

**Printable worksheet copies — The End of Life Organizer Workbook  
for Seniors (Kanti Press) · [homeownerbasics.com/end-of-life-  
organizer.html](http://homeownerbasics.com/end-of-life-organizer.html)**

## **The Emergency Page**

**In an emergency, call first:** \_\_\_\_\_

**Second call:** \_\_\_\_\_

**My doctor:** \_\_\_\_\_

**My hospital of choice:** \_\_\_\_\_

**My will (signed original) is in:** \_\_\_\_\_

**My attorney:** \_\_\_\_\_

**My funeral home:** \_\_\_\_\_

**My health insurance cards are in:** \_\_\_\_\_

**My pets, and who takes them:** \_\_\_\_\_

**This book lives:** \_\_\_\_\_

*Everything written here is written again, in full, in the sections it points to. This page is the index to the worst hour — not a substitute for the records.*

---

## Family & Inner Circle Contact Sheets

---

**Person 1 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## Section 2: The People to Call

---

**Person 2 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Person 3 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## Section 2: The People to Call

---

### **Person 4 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Person 5 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## Section 2: The People to Call

---

### **Person 6 of 6**

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_

**Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best way to reach them in a hurry:** \_\_\_\_\_

**Do they have a key to my house?** \_\_\_\_\_

**What I would want them to do first:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

---

## Doctors, Dentists & Pharmacy Contacts

---

**Provider 1 of 6**

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):** \_\_\_\_\_

**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## Section 7: Medical Information Snapshot

---

### Provider 2 of 6

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):**

\_\_\_\_\_

**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

---

### Provider 3 of 6

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):**

\_\_\_\_\_

**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

---

**Provider 4 of 6**

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):**

**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

---

**Provider 5 of 6**

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):**

**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## Section 7: Medical Information Snapshot

---

### **Provider 6 of 6**

**Name:** \_\_\_\_\_

**Kind (primary care, specialist, dentist, eye doctor, pharmacy, other):**

\_\_\_\_\_  
**Practice or clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**What they handle for me:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

*This page records information; it is not medical advice.*

## **Current Medication List**

*Each page is headed: "Current Medication List — page begun on: (date)." Copy each medicine exactly as its label reads. When a label changes: cross out the row with one line, write the date beside it, and write the new entry in the next open row. Fresh copies of this page are free at [homeownerbasics.com/end-of-life-organizer.html](http://homeownerbasics.com/end-of-life-organizer.html).*

**Current Medication List — page begun on:** \_\_\_\_\_

| Medicine (ex-<br>actly as on the<br>label) | Dose &<br>when I take<br>it | Prescribed by | What I take<br>it for (in my<br>own words) |
|--------------------------------------------|-----------------------------|---------------|--------------------------------------------|
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |

**Current Medication List — page begun on:** \_\_\_\_\_

| <b>Medicine (ex-<br/>actly as on the<br/>label)</b> | <b>Dose &amp;<br/>when I take<br/>it</b> | <b>Prescribed by</b> | <b>What I take<br/>it for (in my<br/>own words)</b> |
|-----------------------------------------------------|------------------------------------------|----------------------|-----------------------------------------------------|
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |
|                                                     |                                          |                      |                                                     |

**Current Medication List — page begun on:** \_\_\_\_\_

| Medicine (ex-<br>actly as on the<br>label) | Dose &<br>when I take<br>it | Prescribed by | What I take<br>it for (in my<br>own words) |
|--------------------------------------------|-----------------------------|---------------|--------------------------------------------|
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |
|                                            |                             |               |                                            |

*This page records information; it is not medical advice.*

## **Funeral / Memorial Service Wishes & Service Details**

*Answer "no preference" wherever that is true: a written "no preference" is a gift too — it tells your family they cannot get it wrong.*

**The kind of service I would like:** \_\_\_\_\_

\_\_\_\_\_  
**Where I would like it held:** \_\_\_\_\_

**Who should lead it:** \_\_\_\_\_

**Music — specific pieces, and who might sing or play them:**

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

**Readings — specific poems, passages, or texts:**

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

**Who I would like to speak:** \_\_\_\_\_

**Flowers — my wishes:** \_\_\_\_\_

**What I would like worn, said, or avoided:**

\_\_\_\_\_

## Section 9: Final Wishes — In My Own Words

---

**Photographs or displays — my wishes:**

---

**A gathering afterward — where, and what kind:**

---

---

**Anyone who must especially be invited (the calling order is the next worksheet):**

---

---

**Religious or cultural elements that matter to me:**

---

---

**Elements I do NOT want:**

---

**Anything else:**

---

---

---

---

---

## Section 9: Final Wishes — In My Own Words

---

## **Pet Care Wishes**

**My pet (name, kind, age, description):** \_\_\_\_\_

\_\_\_\_\_  
**Who takes them (asked and agreed in my lifetime):**

\_\_\_\_\_  
**If that person cannot — my second choice:**

\_\_\_\_\_  
**Their vet (name, clinic, phone):** \_\_\_\_\_

**Food (what, how much, when):** \_\_\_\_\_

\_\_\_\_\_  
**Daily routine:** \_\_\_\_\_

\_\_\_\_\_  
**Medicines & health notes, as recorded:** \_\_\_\_\_

**Habits & comforts:** \_\_\_\_\_

**Anything else:** \_\_\_\_\_

*Use one page per pet — extra copies are free at the printables page. If you have no pets, write "we don't have this" — and if a family member's pet would come to you, a line here saying so is a kindness in the other direction.*