

LETTER OF INSTRUCTIONS
FOR



AS OF _____

The following letter of instructions is an informal document giving you, my survivors, information concerning important financial and personal matters that must be attended to after my demise. The contents of this letter clarify any special requests to be carried out upon death relieving my family of needless worry and speculation. By no means is this document a substitute for my will, durable power of attorney, and/or health care proxy.

Signature & Date

Witness & Date

FIRST THINGS TO DO:

1. Make arrangements with the funeral home. (See "Cemetery and Funeral" section)
2. Notify the following relatives and acquaintances:

Name	Relationship	Telephone #

3. Contact the following:

Contact	Name	Telephone #
Care of Pet(s)		
Lawyer		
Employer		
Newspaper		

LETTER OF INSTRUCTIONS
FOR

FIRST THINGS TO DO: (CONT'D)

4. Request at least 10 copies of the death certificate. (Funeral director will obtain them.)
5. Process insurance policies.
6. Contact the social security office.
7. Notify the following organizations.

Contact	Name	Telephone #

Cemetery and Funeral:

Funeral Home:

- Name of Funeral Home: _____ Telephone: _____
- Address: _____
- Prearrangements made: ___ Yes ___ No
- If yes, documentation is located: _____

Information for the Funeral Director:

Full Name:	
Residence:	Since:
Marital Status:	Spouse's Name:
Date of Birth:	Birthplace:
Father's Name:	Birthplace:
Mother's Maiden Name:	Birthplace:
Military Record:	
Social Security Number:	
Life Insurance:	
Insurer:	Policy #:

Cemetery Plot:

Location:
Date Purchased:
Deed Number:
Location of Deed:
Other Information:



LETTER OF INSTRUCTIONS
FOR

Obituary Information:		
School(s):	Date(s):	Degree:
Employment:		
Length of time at current residence:		
Special Honors/Awards:		
Community Activities:		
Professional Memberships:		
Other Memberships:		
Volunteer Activities:		
Other Information:		



Funeral Preferences:

Following Services:	
___ Funeral (before disposition)	Church:
___ Memorial (before disposition)	Place:
___ Graveside	Cemetery:
___ Mortuary	Name:

Service Preference:	Simple Arrangements:	Remains Should Be:
Eulogy: ___ Yes ___ No	___ No embalming.	___ Interred.
Omit Flowers: ___ Yes ___ No	___ No public viewing.	___ Cremated.
Readings:	___ Least expensive burial.	___ Scattered
	___ Immediate disposition.	Place:
		___ Buried
Music:	Memorial Gift To:	Place:
		___ Donated.
		Place:

LETTER OF INSTRUCTIONS
FOR

Funeral Preferences: (cont'd)

Special Wishes:



Banking and Finances:

Checking Accounts:	Savings Accounts:
Bank Name & Address:	Bank Name & Address:
Name(s) on account:	Name(s) on account:
Account #:	Account #:
Type of Account:	Type of Account:
Location of Passbook:	Location of Passbook:
Special Instructions:	Special Instructions:
Bank Name & Address:	Bank Name & Address:
Name(s) on account:	Name(s) on account:
Account #:	Account #:
Type of Account:	Type of Account:
Location of Passbook:	Location of Passbook:
Special Instructions:	Special Instructions:

Loans Outstanding:	Debts Owed to the Estate:
Bank Name & Address:	Bank Name & Address:
Name on Loan:	Name on Loan:
Account #:	Account #:
Monthly Payment:	Monthly Payment:
Location of Papers:	Location of Papers:
Collateral	Collateral
Life Insurance on Loan: ___ Yes ___ No	Life Insurance on Loan: ___ Yes ___ No

LETTER OF INSTRUCTIONS
FOR

Bank & Credit Cards:

All credit cards in the deceased name should be canceled.

Credit Cards:	
Bank:	Bank:
Address:	Address:
Telephone:	Telephone:
Name on Card:	Name on Card:
Account #:	Account #:
Location of Card:	Location of Card:
Bank:	Bank:
Address:	Address:
Telephone:	Telephone:
Name on Card:	Name on Card:
Account #:	Account #:
Location of Card:	Location of Card:
Bank:	Bank:
Address:	Address:
Telephone:	Telephone:
Name on Card:	Name on Card:
Account #:	Account #:
Location of Card:	Location of Card:

Investments:

Provide the following information. (If necessary, attach a separate sheet.)

Stocks:	
Company:	Company:
Broker:	Broker:
# of shares:	# of shares:
Certificate number(s):	Certificate number(s):
Purchase price & date:	Purchase price & date:
Location:	Location:
Company:	Company:
Broker:	Broker:
# of shares:	# of shares:
Certificate number(s):	Certificate number(s):
Purchase price & date:	Purchase price & date:
Location:	Location:

LETTER OF INSTRUCTIONS
FOR

Investments: (cont'd)

Bonds:	
Issuer:	Issuer:
Issued to:	Issued to:
Face Amount: \$	Face Amount: \$
Bond Number:	Bond Number:
Purchase Price & Date	Purchase Price & Date
Location:	Location:

Mutual Funds:	
Company:	Company:
Broker:	Broker:
Name on account:	Name on account:
Account #:	Account #:
# of shares:	# of shares:
Location:	Location:
Company:	Company:
Broker:	Broker:
Name on account:	Name on account:
Account #:	Account #:
# of shares:	# of shares:
Location:	Location:

Other Investments:

List the amount invested, to whom it is issued, the maturity date and other applicable data and the location of certificates and other vital papers.

