

End-of-Life Care Planning

Date: _____

To Whom It May Concern,

I am writing to outline my preferences regarding end-of-life care and the associated financial preparations. It is important to me that my wishes are known and respected to alleviate any burden on my loved ones during a difficult time.

1. Care Preferences

I wish to receive the following types of care:

- Comfort care measures only
- End-of-life pain management
- Hospice care details, if applicable

2. Financial Preparations

I have taken the following steps to ensure that financial matters are managed smoothly:

- Life insurance policy details: [Policy Number and Provider]
- Prepaid funeral arrangements: [Details of arrangements if applicable]
- Location of important documents: [Specify where documents like wills and financial statements are kept]

3. Point of Contact

For any questions or concerns, please contact:

Name: _____

Phone Number: _____

Email: _____

Thank you for your attention to this important matter. I wish to provide clarity and support for my family during this time.

Sincerely,

[Your Name]