

END-OF-LIFE PLAN

Declarant: [DECLARANT NAME] **Date of Birth:** Address: [DECLARANT ADDRESS], [CITY], [STATE] **Effective Date:**

Declaration

I, [DECLARANT NAME], born , currently residing at [DECLARANT ADDRESS], [CITY], [STATE], being of sound mind, willfully and voluntarily declare that the following are my wishes regarding the end of my life, the disposition of my body, and the conduct of any services held in my name.

Important — This Document Is Not Legally Binding

This End-of-Life Plan is a non-binding statement of my personal wishes. It is not a Last Will and Testament, is not a living will or advance directive, and does not constitute a Medical Power of Attorney, Durable Power of Attorney, or any other legally operative instrument. While I ask my family, my representative, and any funeral provider to respect these wishes, they are not legally obligated to uphold them, and this document does not override any legally binding document I have executed — including any Last Will and Testament, living will, advance directive, do-not-resuscitate (DNR) order, Physician Orders for Life-Sustaining Treatment (POLST / MOLST), healthcare proxy, Medical Power of Attorney, or Durable Power of Attorney. In the event of any conflict between this Plan and a legally operative document, the legally operative document controls.

Companion Documents

For legally enforceable decisions regarding my healthcare and property, I direct my family and representative to consult any of the following instruments I have executed or may execute separately:

- **Last Will and Testament** — governs disposition of my property and names my executor.
- **Advance Directive / Living Will** — governs end-of-life medical decisions.
- **Medical Power of Attorney / Healthcare Proxy** — authorizes a named agent to make healthcare decisions.
- **Durable Power of Attorney** — authorizes a named agent to manage financial affairs.
- **HIPAA Authorization** — grants access to protected health information.
- **Do-Not-Resuscitate (DNR) Order and POLST / MOLST** — govern resuscitation and life-sustaining treatment.

This End-of-Life Plan supplements, and does not replace, any such instruments.

1. My Representative

I appoint **[REPRESENTATIVE NAME]** (my **[THEIR RELATIONSHIP TO YOU]**), of **[REPRESENTATIVE S CITY]**, **[STATE]**, to oversee and coordinate the carrying out of the wishes expressed in this Plan (my "Representative").

Representative is informal — not a legal agent. I understand and acknowledge that a "representative" named under this End-of-Life Plan is not the same as an attorney-in-fact, healthcare agent, healthcare proxy, or executor. My Representative has no legal authority to act on my behalf by virtue of this Plan alone. For legally enforceable authority, my Representative must rely on a separately executed Medical Power of Attorney, Durable Power of Attorney, advance directive, or letters testamentary from a probate court.

Backup Representative. If **[REPRESENTATIVE NAME]** is unable or unwilling to serve, I ask that **** (my) carry out these wishes in the same spirit.

Best-efforts / spirit of these wishes. I recognize that it may not be possible for my Representative to fulfill every wish expressed here — because of weather, regulation, family circumstance, cost, or other reason. I ask my Representative to follow the spirit of these wishes as well as they reasonably can and within the limits of applicable law. My Representative shall not be liable to my estate, to my heirs, or to any other person for a good-faith decision that departs from a specific wish expressed here.

2. Disposition of My Remains

I wish for my body to be **buried (in-ground interment)**.

Backup plan. If my primary preference cannot be carried out, I defer to my representative's good-faith judgment.

3. Memorial or Funeral Service

I would like a **memorial gathering** (without body present).

Obituary / death announcement. I would like an obituary published in a newspaper.

Note for my Representative. Estate administration may require separate publication of notice to creditors regardless of my obituary preference; that notice is a legal matter governed by the probate court and is not affected by this Plan.

4. Organ and Tissue Donation

I wish to donate **all** of my organs and tissues upon my death for transplantation, therapy, research, or education.

Registration with the state organ donor registry is what legally operates the gift. This Plan expresses my wish, but the legally operative registration is with the state organ donor registry (authorized under the Uniform Anatomical Gift Act as adopted in my state) and/or the designation on my driver's license or state ID. I have not yet registered and intend to do so (or ask my Representative to confirm my registration status). Federal law (National Organ Transplant Act, 42 U.S.C. §274 et seq.) prohibits the sale of human organs.

5. Funeral Funding

6. Digital Legacy and Online Accounts

I direct my Representative to handle my digital accounts and online presence as follows:

Security reminder. I have deliberately not written account passwords, recovery phrases, or cryptocurrency seed phrases in this Plan. Access credentials are stored separately; my Representative will find them in the location I have communicated separately. Many major platforms (Facebook Memorialization, Google Inactive Account Manager, Apple Digital Legacy, Instagram Memorialization, LinkedIn) offer account-disposition tools that should be used rather than password sharing.

State-Specific Notices

Periodic Review

I intend to review this Plan at least every two (2) years, and after any significant life event — marriage, divorce, birth or death of a family member, relocation to a new state, change in religious conviction, or substantial change in financial circumstances. My Representative and family should treat the most recently dated, signed version of this Plan as the one reflecting my wishes.

Signature of Declarant

SIGNED AND DECLARED by **[DECLARANT NAME]** on to be the declarant's End-of-Life Plan expressing their own wishes as to the disposition of their body and any services to be held in their name.

Declarant

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Witness Attestation

We, the undersigned witnesses, declare that [DECLARANT NAME] is personally known to us, that they signed this End-of-Life Plan in our presence on the date shown, and that they appeared to us to be of sound mind and not acting under duress, fraud, or undue influence. Neither of us is the person named as Representative in this Plan.

Witness 1

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Witness 2

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Representative's Acknowledgment

I, [REPRESENTATIVE NAME], hereby acknowledge that [DECLARANT NAME] has asked me to act as Representative under this End-of-Life Plan, and I accept that role in the spirit in which it is offered. I understand that this acknowledgment does not create any fiduciary, legal, or financial obligation on my part, and that my authority (if any) to make legally binding decisions on behalf of the declarant arises only from separate legally operative instruments (such as a Medical Power of Attorney, Durable Power of Attorney, or letters testamentary) and not from this Plan. I will use good-faith best efforts to carry out these wishes consistent with applicable law.

Representative

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE