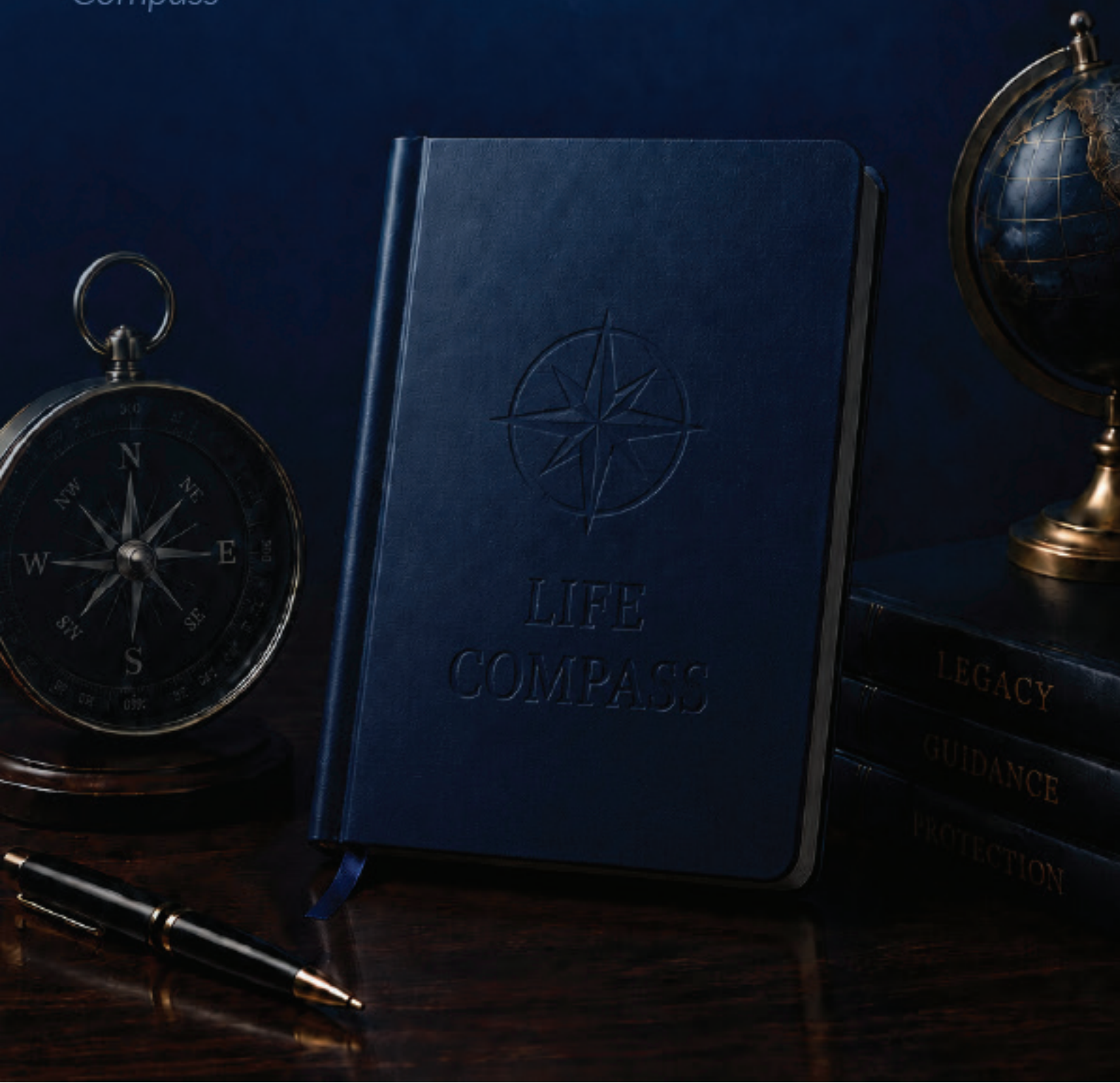
Tate Nolan & Knight

Life Compass



Written by:

A complete guide to my wishes, belongings & other matters.

Signature:

Date:

THIS PLANNER SHOULD NOT BE CONSIDERED A LEGALLY BINDING DOCUMENT.

Before you read this planner...

PERSONAL INFORMATION

Full legal name:

Birth date:

ID number:

Place of birth:

Father’s name:

Mother’s name:

Home phone number:

Mobile phone number:

Email address:

Current address:

PERSONAL RECORDS

Social Status: ☐ Single ☐ Married ☐ Divorced

☐ Other: _____

Spouse: _____

Children's names: _____

_____

Other Family:

☐ Employed ☐ Business owner ☐ Retired

☐ Other: _____

Employer's Details:

DATA & DOCUMENTS

IMPORTANT CONTACTS

ATTORNEY:

Name: _____

Phone number: _____

Email address: _____

Address: _____

DOCTOR:

Name: _____

Phone number: _____

Email address: _____

Address: _____

FINANCIAL ADVISOR:

Name: _____

Phone number: _____

Email address: _____

Address: _____

IMPORTANT CONTACTS

RELATIVE:

Name: _____

Phone number: _____

Email address: _____

Address: _____

RELATIVE:

Name: _____

Phone number: _____

Email address: _____

Address: _____

RELATIVE:

Name: _____

Phone number: _____

Email address: _____

Address: _____

IMPORTANT CONTACTS

FRIEND:

