

END-OF-LIFE PLAN

Prepared by: _____

Date of Birth: _____

Address: _____

ARTICLE I – PURPOSE

This End-of-Life Plan is made by me, _____ (“Declarant”), to provide guidance to my family, representatives, and caregivers regarding my wishes for funeral arrangements, disposition of my remains, and related matters. This document is intended as a statement of preference and direction, and does not replace a Last Will and Testament, Living Will, or Health Care Directive. I declare I am of sound mind and not under duress at the time of signing this Plan.

ARTICLE II – PERSONAL REPRESENTATIVES

1. **Primary Representative**

I appoint _____, of _____, as my representative to carry out the wishes expressed in this Plan.

2. **Alternate Representative**

If the Primary Representative is unable or unwilling to act, I appoint _____, of _____, as my alternate representative.

ARTICLE III – DISPOSITION OF REMAINS

It is my preference that, upon my death, my remains be handled as follows (select one):

- Burial
- Cremation
- Entombment

- Donation to medical science
- Other: _____

If burial or entombment, my preferred cemetery or location is: _____.

If cremation, my preferred disposition of ashes is: _____.

I hereby designate _____, of _____, as my legally authorized agent for the disposition of my remains, with full authority to make all decisions regarding the handling, funeral, cremation, burial, or other disposition of my body, in accordance with applicable state law (including but not limited to statutes such as California Health & Safety Code §7100 and Texas Health & Safety Code §711.002).

ARTICLE IV – FUNERAL AND MEMORIAL INSTRUCTIONS

1. Type of Service

I request the following type of service (check all that apply):

- Funeral Memorial Graveside Religious Non-religious Private Other:

2. Officiant / Clergy

I request that my service be led by: _____.

3. Readings, Music, or Traditions

I request the following readings, songs, or customs: _____.

4. Obituary and Death Notice

- I authorize an obituary to be published.
 I do not wish an obituary to be published.

If authorized, I prefer publication in: _____.

ARTICLE V – ORGAN AND TISSUE DONATION

- I consent to organ and/or tissue donation.
 I do not consent to organ and/or tissue donation.

If consent is given, any limitations or instructions are: _____.

ARTICLE VI – FINANCIAL ARRANGEMENTS

1. **Prepaid Plans**

I have prepaid funeral or burial arrangements with: _____.

2. **Insurance / Funding**

Any insurance policies or designated funds intended to cover expenses are located at:
_____.

ARTICLE VII – PERSONAL MESSAGES (Optional)

I include the following personal messages, reflections, or instructions to my loved ones:

ARTICLE VIII – GENERAL PROVISIONS

1. **Non-Binding Effect**

This Plan is a statement of preference only. It is not legally binding and does not supersede any Will, Trust, Advance Directive, or statutory authority.

2. **Copies**

Copies of this document may be relied upon as if they were originals.

IN WITNESS WHEREOF, I have signed this End-of-Life Plan on this ___ day of _____, **20**__.

Signature of Declarant

Printed Name

OPTIONAL: WITNESSES

Witness 1: _____

Address: _____

Signature: _____

Date: _____

Witness 2: _____

Address: _____

Signature: _____

Date: _____