

LETTER OF INSTRUCTIONS

This document is meant to be an informal way for you to provide information to your survivors upon your passing. You can provide general or detailed instructions, to assist your loved ones in making arrangements for your funeral and settling your affairs in accordance with your wishes. This is not a legal document and will not substitute for having a Last Will and Testament or other estate planning documents. Instead, it is meant to be used as a supplement to your estate plan. You should keep this in a safe place and notify whoever will be in charge when you pass away of its location. Because it may contain sensitive information such as passwords and account numbers, it is important to keep it in a place where no unintended people will find it.

First Things To Do

1. Make arrangements with the funeral home. (See the “Cemetery and Funeral” section, page 2.)
2. Notify the following relatives, friends, and acquaintances:

Name	Relationship	Telephone Number(s)
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Name	Relationship	Telephone Number(s)
Name	Relationship	Telephone Number(s)
Name	Relationship	Telephone Number(s)
Name	Relationship	Telephone Number(s)

3. For care of pet(s), call:
 Name: _____ Telephone: _____
 Name: _____ Telephone: _____
4. Call estate planning attorney:
 Name: _____
 Company: _____ Telephone: _____
5. Call CPA/tax advisor:
 Name: _____
 Company: _____ Telephone: _____
6. Call financial advisor:
 Name: _____
 Company: _____ Telephone: _____
7. Notify employer (if applicable):
 Name: _____ Telephone: _____
8. Notify doctor and other medical professionals:
 Name: _____ Telephone: _____
 Name: _____ Telephone: _____
9. Provide the following newspaper(s) with obituary information. (See "Obituary Information," page 2.)

10. Request an appropriate number of death certificate. (Typically, the funeral director will get them. Note that you will usually need one death certificate per probate asset.)
11. Process insurance policies. (See "Life Insurance" section on page 10.)
12. Contact the Social Security Administration, if applicable. (See "Social Security" section, page 12.)
13. Notify the following organizations
 _____ Telephone: _____
 _____ Telephone: _____
 _____ Telephone: _____

Cemetery and Funeral

Funeral Home

1. Preferred Funeral Home (if applicable):
 Name: _____
 Address: _____ Telephone: _____
2. Prearranged funeral plans have been made: Yes No
 If yes, documentation is located: _____

Information for Funeral Director

This list should be brought to the funeral home, along with the cemetery deed, if applicable/possible.

- 1. Full name: _____
- 2. Residence: _____ Lived here since: _____
- 3. Marital status: _____ Spouse's Name: _____
- 4. Date of birth: _____ Birthplace: _____
- 5. Father's name: _____ Birthplace: _____
- 6. Mother's maiden name: _____ Birthplace: _____
- 7. Military record: _____
- 8. Social Security number: _____
- 9. Life insurance (Bring policy if proceeds will be used for funeral expenses.) (See "Life Insurance" section, page 10.)
 Insurer: _____ Policy Number: _____

Funeral Preferences

- 1. I wish to have a funeral consistent with my _____ faith.
- 2. Service(s):
 - Funeral (before disposition) Church/Temple/Other: Name: _____
Location: _____
 - Memorial (after disposition) Location: _____
 - Grave side Cemetery: _____
 - Mortuary Name: _____
 - Other: _____
- 3. Additional preferences:
 - Embalming: Yes No No preference
 - Viewing: Yes No No preference
 - Immediate Disposition: Yes No No preference
 - Eulogy: Yes No No preference
 - Flowers: Yes No No preference
 - Readings: _____
 - Music: _____
 - Other Preferences: _____
- 4. Remains should be:
 - Interred - Cemetery: _____
 - Cremated and the ashes:
 - Buried - Place: _____
 - Scattered - Place: _____
 - Other Preferences: _____
- 5. Upon my death I wish to donate my organs: Yes No No preference
 - Any needed organs, tissues or eyes
 - Only the following organs, tissues or eyes: _____

My organs, tissues or eyes can be used for the following purposes:

- For transplantation only
- For therapy
- For research
- For medical education
- For any purpose authorized by law

6. Other wishes: _____

Cemetery Plot

1. Location: _____
2. Date of purchase: _____
3. Deed number: _____
4. Location of deed: _____
5. Other information (i.e. headstone): _____

Obituary Information

1. School(s): _____ Dates: _____ Degree(s): _____
_____ Dates: _____ Degree(s): _____
_____ Dates: _____ Degree(s): _____
2. Employment: _____ Dates: _____
Employment: _____ Dates: _____
3. Professional memberships: _____

4. Special honors/awards: _____

5. Volunteer/community activities: _____

6. Other information: _____

Assets and Debts
(Attach separate sheets as needed)

