

# Letter of Instruction

Last Updated: \_\_\_\_\_

A letter of instruction is an informal document that benefits you and your survivors. It provides specific, detailed information necessary for settling your affairs according to your wishes. It should not, however, be regarded as a substitute for your will or trust, but rather as a supplement to your will and trust. Like all estate planning documents, it should be reviewed and updated periodically.



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## First Things To Do

1. Make arrangements with the funeral home. (See the Cemetery and Funeral. section, page 2.)

2. Notify the following relatives and acquaintances:

_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____

3. For care of pet(s) call:

Name: _____	Telephone: _____
Name: _____	Telephone: _____

4. Call lawyer: Raymond B. McFalone, Esq.; Pleasant Hill, CA; Telephone: (925) 944-1438

5. Notify employer (if applicable).

Name: _____	Telephone: _____
Name: _____	Telephone: _____

6. Provide the following newspapers with obituary information. (See Obituary Information page 2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Request at least 10 copies of the death certificate. (Usually, the funeral director will obtain them.)

8. Process insurance policies. (See Life Insurance section page 4)

9. Contact the Social Security office. (See Social Security section page 6)

10. Notify Health Insurance Company/Medicare to stop or adjust premium payments.

11. Notify doctors by letter of decedent's death so that future appointments are cancelled, final bills are sent out and medical file is closed.

12. Notify the following organizations:

_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____

## Advisors

- |  |                           |
|--|---------------------------|
| 1. Attorney Raymond B. McFalone, Pleasant Hill, CA | Telephone: (925) 944-1438 |
| 2. Tax Preparer _____                              | Telephone: _____          |
| 3. Financial Advisor _____                         | Telephone: _____          |
| 4. Stock Broker _____                              | Telephone: _____          |
| 5. Life Insurance Agent _____                      | Telephone: _____          |
| 6. Real Estate Agent _____                         | Telephone: _____          |

## Cemetery and Funeral

### Funeral Home

1. Name of Funeral Home: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Prearrangements have been made: Yes No
- If yes, documentation is located: \_\_\_\_\_

Cremation Yes No

Burial Yes No

### Cremation:

1. Name of Cremation Service \_\_\_\_\_
2. Date purchased: \_\_\_\_\_
3. Contract Number \_\_\_\_\_
4. Documentation located: \_\_\_\_\_
5. Place ashes shall be scattered: \_\_\_\_\_

### Cemetery Plot

1. Location: \_\_\_\_\_
2. Date purchased: \_\_\_\_\_
3. Other information (e.g., perpetual care, headstone): \_\_\_\_\_
- \_\_\_\_\_

### Obituary Information

1. School(s): \_\_\_\_\_ Dates: \_\_\_\_\_ Degree(s): \_\_\_\_\_
- \_\_\_\_\_
2. Employment: \_\_\_\_\_
- \_\_\_\_\_
3. Year moved to this county: \_\_\_\_\_
4. Special honors/awards: \_\_\_\_\_
- \_\_\_\_\_
5. Community activities: \_\_\_\_\_
- \_\_\_\_\_
6. Professional memberships: \_\_\_\_\_
- \_\_\_\_\_
7. Other memberships: \_\_\_\_\_
- \_\_\_\_\_
8. Volunteer activities: \_\_\_\_\_
- \_\_\_\_\_
9. Other information: \_\_\_\_\_

# Funeral Preferences

1. The following service(s):

Funeral (before disposition) Church: \_\_\_\_\_

Memorial (after disposition) Place: \_\_\_\_\_

Graveside Cemetery: \_\_\_\_\_

Mortuary Name: \_\_\_\_\_

Other: \_\_\_\_\_

2. Service preferences:

Eulogy:  Yes  No

Omit flowers:  Yes  No

Charity to make donations to in lieu of flowers: \_\_\_\_\_

Readings: \_\_\_\_\_

Music: \_\_\_\_\_

Other Preferences: \_\_\_\_\_

3. Simple arrangements:

No embalming

No public viewing

The least expensive burial or cremation container

Immediate disposition

## Special Wishes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Accounts

### Checking and Savings Account(s) and CD's

1. Name of Bank and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Type of Account and Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

2. Name of Bank and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Type of Account and Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

3. Name of Bank and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Type of Account and Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

4. Name of Bank and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Type of Account and Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

(List Additional Accounts on back or on separate sheet)

## Investment Account(s)

1. Name of Brokerage Firm and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

2. Name of Brokerage Firm and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

3. Name of Brokerage Firm and address: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number: \_\_\_\_\_

Location of Account Statements: \_\_\_\_\_

(List Additional Accounts on back or on separate sheet)

