

# 2026 END OF LIFE PLANNER



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# 2026 *Calendar*

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January						
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March						
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April						
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June						
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July						
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August						
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September						
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October						
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November						
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December						
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To Do	Goal	Notes
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# February → 2026

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To Do		Goal	Notes

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To Do	Goal	Notes
<input type="checkbox"/>		

# April → 2026

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To Do	Goal	Notes
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# May → 2026

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To Do		Goal	Notes
<input type="checkbox"/>			

# June → 2026

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To Do	Goal	Notes
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# July → 2026

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To Do	Goal	Notes
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# August → 2026

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To Do	Goal	Notes
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# September → 2026

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

To Do	Goal	Notes
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# October → 2026

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19	20	21	22	23	24	25
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To Do		Goal	Notes
<input type="checkbox"/>			

# November → 2026

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To Do		Goal	Notes
<input type="checkbox"/>			

# December → 2026

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To Do	

Goal

Notes

# End of life Information

Family Member: \_\_\_\_\_

Funeral Home : \_\_\_\_\_

Contact : \_\_\_\_\_

## Funeral Wishes

## Funeral Arrangements

Family Member :  Burial  Cremation

## Burial plot information/ashes location

## Information Attached (If Applicable)

# Bank Accounts

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account: \_\_\_\_\_

Number Type Of: \_\_\_\_\_

Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Nearest Branch: \_\_\_\_\_

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

## E-Banking

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account: \_\_\_\_\_

Number Type Of: \_\_\_\_\_

Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Nearest Branch: \_\_\_\_\_

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

## E-Banking

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account: \_\_\_\_\_

Number Type Of: \_\_\_\_\_

Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Nearest Branch: \_\_\_\_\_

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

## E-Banking

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Credit Cards

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Bank Website: \_\_\_\_\_  
Nearest Branch: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**Card Details**

Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Bank Website: \_\_\_\_\_  
Nearest Branch: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**Card Details**

Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Bank Website: \_\_\_\_\_  
Nearest Branch: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**Card Details**

Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_

# Important Documents

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

# My properties

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

What to do : \_\_\_\_\_

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

\_\_\_\_\_

# Contacts

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

Location : \_\_\_\_\_

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

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

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

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

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

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

\_\_\_\_\_

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

Location : \_\_\_\_\_

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

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

\_\_\_\_\_

# Retirement Account

## Accounts

--

Account Holder: \_\_\_\_\_

Type : \_\_\_\_\_

Company : \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_

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

Zip : \_\_\_\_\_

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

## Notes

--

# My Life Story

What were the turning points in your life? Describe them as stories.

Notes

# Lessons I've Learned

What life has taught me about  
love and relationships

--

What I've learned about  
success and failure

--

Lessons I've learned about  
myself

--

Lessons from hard times and  
challenges

--

One lesson I want to be remembered for

--

# People Who Shaped Me

## Top 5 Influential People in My Life

**Number #1**

--

**Number #2**

--

**Number #3**

--

**Number #4**

--

**Number #5**

--

# Values I Want to Pass On

**What Matters Most  
to Me**

--

**How I've Tried to Live These  
Values**

--

**Why These Values Are  
Important**

--

**Advice for Carrying These  
Values Forward**

--

**Symbol or Quote That Represents These Values**

--

# Things I'm Proud Of

Achievements that still bring pride

--

Words shared that still inspire

--

Loved ones you helped grow

--

Moments you became stronger

--

Values guiding your whole life

--



# Reflections on Aging & Mortality

**Acknowledging My Journey**

**The Legacy I Want to Leave**

**Embracing Mortality**

**Honoring My Aging Body**

**The Role of Memory in Aging**

**The Influence of Time**

**Death and the Unknown**

**Gratitude for the Present**

# Final Thoughts – If I Had One More Day

## Reflections on Life

--

## Messages to Loved Ones

--

## Things Left Unsaid

--

## Final Wishes

--

## Moments of Gratitude

--

## How I Want to Be Remembered

--

## What I Would Do Differently

--

## Final Reflection

--









# Blank Memory Pages

**Photos**

A large, empty rectangular box with a thin black border, intended for pasting or drawing photos.

**Mementos**

A large, empty rectangular box with a thin black border, intended for pasting or drawing mementos.



# Sentimental Items I Want to Pass On

Item Description	Why It's Meaningful
Person to Receive	Notes



# Pet Care Instructions

Pet's Name : \_\_\_\_\_

Species & Breed : \_\_\_\_\_

Age & Date of Birth : \_\_\_\_\_

Gender : \_\_\_\_\_

## Medical Conditions / Allergies

--

## Daily Routine & Preferences

--

## Medications (if any)

--

## Pet Insurance Info

--

## Vet Information

--

## Additional Notes

--







# My Final Resting Place

## Location Preferences

--

## Religious or Spiritual Considerations

--

## Additional Requests or Messages

--





# Songs, Readings, or Rituals

## Meaningful Songs

--

## Favorite Readings or Quotes

--

## Rituals or Ceremonies I Value

--

## Notes or Instructions

--

# My Favorite Quotes

## My Most Loved Quotes

## Sayings I Always Found Comfort In

## Personal Reflections

# Books, Music, and Films I Loved

## Books That Moved Me

## Music That Sound tracked My Life

## Films (or Series) That Stuck With Me

# Places That Meant the Most to Me

## My Most Meaningful Places

--

## A Place I'd Like to Be Remembered

--

## Visual Memory

--

# Traditions I Hope You Continue

Family Traditions

--

Holiday Celebrations

--

Everyday Rituals Worth Keeping

--

Seasonal or Annual Events

--

Why These Traditions Matter to Me

--

# The Legacy I Hope to Leave

**What do I want to be remembered for?**

--

**How have I contributed to the lives of others?**

--

**What personal values or principles do I hope to pass on?**

--

**What unfinished dreams or wishes would I love others to continue?**

--

**What life lessons or advice do I want future generations to remember?**

--



