





#### **Private and Confidential**

## "What If" Celebrating My Life



This Plan belongs to:

Please note, this document is not legally binding and could be contested in a court of law

#### **What If - Celebrating My Life**

This plan is to enable you and your love ones to set out how you would like your care delivered when you are in your final days and how you would like your life celebrated.

This plan has 3 sections

All about me - who is supporting me with my plan

My Final days - Important things when planning my care

Celebrating my life - my funeral arrangements

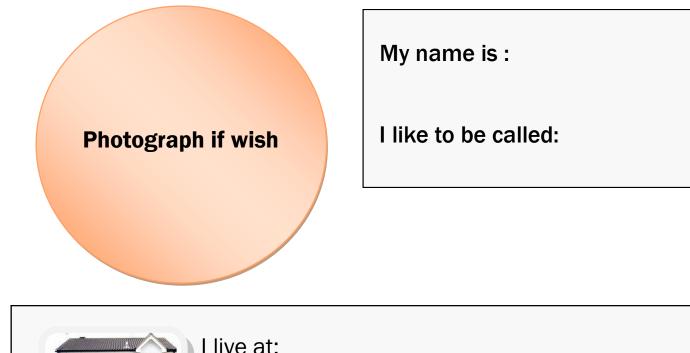
*What If—Celebrating My Life*: developed by The Community Learning Disability Team, Care Plus Group, North East Lincolnshire For further information contact: Barry.osborne@nhs.net



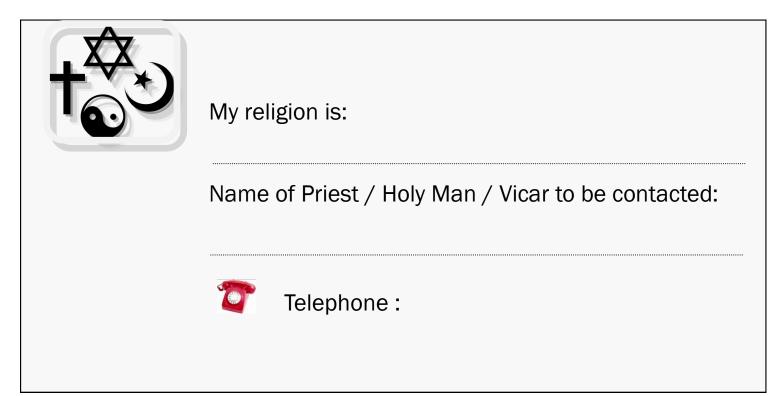


North East Lincolnshire NHS Care Trust Plus

## **All About Me**







# **All About Me (continued)**

	My next of kin / advocate is:		
	Telephone:		
Their address i	S:		
10 100 M	I have made a WILL ?	YES	NO
Will Charles Lang	If <b>YES</b> — It is stored At MY	HOME / WIT	Η
My Executor (s	) is / are:		
Telephor	ne		
lf <mark>NO</mark> — I would make a will	like someone to contact my So	licitor to help	me
My Solicitor is	:		
Name:			
Telephone :			
	Solicitor, but would like ntact a local solicitor to help me	YES	NO

## **All About Me (continued)**

#### **Lasting Power of Attorney**

I have made an Enduring Power of Attorney / a Lasting Power of Attorney for Property & Financial Affairs	Power of A	Attorney and the second secon
	YES	NO
If <b>Yes</b> — it is stored—At Home / with		
My Attorney (s) is are		
I have made a Lasting Power of Attorney for Personal Welfare	YES	NO
If <b>Yes</b> — it is stored—At Home / with		
My Attorney (s) is are		
If NO – I would like to make a Lasting Power off Attorr	ney	
I would like someone to contact a Solicitor to help me	YES	NO
My Solicitor is : see previous page		

### My Final Days – Important Things When Planning My Care

Things to think about

## My Final Days — Important Things When Planning My Care Continued





Where ever possible I would like to be cared for in my own home if I am very ill

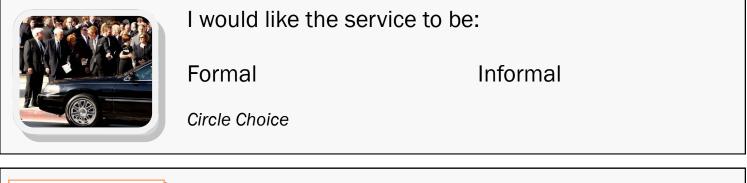
YES NO

NO - Circle Choice

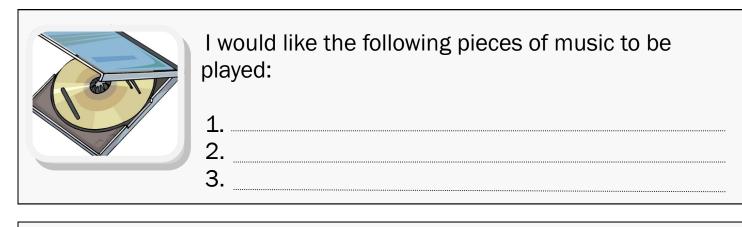
Or I would like to cared for at:

