



MY LIFE. MY WISHES.

A keepsake of cherished memories
and final requests

Physicians Life Insurance Company®
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Physicians
Mutual®

Insurance for all of us.®

MY LIFE. MY WISHES.

This booklet offers a special place to record and share your life story with family and loved ones. Take your time, complete as much as you want – the parts most important to you.

In addition, this booklet provides a convenient place to express how you wish to be remembered after you're gone. There's even a place to record financial documents and other important information your family may one day need to handle your affairs.

Once you've completed the booklet, give it to a loved one or keep it with your other important papers.

This is a keepsake your family will appreciate and cherish for years to come.

This information will be important for your family. It can help them get started and provide the details they'll need along the way.

Name (legal) (maiden)

Nickname

Address

City State ZIP

Date completed

MY LIFE. Family

**Favorite memories of my family
(parents and siblings)**

Favorite family traditions

Favorite memories of where I grew up

My favorite family vacation memories

**Where and how I met my
spouse/significant other**

**Favorite memories of my children as they were
growing up**

Fondest memories of our family pet(s)

MY LIFE. People, places and events

The most important person in my life as I grew up and why

My favorite place(s)

Schools I attended

The best advice ever given to me, and by whom

My favorite school memories

One of the happiest moments in my life

My favorite job ever, and why



MY LIFE. Thoughts I leave with my family

What I hope people remember about me

What I'm most grateful for

Words of wisdom or advice

MY WISHES. Final arrangements

My services are preplanned. Contact

.....
Name

.....
Phone number

My preplanning documents are located

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.....

My services are not preplanned. My funeral home preference is

.....
Name

.....
Phone number

I wish to be: Buried Cremated
Burial wishes (e.g. cemetery, location, ashes)

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.....

I have purchased a plot: Yes No

My plot location

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.....

My place of worship

.....
Name of church, synagogue, house of worship

.....
Religious contact

.....
Address

.....
Phone number

My memorial ceremony preferences (e.g., wake, funeral mass, memorial service, rosary, graveside service, open/closed casket, no ceremony)

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Personal information for obituary (e.g., military service, degrees, honors)

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Memorial contributions should be sent to (e.g., favorite charities or organizations)

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MY WISHES. Final arrangements

My favorite flowers

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Songs or music I like

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Special quotes or poems I like

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My favorite readings, psalms and prayers

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Person(s) I would like to do the readings

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Memorial card: Yes No

Other special notes or requests (e.g., clothing, jewelry, personal items to be buried with)

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MY WISHES. Final arrangements

Other people or organizations I'd like to be notified (e.g., friends, doctor, clubs)

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Name/Relationship

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Phone number

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Name/Relationship

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Phone number

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Name/Relationship

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Phone number

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Name/Relationship

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Phone number

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Name/Relationship

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Phone number

My address book/contact list is located

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People I would like as pallbearers

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Family notes (e.g., spouse, children and their spouses, grandchildren, siblings, preceded in death by, special mentions)

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My beloved pets, special care instructions, and who I wish to care for them

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IMPORTANT INFORMATION

Personal

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Date of birth

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Mother's full maiden name

.....
State and county of birth

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Father's full name

.....
Social Security number (or where it can be found)

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Person who will handle my affairs/beneficiary

.....
Education/degree

.....
Phone number

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Occupation

.....
Attorney

.....
Phone number

**Place(s) where I keep bank statements, deeds
or other important financial records**

**My birth certificate, marriage certificate,
divorce documents, military discharge
papers, tax returns and other important
documents are located**

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IMPORTANT INFORMATION

Financial

I have a will or trust: Yes No

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Location

The combination for my safe is known by

.....

I have a safety deposit box: Yes No

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Company name

.....
Box number and location of keys

I have a life insurance policy(ies)

.....
Insurance company

.....
Location of policy

.....
Insurance company

.....
Location of policy

My beneficiary(ies)

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Other insurance policies I have (e.g., auto, homeowners/renters, health, dental)

.....
Insurance company and type of coverage

.....
Location of policy

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Insurance company and type of coverage

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Location of policy

.....
Insurance company and type of coverage

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Location of policy

.....
Insurance company and type of coverage

.....
Location of policy

I have a mortgage or deed to my home

Yes No

.....
Name of lender

I have an auto registration/title

Yes No

.....
Location of documents

IMPORTANT INFORMATION

Financial

I have a retirement account(s) Yes No

.....
Company/contact

.....
Phone number

.....
Company/contact

.....
Phone number

.....
Company/contact

.....
Phone number

I have these financial accounts

Checking Savings Credit Card Other

.....
Bank name and location

Checking Savings Credit Card Other

.....
Bank name and location

Checking Savings Credit Card Other

.....
Bank name and location

Checking Savings Credit Card Other

.....
Bank name and location

Online and Social Media

My email address(es)

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Usernames and passwords for my online accounts, computers and phones (or the place where these can be found)

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I have these social media accounts

Facebook LinkedIn
 Pinterest Instagram
 Twitter Other