Name: _____

Phone number: _____

Email address: _____

Address: _____

FRIEND:

Name: _____

Phone number: _____

Email address: _____

Address: _____

FRIEND:

Name: _____

Phone number: _____

Email address: _____

Address: _____

IMPORTANT DOCUMENTS

Document:

Location:

What to do:

Document:

Location:

What to do:

Document:

Location:

What to do:

DEVICE LOGIN INFORMATION

Phone: _____ Password: _____

Phone: _____ Password: _____

Tablet: _____ Password: _____

Tablet: _____ Password: _____

Computer: _____ Password: _____

Computer: _____ Password: _____

Other: _____ Password: _____

Other: _____ Password: _____

Other: _____ Password: _____

Other: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

ONLINE ACCOUNT INFORMATION

Account	User name	Password
Facebook		
Instagram		
Twitter/X		
Linkedin		

INSURANCE INFORMATION

LIFE INSURANCE

Insurance Type:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

Insurance Type:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

CAR INSURANCE

Car Registration:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Notes:

Car Registration:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Notes:

MEDICAL AID

Company

Medical Aid Number:

Plan:

Phone number:

Email:

Notes:

GAP COVER

Company

Policy number:

Plan:

Phone number:

Email:

Notes:

OTHER INSURANCE

Insurance Type:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

Insurance Type:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

FUNERAL POLICY

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

Company/Agency:

Policy Number:

Agent:

Phone number:

Email:

Beneficiary:

Notes:

MY WILL INFORMATION

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:

Other documents related to my Will are located:

Additional information related to my Will:

FINANCIAL INFORMATION

BANK ACCOUNTS/CREDIT CARDS

Bank:

Branch:

Account number:

Account type:

Card Expiration date:

Online banking Username:

Online password:

Bank:

Branch:

Account number:

Account type:

Card Expiration date:

Online banking Username:

Online password:

INVESTMENT ACCOUNTS

Bank:

Branch:

Account number:

Investment type:

Expiration date:

Online banking Username:

Online password:

Bank:

Branch:

Account number:

Investment type:

Expiration date:

Online banking Username:

Online password:

CRYPTOCURRENCY ACCOUNTS

Exchange/Wallet:

Login Details:

Wallet Password/PIN:

Private Key/Seed Phrase:

2FA (Two-Factor Authentication):

Additional Instructions:

Exchange/Wallet:

Login Details:

Wallet Password/PIN:

Private Key/Seed Phrase:

2FA (Two-Factor Authentication):

Additional Instructions:

OUTSTANDING LOANS

Bank:

Branch:

Account number:

Loan type:

Expiration date:

Online banking Username:

Online password:

Bank:

Branch:

Account number:

Loan type:

Expiration date:

Online banking Username:

Online password:

CURRENT BILLS

Company	Due Date	Amount	Account number	How are payments made?	Ongoing or end date?

UTILITIES

Utility	Due Date	Amount	Account number	How are payments made?	Online Username & Password

OTHER FINANCIAL INFORMATION

PROPERTY INFORMATION

MY PROPERTIES

Property Address:

Type of Property:

Co-owner(s):

Year of acquisition:

Financial Institution:

Account Number:

Location of title deed:

Property Address:

Type of Property:

Co-owner(s):

Year of acquisition:

Financial Institution:

Account Number:

Location of title deed:

VEHICLE INFORMATION

Type:

Registration number:

Location:

Logbook Location:

Paid off/Not Paid off:

Financial Institution:

Account Number:

Other:

Type:

Registration number:

Location:

Logbook Location:

Paid off/Not Paid off:

Financial Institution:

Account Number:

Other:

OTHER PROPERTY

Property Address:

Type of Property:

Co-owner(s):

Year of acquisition:

Financial Institution:

Account Number:

Other:

Property Address:

Type of Property:

Co-owner(s):

Year of acquisition:

Financial Institution:

Account Number:

Other:

MY END OF LIFE CARE PLAN

MY END OF LIFE WISHES

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

MY END OF LIFE WISHES

What I **Do** want at the end of my life (check all that apply)

- [ ] I want to be pain free.
- [ ] I want to die at home.
- [ ] I want hospice care.
- [ ] I want to spend my last days in the hospital.
- [ ] I want you to help me die gently and naturally.
- [ ] I want you to take all necessary steps to keep me alive (including with a breathing machine, artificial feeding and dialysis)
- [ ] Other: _____

_____

Do you want to be an organ donor?

- [ ] Yes
- [ ] No

Do you want to be cremated?

- [ ] Yes
- [ ] No

Do you want to be buried?

- [ ] Yes
- [ ] No

MY END OF LIFE WISHES

Other information about my end-of-life wishes that I want you to know about

ADDITIONAL WISHES/NOTES

RECOMMENDATIONS FOR MY FUNERAL

RECOMMENDATIONS FOR MY FUNERAL

Where I would like my remains to be placed:

Venue for my funeral:

Officiator:

Eulogy speaker:

Other readers:

Music:

Flowers:

Other specific recommendations:

OTHER RECOMMENDATIONS FOR MY FUNERAL

MY WISHES

MY WISHES FOR MY SPOUSE

MY WISHES FOR MY CHILDREN

MY WISHES FOR MY PETS

MY WISHES FOR MY RELATIVES

MY WISHES FOR MY FRIENDS

OTHER WISHES/REQUESTS

MY LETTERS


Letter to

MY LAST WORDS

MY LAST WORDS