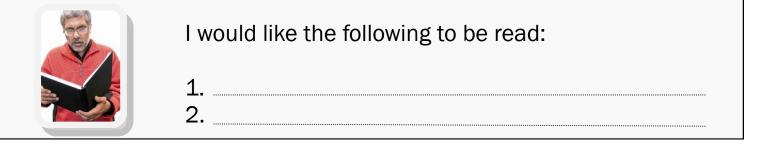
# **Celebrating My Life - My Funeral**

Add Picture	I would like the service to take place at:



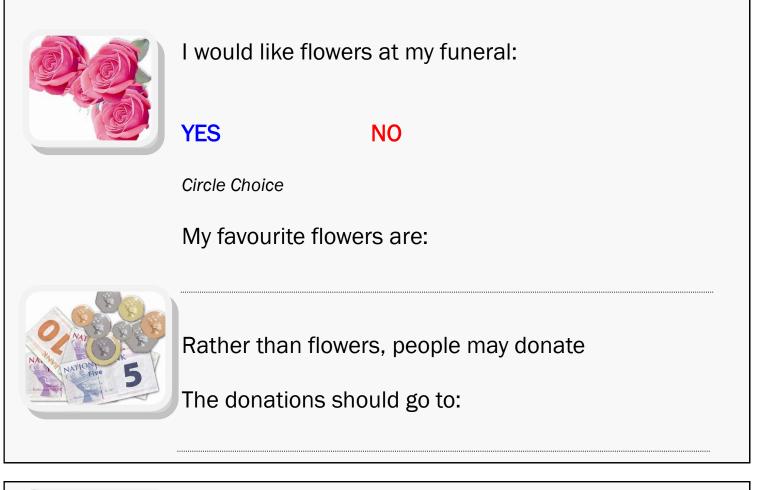
Add Picture	I would like To take part in my service.
	Their address is:
	Tel Number:





# **About My Funeral (continued)**

	I would like these things to be placed in my coffin:
Add Picture	





I would like people to celebrate my life and have a party to remember me

YES

#### **About My Burial or Cremation**

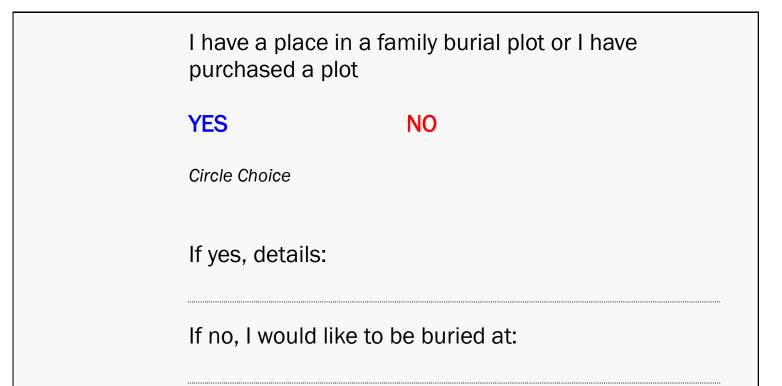


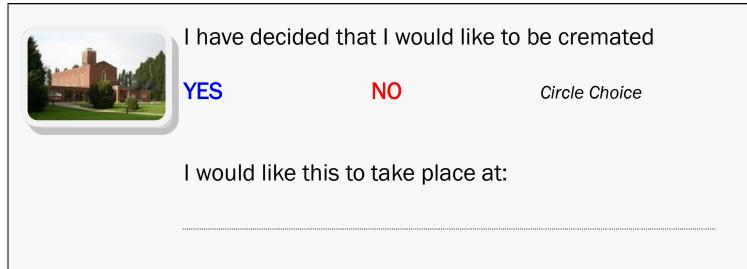
I have decided that I would prefer to be buried

YES

NO

Circle Choice





I would like my ashes to be:

## How I would like to be remembered, messages to those I love

My favourite photograph	My important message about life:
About me	

About me c	ontinued			

# 

Names of who this plan should be shared with:

#### IMPORTANT

Please remember to take this plan with you so as to

ensure your wishes are carried out

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