End-of-Life Planning Checklist for People Living with Dementia

This checklist is designed to help individuals and families in British Columbia organize important legal, financial, healthcare, and personal documents for end-of-life planning. It is not legal advice. Please consult professionals as needed.

Emergency Contacts

	Contact Person	Phone Number	Email
PRIMARY CONTACT			
DOCTOR / HEALTHCARE PROVIDER			
LAWYER / NOTARY			
FINANCIAL ADVISOR / BANK			
EXECUTOR OF WILL			
POWER OF ATTORNEY			
OTHER			

Checklist

☐ Last Will and Testament

Legal document stating how you want your assets distributed after death. (Lawyer)

Notes:

☐ Financial Power of Attorney

Appoints someone to manage financial and legal affairs. (Lawyer/Notary)

Notes:

☐ Health Care Representation Agreement

Appoints someone to make health and personal care decisions. (Lawyer/Notary/Nidus)

Notes:

☐ Advance Directive (Living Will)

Outlines medical treatment wishes if you cannot speak. (Lawyer/Healthcare provider)

Notes:

☐ Living Trust (Optional)

Holds assets during life, allowing smooth transfer. (Estate Lawyer/Financial Planner)

Notes:

☐ Funeral & Burial/Cremation Arrangements

Written preferences or prepaid plan. (Funeral Home)

Notes:

Checklist (continued)

☐ Organ Donation

Register decision in BC Transplant Registry. (Online/Healthcare provider)

Notes:

☐ Insurance Policies

Life, health, long-term care, funeral insurance. (Insurance Provider)

Notes:

☐ Assets & Properties

List of real estate, vehicles, investments, valuables. (Financial Advisor/Accountant)

Notes:

☐ Safety Deposit Box

Location, contents, and access arrangements. (Bank/Credit Union)

Notes:

☐ Digital Assets & Legacy

Social media, email, online banking, with closure instructions. (Executor/Family)

Notes:

☐ Passwords & Accounts

Master list of login details, stored securely. (Executor/Trusted person)

Notes:

☐ Contact Information

List of family, friends, lawyer, doctor, executor. (Keep updated)

Notes:

Signatures & Authorization

Person Completing Checklist (NAME): _____

Person Completing Checklist (SIGNATURE): _____ Date:_____

Witness 1: _____ Date: _____
(name and signature)

Witness 2: _____ Date: _____
(name and signature)