## Stocks and Bonds (Not held in an account)

1. Company: \_\_\_\_\_

Name on certificate(s): \_\_\_\_\_

Number of shares: \_\_\_\_\_

Certificate number(s): \_\_\_\_\_

Purchase price and date: \_\_\_\_\_

Location of certificates: \_\_\_\_\_

2. Company: \_\_\_\_\_

Name on certificate(s): \_\_\_\_\_

Number of shares: \_\_\_\_\_

Certificate number(s): \_\_\_\_\_

Purchase price and date: \_\_\_\_\_

Location of certificates: \_\_\_\_\_

3. Company: \_\_\_\_\_

Name on certificate(s): \_\_\_\_\_

Number of shares: \_\_\_\_\_

Certificate number(s): \_\_\_\_\_

Purchase price and date: \_\_\_\_\_

Location of certificates: \_\_\_\_\_

(List Additional Stocks and Bonds on back or on separate sheet)

## Beneficiary Designation Accounts (401k; IRA; Life Insurance; Annuity; 403b)

1. Company Name and Type of Policy/Plan: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary(s): \_\_\_\_\_

Location of statements and/or policy: \_\_\_\_\_

Agent : \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Company Name and Type of Policy/Plan: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary(s): \_\_\_\_\_

Location of statements and/or policy: \_\_\_\_\_

Agent : \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Company Name and Type of Policy/Plan: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary(s): \_\_\_\_\_  
Location of statements and/or policy: \_\_\_\_\_  
Agent : \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Company Name and Type of Policy/Plan: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary(s): \_\_\_\_\_  
Location of statements and/or policy: \_\_\_\_\_  
Agent : \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Company Name and Type of Policy/Plan: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary(s): \_\_\_\_\_  
Location of statements and/or policy: \_\_\_\_\_  
Agent : \_\_\_\_\_ Telephone: \_\_\_\_\_  
(List additional accounts on back or on separate sheet)

### Real Estate (House, land, condominium, townhouse, timeshare)

1. Address and description of property:

\_\_\_\_\_

Mortgage Yes No If yes, name and address of mortgage holder:

\_\_\_\_\_

2. Address and description of property:

\_\_\_\_\_

Mortgage Yes No If yes, name and address of mortgage holder:

\_\_\_\_\_

3. Address and description of property:

\_\_\_\_\_

Mortgage Yes No If yes, name and address of mortgage holder:

\_\_\_\_\_

(List all other real estate on back or on separate sheet)

### Credit Cards

All credit cards in the deceased's name should be canceled or converted to the survivor's name. Provide the following information for each card.

1. Bank: \_\_\_\_\_

Location of Statements: \_\_\_\_\_

Name on card: \_\_\_\_\_

Account number: \_\_\_\_\_

Location of card: \_\_\_\_\_

2. Bank: \_\_\_\_\_

Location of Statements: \_\_\_\_\_

Name on card: \_\_\_\_\_

Account number: \_\_\_\_\_

Location of card: \_\_\_\_\_

3. Bank: \_\_\_\_\_  
Location of Statements: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_  
(List other credit cards on back)

## Social Security

1. Name: \_\_\_\_\_  
2. Social Security Number: \_\_\_\_\_  
3. Location of Social Security card: \_\_\_\_\_

## Location of Personal Papers

1. Revocable Living Trust/Will: \_\_\_\_\_  
2. Birth certificate: \_\_\_\_\_  
3. Marriage certificates: \_\_\_\_\_  
4. Military records: \_\_\_\_\_  
5. Driver's License \_\_\_\_\_  
6. Health Care Card \_\_\_\_\_  
7. Other (e.g., adoption, divorce): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Safe-Deposit Box

1. Bank name and address: \_\_\_\_\_  
2. In whose name: \_\_\_\_\_  
3. Location of key: \_\_\_\_\_  
4. Box number: \_\_\_\_\_  
5. List of contents (if extensive, attach separate inventory): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Post Office Box

1. Address: \_\_\_\_\_  
2. Owner(s): \_\_\_\_\_  
3. Box number: \_\_\_\_\_  
4. Location of key or combination: \_\_\_\_\_

## Income Tax Returns

1. Location of all previous returns (federal & statel): \_\_\_\_\_  
\_\_\_\_\_  
2. Tax preparer's name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
3. Location of estimated tax files (check to see if any estimated quarterly taxes are due): \_\_\_\_\_  
\_\_\_\_\_

## Utilities

Gas Company: \_\_\_\_\_  
Electric Company: \_\_\_\_\_  
Telephone Company: \_\_\_\_\_  
Cable Company: \_\_\_\_\_  
Internet Provider: \_\_\_\_\_  
Other: \_\_\_\_\_

## List Subscriptions to Newspapers and Periodicals

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

## Email

1. Email Address: \_\_\_\_\_ Password: \_\_\_\_\_  
2. Email Address: \_\_\_\_\_ Password: \_\_\_\_\_  
3. Email Address: \_\_\_\_\_ Password: \_\_\_\_\_  
4. Email Address: \_\_\_\_\_ Password: \_\_\_\_\_

## Online Accounts

Company Name	Logon ID	Password
Company Name	Logon ID	Password
Company Name	Logon ID	Password
Company Name	Logon ID	Password
Company Name	Logon ID	Password

## Miscellaneous Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Law Office of Raymond B. McFalone  
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