find a variety of forms where personal information, document locations, online logins, notification preferences, and more can be recorded. Recording this information in advance can greatly help those who are grieving by providing clear instructions which honor your wishes.

When the time comes, please call Legacy Assurance first, before calling a funeral home or life insurance company. Legacy Assurance will work with the life insurance company and funeral homes directly to ensure the highest quality services and merchandise at the lowest costs.

A handwritten signature in black ink that reads "Catherine Conner". The script is fluid and cursive.

Catherine Conner, Director of Legacy Assurance

# PERSONAL INFORMATION

*Please fill out the following information for you and your family's personal records.*

FULL LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

SPOUSE'S NAME: \_\_\_\_\_  
*(if applicable)*

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
*(include maiden name)*

## ADDITIONAL INFORMATION

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# FAMILY MEMBERS

## *Children/Grandchildren/Other Relatives*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# TO BE NOTIFIED

*By providing the names and addresses of people who are significant in my life,  
I would like to ensure that these people will be notified of my death.*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# ANNOUNCEMENTS

*The following Publications/Newspapers should be notified:*

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## ANNOUNCEMENT INFORMATION

SPOUSE'S NAME: \_\_\_\_\_ MARRIAGE DATE: \_\_\_\_\_

*If deceased, place/date of death:* \_\_\_\_\_

## FAMILY TO BE LISTED

*Mother, father, children, brothers, sisters, etc.*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EDUCATION HIGHLIGHTS: \_\_\_\_\_

## ACHIEVEMENTS

*Religious, charitable, social, fraternal, or lodge associations/achievements*

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# WILL & TESTAMENT

I HAVE A WILL    ☐ YES    ☐ NO    DATE OF WILL: \_\_\_\_\_

LOCATION OF ORIGINAL WILL: \_\_\_\_\_

## EXECUTOR/EXECUTRIX

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## PREPARED BY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## SPECIAL THOUGHTS

*Please share with my family*

[illegible]

# LEGAL DOCUMENTS

## *Location of Papers and Documents*

BIRTH CERTIFICATE: \_\_\_\_\_

MARRIAGE CERTIFICATE: \_\_\_\_\_

LIFE INSURANCE DOCUMENTS: \_\_\_\_\_

STOCK CERTIFICATE(S): \_\_\_\_\_

BOND CERTIFICATE(S): \_\_\_\_\_

MILITARY RECORDS: \_\_\_\_\_

PASSPORT: \_\_\_\_\_

TRUST FUND INFORMATION: \_\_\_\_\_

AUTOMOBILE INSURANCE DOCUMENTS: \_\_\_\_\_

HOME OWNERS INSURANCE DOCUMENTS: \_\_\_\_\_

MORTGAGE PAPERS: \_\_\_\_\_ DEED TO HOUSE: \_\_\_\_\_

CAR TITLE/LOANS: \_\_\_\_\_

CITIZENSHIP PAPERS: \_\_\_\_\_  
(if applicable)

INCOME TAX INFORMATION: \_\_\_\_\_

### **SAFETY DEPOSIT BOX**

*Please include location(s) and person(s) with access*

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### **ADDITIONAL DOCUMENTS**

*Please include location(s)*

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# FINANCIAL INFORMATION

*Checking/Savings Account(s), IRA, CDs, 401K, and/or Additional Investments*

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_  
(if applicable)

☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD ☐ OTHER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_  
(if applicable)

☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD ☐ OTHER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

---

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_  
(if applicable)

☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD ☐ OTHER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

---

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_  
(if applicable)

☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD ☐ OTHER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

# INSURANCE INFORMATION

*Life, Health, Automobile, and/or Accidental Insurance Policy*

NAME OF INSURANCE COMPANY: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

AGENT/REPRESENTATIVE: \_\_\_\_\_

PRIMARY BENEFICIARY: \_\_\_\_\_

SECONDARY BENEFICIARY: \_\_\_\_\_

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NAME OF INSURANCE COMPANY: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

AGENT/REPRESENTATIVE: \_\_\_\_\_

PRIMARY BENEFICIARY: \_\_\_\_\_

SECONDARY BENEFICIARY: \_\_\_\_\_

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NAME OF INSURANCE COMPANY: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

AGENT/REPRESENTATIVE: \_\_\_\_\_

PRIMARY BENEFICIARY: \_\_\_\_\_

SECONDARY BENEFICIARY: \_\_\_\_\_

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NAME OF INSURANCE COMPANY: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

AGENT/REPRESENTATIVE: \_\_\_\_\_

PRIMARY BENEFICIARY: \_\_\_\_\_

SECONDARY BENEFICIARY: \_\_\_\_\_

# PERSONAL ACCOUNTS

*Please include any social media accounts, online profiles or subscriptions  
(EX. Facebook, Email, LinkedIn, Netflix, Hulu, Online Banking, etc.)*

ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

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ACCOUNT TYPE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

# FUNERAL REQUESTS

## *Preferred Funeral Home/Mortuary/Crematorium*

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ☐ PUBLIC ☐ PRIVATE

### SERVICE PLANS

FUNERAL HOME/MORTUARY: \_\_\_\_\_

CHURCH: \_\_\_\_\_

☐ CEMETERY ☐ MEMORIAL SERVICE ☐ BURIAL ☐ CREMATION ☐ OTHER

*If burial: during service, casket is* ☐ OPEN ☐ CLOSED

RELIGIOUS PREFERENCE: \_\_\_\_\_

CELEBRANT/CLERGY: \_\_\_\_\_

PARTICIPATING ORGANIZATIONS: \_\_\_\_\_

FLAG: ☐ DRAPED ☐ FOLDED PRESENTED TO: \_\_\_\_\_

WAKE/ROSARY SERVICE: ☐ YES ☐ NO LOCATION: \_\_\_\_\_

VIEWING: ☐ PUBLIC ☐ PRIVATE ☐ NONE

CLOTHING: ☐ FROM CURRENT WARDROBE ☐ NEW

DESCRIPTION/COLOR: \_\_\_\_\_

ACCESSORIES: WEDDING BAND ☐ STAYS ON ☐ RETURN TO: \_\_\_\_\_

EYEGLASSES ☐ STAYS ON ☐ RETURN TO: \_\_\_\_\_

OTHER ☐ STAYS ON ☐ RETURN TO: \_\_\_\_\_

FLORAL PREFERENCES: \_\_\_\_\_  
\_\_\_\_\_

MEMORIAL CONTRIBUTION MADE TO: \_\_\_\_\_

MUSIC PREFERENCES: \_\_\_\_\_

RELIGIOUS PASSAGES: \_\_\_\_\_

**EULOGY**

EULOGY BY: \_\_\_\_\_

NOTATIONS FOR EULOGY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PALLBEARERS**

*Please include pallbearers' names and contact information*

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# MERCHANDISE



CASKETS



URNS



VAULTS



MONUMENTS

*Please complete this section to the best of your ability.*

☐ CASKET - SIZE: \_\_\_\_\_ ☐ URN ☐ VAULT ☐ MONUMENT

DESCRIPTION/MODEL NUMBERS: \_\_\_\_\_

\_\_\_\_\_

MONUMENT MEASUREMENTS: \_\_\_\_\_

\_\_\_\_\_

# RECOGNITION

*People in my life I would like to recognize:*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_



Contact your  
**LEGACY**  
*Assurance*<sup>SM</sup>  
Representative

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YOUR NAME

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YOUR MEMBER NUMBER

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YOUR LEGACY REPRESENTATIVE

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PHONE NUMBER

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E-MAIL ADDRESS

**LEGACY**  
*Assurance*

P.O. Box 1996 | Thomasville, GA 31799  
Toll-Free 855.548.2721  
[www.Legacy-Assurance.com](http://www.Legacy-Assurance.com)