LETTER OF INSTRUCTIONS
FOR

Expected Death Benefits:

Employer:
Life Insurance:
Profit Sharing:
Pension Plan:
Accident Insurance:
Other Benefits:

Insurance:

Life Insurance:	
Policy #:	Policy #:
Amount: \$	Amount: \$
Location of policy:	Location of policy:
Whose life insured:	Whose life insured:
Insurer's Name & Address:	Insurer's Name & Address:
Kind of Policy:	Kind of Policy:
Beneficiaries:	Beneficiaries:
Issue Date:	Issue Date:
How paid out:	How paid out:
Other options on payout:	Other options on payout:
Other special facts:	Other special facts:

Homeowner's/Renter's	Automobile
Coverage:	Coverage:
Insurer's name & address:	Insurer's name & address:
Policy #:	Policy #:
Location of Policy:	Location of Policy:
Term(when to renew):	Term(when to renew):
Agent:	Agent:
Telephone:	Telephone:

LETTER OF INSTRUCTIONS
FOR

Insurance (cont'd):

Medical	Other Insurance:
Coverage:	Coverage:
Insurer's name & address:	Insurer's name & address:
Policy #:	Policy #:
Location of Policy:	Location of Policy:
Term(when to renew):	Term(when to renew):
Agent:	Agent:
Telephone:	Telephone:

Social Security:

Name:
Social Security #:
Location of Social Security Card:
File a claim immediately to avoid possibility of losing any benefits checks. Call the Social security Administration (SSA) office for an appointment and follow SSA's instructions as to what to bring. SSA Telephone:
Expect a lump sum of about \$
Plus continuing benefits for children under age 18, or for full-time students until age 22. A spouse may receive benefits until children reach age 18, between ages 50 and 60 if disabled, or if over age 60.

Estate Planning Documents:

Location of Personal Papers:	
Last Will and Testament:	
Prepared by (Attorney):	Telephone:
Birth Certificate:	
School Diplomas:	
Marriage Certificates:	
Military Records:	
Naturalization Papers:	
Other:	

LETTER OF INSTRUCTIONS
FOR

Safe-Deposit Box:	Post Office Box:
Bank name & address:	Address:
In whose name:	Owner(s):
Location of key:	Box Number:
Box number:	Location of Key or Combination:
List of Contents:	
	Tax Returns:
	Location of Previous Returns:
	Tax Preparer's Name:
	Telephone:
	Location of Estimated Tax Files:

Doctor's Name & Address:	Dentist's Name & Address:
Doctor's Name:	Dentist's Name:
Telephone:	Telephone:
Doctor's Name:	Dentist's Name:
Telephone:	Telephone:
Doctor's Name:	
Telephone:	

Home:

Ownership Information:	
Form of Ownership:	Mortgage:
In Whose Name:	Held by:
Address:	Amount of original mortgage:
Lot: Block:	Date taken out:
On Map Called:	Amount owed now:
Lawyer at Closing:	Method of payment:
Telephone:	Location of book:
	Is there life insurance on mortgage:
Location of statement of closing, policy of title insurance, deed, land survey, and the like:	<input type="checkbox"/> Yes <input type="checkbox"/> No Policy Number: _____
	Location of Policy: _____
	Annual Income: \$ _____

LETTER OF INSTRUCTIONS
FOR

Home: (cont'd)

House Taxes:	Cost of House: \$
Amount: \$	Initial Buying Price: \$
Location of Receipts:	Purchase closing fee: \$
	Other costs:
If renting, is there a lease? ___ Yes ___ No	
Lease Location:	
Expiration date:	

Home Improvements:

Improvement:	Improvement:
Cost: \$	Cost: \$
Date:	Date:
Location of bills/receipts:	Location of bills/receipts:
Improvement:	Improvement:
Cost: \$	Cost: \$
Date:	Date:
Location of bills/receipts:	Location of bills/receipts:

Utilities:

Gas Company:	Account #	Telephone #
Electric Company:	Account #	Telephone #
Telephone Company:	Account #	Telephone #
Cable Company:	Account #	Telephone #
Internet Provider:	Account #	Telephone #
Other:	Account #	Telephone #

Periodicals:

<i>Newspapers</i>	<i>Magazines</i>	<i>Other Accts to Cancel</i>
Name:	Name:	Name:
Account #:	Account #:	Account #:
Telephone:	Telephone:	Telephone:
Name:	Name:	Name:
Account #:	Account #:	Account #:
Telephone:	Telephone:	Telephone:

LETTER OF INSTRUCTIONS
FOR

Household Contents:

<i>Location of Inventory:</i>	<i>Location of Appraisals:</i>

Important Warranties and Receipts:

<i>Item:</i>	<i>Location:</i>

Automobiles:

<i>Auto #1</i>	<i>Auto #2</i>
Year:	Year:
Make:	Make:
Model:	Model:
Color:	Color:
VIN #:	VIN #:
Title in name of:	Title in name of:
Location of papers:	Location of papers:

LETTER OF INSTRUCTIONS
FOR

Mementos and Personal Effects:

The following mementos and personal effects should be given to the person(s) name below:

<i>Item</i>	<i>Person</i>

Passwords & PIN #s:

<i>Account/Item</i>	<i>Password</i>	<i>PIN #</i>
Computer:		
Cell Phone:		
ATM Card:		
Home Security:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

NOTES:
