

# SESSION 1

## END-OF-LIFE FORMS

### *Location-Location-Location*

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

**1. The location(s) of My Insurance Policies:** \_\_\_\_\_

\_\_\_\_\_

**2. The location(s) of My Will:** \_\_\_\_\_

\_\_\_\_\_

**3. The location(s) of My Advance Directives:** \_\_\_\_\_

\_\_\_\_\_

**4. The Name, Address, E-mail Address, and Phone Number(s) of My Executor:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Permission to access my private documents:**

I have provided the above information so that, in case of my incapacitation or death, my loved ones will be able to locate and examine my private end-of-life documents. However, prior to either of these events, no one is permitted to access this information without my express permission.

*Note: If there is anything on this page you cannot answer, complete as much information as you can. Then distribute copies to close family members and your executor. As you work on your EOL Plan, you will discover answers you don't know right now. When this occurs, be sure to update this form and advise the very important people in your life.*