



MY EXIT PLAN

MY EXIT PLAN

This document includes my final wishes and important information

TO MY FAMILY

Dear Loved Ones,

I recognize that this earth is not our final resting place and that we all will die one day. With that said, I feel that it is only fair to you that I take the responsibility of providing you with my desires and the necessary information in order to make arrangements for me when God calls me to my final resting place.

I have completed “My Exit Plan”, which includes the information that will be needed upon my death. I ask that you review and submit this document to the person that will be coordinating my arrangements. Additionally, I ask that you honor, respect and allow the designated person to enforce my decisions as stated in this document.

Please note that I have asked the three persons listed below to witness my signature on this document to indicate that I, in-fact, did execute this document in their presence. Further, although it is recommended, this document does not have to be notarized to be accepted as a legal and binding document.

I pray that “My Exit Plan” will provide comfort and relieve you of the stress of having to spend countless hours searching for information that will be needed.

With Love,

Name (print): _____

Signature: _____

WITNESSES

*The signature on this document must be witnessed by three persons in order to be legal and binding.
A notary is recommended, but is not required.*

Name (Print) _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Relationship _____ Phone Numbers _____

Name (Print) _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Relationship _____ Phone Numbers _____

Name (Print) _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Relationship _____ Phone Numbers _____

NOTARY

This Exit Plan was prepared for

Name (Print) Signature _____ Date _____

This document was executed on this _____ day of _____, 20 _____

_____ personally appeared before me the undersigned notary.

Signature of Notary _____ Name (Printed) _____ Date Notarized _____

MY PERSONAL INFORMATION

Full Name: First _____ Middle _____ Last _____
Maiden _____ Generation (Jr., Sr. III) _____ Title _____
Date of Birth _____ Place of Birth _____ Gender _____
Home Address _____ City _____ State _____ Zip Code _____
Phone Numbers: Home _____ Work _____ Cell _____

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Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____
(Date) (Date) (Date)
Spouse's Full Name: First _____ Middle _____ Last _____
Social Security Number _____ Spouse's Social Security Number _____

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Currently Working, Retired or Disabled _____ Occupation _____
Employer _____ Phone Number _____
Address of Employer _____ City _____ State _____ Zip Code _____

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Military History: Branch of Service _____ Name of War _____
Date Enlisted _____ Location _____ Service Number _____
Date Discharged _____ Location _____ Type of Discharge _____
Location of Military Records (DD214) _____

Spouse's Military History: Branch of Service _____ Name of War _____
Date Enlisted _____ Location _____ Service Number _____
Date Discharged _____ Location _____ Type of Discharge _____
Location of Military Records (DD214) _____

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Father's Full Name: First _____ Middle _____ Last _____
Generation (Jr., Sr. III) _____ Place of Birth _____ Is he still living? _____
Home Address _____ City _____ State _____ Zip Code _____
Phone Numbers: Home _____ Work _____ Cell _____
If no, date of death _____ Location of Burial (Cemetery) _____
Address _____ City _____ State _____ Zip Code _____

Mother's Full Name: First _____ Middle _____ Last _____
Maiden _____ Place of Birth _____ Is she still living? _____
Home Address _____ City _____ State _____ Zip Code _____
Phone Numbers: Home _____ Work _____ Cell _____
If no, date of death _____ Location of Burial (Cemetery) _____
Address _____ City _____ State _____ Zip Code _____

MY PERSONAL DOCUMENTS

A copy of my Last Will & Testament has been given to _____
 Address _____ City _____ State _____ Zip Code _____
 Phone Numbers: Home _____ Work _____ Cell _____
 My Birth Certificate and all other important papers are stored _____
 Located at Address _____ City _____ State _____ Zip Code _____

Policies & Accounts	Company	Policy or Account Number
Life Insurance Policy	_____	_____
Medical Insurance	_____	_____
Automobile Insurance	_____	_____
Disability Insurance	_____	_____
Other Insurance	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Credit Union Account	_____	_____
My Safe Deposit Box is located at	_____	

My Attorney is _____ Office Phone Number _____
 Address _____ City _____ State _____ Zip Code _____
 I have appointed _____ to be the executor of my estate.
 Address _____ City _____ State _____ Zip Code _____
 Phone Numbers: Home _____ Work _____ Cell _____
 I have appointed _____ to be the guardian of my children.
 Address _____ City _____ State _____ Zip Code _____
 Phone Numbers: Home _____ Work _____ Cell _____

PERSONS TO NOTIFY

The following persons should be notified upon my death.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____	State _____ Zip Code _____
Relationship _____	Relationship _____	Relationship _____
Phone Number _____	Phone Number _____	Phone Number _____
.....		
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____	State _____ Zip Code _____
Relationship _____	Relationship _____	Relationship _____
Phone Number _____	Phone Number _____	Phone Number _____

MY FUNERAL HOME & BURIAL INSTRUCTIONS

Funeral Home _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
My decision to have a service: Yes _____ No _____ Viewing & Service (Embalmed) _____
Open Casket _____ Closed Casket _____ Direct Cremation _____ Viewing, then Cremation _____
Viewing: With Glasses _____ With Jewelry _____ Burial: With Glasses _____ With Jewelry _____
My desire is to be cremated, which I have expressed in my own words below:

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Casket Selection _____ Color _____
Desired Clothing _____ New _____ From Your Wardrobe _____
Type of Burial: Below Ground _____ Above Ground _____ Mausoleum _____
Do you own a plot or has a plot been designated for you by someone else? Yes _____ No _____
Name of Owner _____ Phone Numbers: Home _____ Work _____ Cell _____
Address of Owner _____ City _____ State _____ Zip Code _____
Cemetery _____ Phone Number _____
Address of Cemetery _____ City _____ State _____ Zip Code _____
Section _____ Lot _____ Block _____
Out-of-state burial: Receiving Funeral Home _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

HOMEGOING SERVICE INSTRUCTIONS

Name of Church _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Eulogist _____ 2nd Choice _____
Scriptures: Old Testament _____ New Testament _____
Read By: Old Testament _____ New Testament _____
Prayer _____ Acknowledgements _____
Choir or Soloist (1) _____ Choir or Soloist (2) _____
Song Selection (1) _____ Song Selection (2) _____
Tributes (poems, etc.) (1) _____ (2) _____
Remarks (1) _____ (2) _____ (3) _____
Pall Bearers (1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____
Honorary Pall Bearers (1) _____ (2) _____
Special Requests _____

Repast: Church/Home/Banquet Hall/Do not wish to have one _____

MY OBITUARY

Below are the persons that I want to be listed in the newspaper:

Spouse _____ Children _____ Stepchildren _____ Parents _____ Stepparents _____ Siblings _____
Stepsiblings _____ Grandparents _____ Step grandparents _____ Fiancé _____ Pets _____
Other _____ Please list relationships from below: _____

Below are the persons that I want to be listed in my obituary:

Spouse _____ Previous Spouse _____
Children _____
Stepchildren _____
Parents _____
Stepparents _____
Siblings _____
Stepsiblings _____
Grandparents _____
Step Grandparents _____
Aunts _____
Uncles _____
Nieces _____
Nephews _____
Cousins _____
Fiancé _____ Special Friends _____ Pets _____
In-laws _____ Others _____

Immediate family that preceded me in death (relationship) _____

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I am saved _____ I am not saved _____ If so, when _____ Where _____
Church Affiliation _____
Ministries _____
Organization Affiliation _____
Education _____
Hobbies _____
Character _____



RESTORATION
house