

F*CK!

I'M DEAD!

Now What?

END OF LIFE PLANNER & JOURNAL



Written by:

Signature: _____

**THIS PLANNER SHOULD NOT BE CONSIDERED
A LEGALLY BINDING DOCUMENT.**

Before you read this journal...



A series of horizontal lines for writing, consisting of 20 evenly spaced lines.

Personal Records



Full legal name: _____

Nick name(s): _____

Current address: _____

Phone number(s): _____

Email: _____

Date of birth: _____

Place of birth: _____

Father's name: _____

Mother's name: _____

Important Contacts



ATTORNEY(S):

Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____

Important Contacts



DOCTORS:

Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____

Important Contacts



RELATIVES:

Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____

Important Contacts



FRIENDS:

Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____

Important Contacts



OTHERS:

Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____



Name: _____

Phone: _____

Email: _____

Address: _____

Device Login Information



Phone: _____ Password: _____

Phone: _____ Password: _____

Tablet: _____ Password: _____

Tablet: _____ Password: _____



Computer: _____ Password: _____

Computer: _____ Password: _____

Computer: _____ Password: _____

Computer: _____ Password: _____



Other: _____ Password: _____

Other: _____ Password: _____

Other: _____ Password: _____

Other: _____ Password: _____

Important Documents



Document: _____

Location: _____

What to do: _____



Document: _____

Location: _____

What to do: _____



Document: _____

Location: _____

What to do: _____

Life Insurance



LIFE INSURANCE

Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____



Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____

Car Insurance



CAR INSURANCE

Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____



Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____

Health Insurance



HEALTH INSURANCE

Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____



Insurance Type: _____

Company/Agency: _____

Agent: _____

Phone: _____

Email: _____

Notes: _____

Beneficiary: _____

My Will Information



My Will is located: _____

My Living Will is located: _____

The Family Trust is located: _____

My Power of Attorney is located: _____

My Advanced Directive is located: _____

My Health Care Power of Attorney is located: _____

Other documents related to my Will are located: _____



Additional information related to my Will:

Bank Accounts/Credit Cards



BANK ACCOUNTS & CREDIT CARDS

Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Credit card type: _____

Account username: _____

Account password: _____

Expiration date: _____



Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Credit card type: _____

Account username: _____

Account password: _____

Expiration date: _____

Investment Accounts



INVESTMENT ACCOUNTS

Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Online username: _____

Online password: _____

Other: _____



Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Online username: _____

Online password: _____

Other: _____

Outstanding Loans



OUTSTANDING LOANS

Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Online username: _____

Online password: _____

Other: _____



Bank: _____

Phone & address: _____

Account number: _____

Account type: _____

Online username: _____

Online password: _____

Other: _____

Safe Deposit Boxes



SAFE DEPOSIT BOXES

Number: _____

Address or location: _____

Date opened: _____

Period of engagement: _____



Number: _____

Address or location: _____

Date opened: _____

Period of engagement: _____



Number: _____

Address or location: _____

Date opened: _____

Period of engagement: _____

My Properties



Type: _____

Location: _____

Co-owner(s): _____

Year of acquisition: _____

Loan Company/Bank: _____

Account Number: _____

Other: _____



Type: _____

Location: _____

Co-owner(s): _____

Year of acquisition: _____

Loan Company/Bank: _____

Account Number: _____

Other: _____

Vehicle Information



Type: _____

Location: _____

Paid off / not paid off: _____

Year of acquisition: _____

Loan Company/Bank: _____

Account Number: _____

Other: _____



Type: _____

Location: _____

Paid off / not paid off: _____

Year of acquisition: _____

Loan Company/Bank: _____

Account Number: _____

Other: _____

My End of Life Wishes



These are the people I want making medical decisions for me if I am not able to make them myself:

Name: _____

Relationship to me: _____

Name: _____

Relationship to me: _____

Name: _____

Relationship to me: _____



What I **DO NOT** want at the end of my life (check all that apply):

If my heart were to stop beating, do not attempt to restart it.

I do not want dialysis (a machine to filter my blood).

I do not want to be on a breathing machine.

I do not want to spend my last days in a hospital.

I do not want artificial liquid feeding if I cannot eat.

I do not want to die at home.

Other. Please explain: _____

My End of Life Wishes



What I **DO** want at the end of life (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> I want to be pain free. | <input type="checkbox"/> I want to die at home. |
| <input type="checkbox"/> I want you to help me die gently and naturally. | <input type="checkbox"/> I want hospice care. |
| <input type="checkbox"/> I want to spend my last days in the hospital. | <input type="checkbox"/> I want you to take all necessary steps to keep me alive (including with a breathing machine, artificial feeding and dialysis). |
| <input type="checkbox"/> Other. Please explain: | _____ |
| | _____ |



If my pain and distress are difficult to control, please sedate me (make me go to sleep with sleep medicines) even if this means that I may die sooner.

- Yes. No.

Do you want to be an organ and tissue donor?

- Yes. No.

Letter to: _____



A decorative border surrounds the page, featuring intricate floral and scrollwork designs in each of the four corners. The border is composed of a double-line frame with small triangular notches at the corners. The central area of the page is filled with horizontal lines for writing.



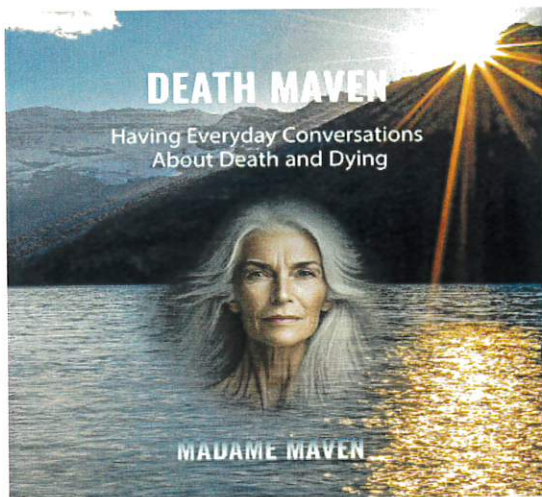
Recommendations
for my Funeral





My Last
Words





In a world where we seem to be growing apart, death is the one thing that links us all to our common humanity, to the journey of compassion and love for life, for living, for having lived and – by extension - to one another...

“Death Maven: having everyday conversations about death and dying” is a book about cultural, spiritual and practical variations on the theme of death, explored outside of the western Judeo-Christian ethic, allowing for permission to look at and be curious about how people individualize the process of dying.

Includes information on the work of death doulas, creative ways people have written their own obituaries, the funniest living will ever written, recommendations of eclectic books, movies and music, description of process of a normal death and many more topics that will have you thinking “outside of the casket”.

\$25.00 per copy OR wrapped bundle of four books for **\$90.00**

Price includes shipping, handling, packaging, gst and surprise bookmark with each order.

Direct deposit to madame.maven.publishing@gmail.com, please ensure your mailing address is clearly stated in your email. A phone number is optional but preferred.

If you haven't received your shipment within 3 business days, please call 403-919-1683.

DEATH MAVEN*

**PO Box 94077
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live.a.life.worth.dying.for@gmail.com

Marilyn Moldowan RN, BScN

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