

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.



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

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 _____ | Telephone: _____ |
| 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