Real Estate

1. Personal Residence (Address): _____
Co-Owner(s): _____
Mortgage (amount): _____
Mortgage (company name and address): _____

- Home equity/credit lines/other liabilities (amount): _____
- Home equity/credit lines (company name and address): _____

2. Recreational or Rental Property (Address): _____
 Co-Owner(s): _____
 Renter's Information (if applicable): _____
 Mortgage (amount): _____
 Mortgage (company name and address): _____

 Home equity/credit lines/other liabilities (amount): _____
 Home equity/credit lines/other liabilities (company name and address): _____

3. Recreational or Rental Property (Address): _____
 Co-Owner(s): _____
 Renter's Information (if applicable): _____
 Mortgage (amount): _____
 Mortgage (company name and address): _____

 Home equity/credit lines/other liabilities (amount): _____
 Home equity/credit lines/other liabilities (company name and address): _____

Co-Ops

1. Address: _____
 Co-Owner(s): _____
 Mortgage (amount): _____
 Mortgage (company name and address): _____

 Home equity/credit lines/other liabilities (amount): _____
 Home equity/credit lines/other liabilities (company name and address): _____

For your checking accounts, savings accounts, brokerage/investment accounts, and credit cards, instead of filling out the following (or in addition), you may attach page 1 of a statement for each account to this document.

Checking Account(s)

1. Bank name and address: _____
 Account number: _____
 Type of account: _____
 Name on account: _____
2. Bank name and address: _____
 Account number: _____
 Type of account: _____
 Name on account: _____
3. Bank name and address: _____
 Account number: _____
 Type of account: _____
 Name on account: _____

Savings Account(s)

1. Bank name and address: _____
Account number: _____
Type of account: _____
Name on account: _____
2. Bank name and address: _____
Account number: _____
Type of account: _____
Name on account: _____
3. Bank name and address: _____
Account number: _____
Type of account: _____
Name on account: _____

Investments

Retirement Assets

1. Type of Account (i.e. 401k, IRA, Roth IRA, TSP, Inherited IRA): _____
Held with (i.e. Fidelity, Merrill, etc.): _____
Value: _____ As of (date): _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
2. Type of Account (i.e. 401k, IRA, Roth IRA, TSP, Inherited IRA): _____
Held with (i.e. Fidelity, Merrill, etc.): _____
Value: _____ As of (date): _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
3. Type of Account (i.e. 401k, IRA, Roth IRA, TSP, Inherited IRA): _____
Held with (i.e. Fidelity, Merrill, etc.): _____
Value: _____ As of (date): _____
Primary Beneficiary: _____
Contingent Beneficiary: _____

Stocks

1. Company: _____
 Owned in my name alone
 Owned with the following individual(s): _____
Number of shares: _____
Date purchased: _____
Purchase price: _____
Stock certificate? Yes No
If yes, location of original stock certificate: _____
2. Company: _____
 Owned in my name alone
 Owned with the following individual(s): _____

Number of shares: _____

Date purchased: _____

Purchase price: _____

Stock certificate? Yes No

If yes, location of original stock certificate: _____

3. Company: _____

Owned in my name alone

Owned with the following individual(s): _____

Number of shares: _____

Date purchased: _____

Purchase price: _____

Stock certificate? Yes No

If yes, location of original stock certificate: _____

Bonds, CDs, and Other Interest-Earning Securities

1. Issuer: _____

Owned in my name alone

Owned with the following individual(s): _____

Face Amount: _____

Date purchased: _____

Purchase price: _____

Maturity Date: _____

Certificate? Yes No

If yes, location of original certificate: _____

2. Issuer: _____

Owned in my name alone

Owned with the following individual(s): _____

Face Amount: _____

Date purchased: _____

Purchase price: _____

Maturity Date: _____

Certificate? Yes No

If yes, location of original certificate: _____

3. Issuer: _____

Owned in my name alone

Owned with the following individual(s): _____

Face Amount: _____

Date purchased: _____

Purchase price: _____

Maturity Date: _____

Certificate? Yes No

If yes, location of original certificate: _____

Mutual Funds

- 1. Company: _____
 Owned in my name alone
 Owned with the following individual(s): _____
Account Number: _____
Number of shares or units: _____
Location of statements, certificates: _____
- 2. Company: _____
 Owned in my name alone
 Owned with the following individual(s): _____
Account Number: _____
Number of shares or units: _____
Location of statements, certificates: _____

Electronic Based Assets

- 1. Type of asset (i.e. Paypal, Bitcoin, or other cyber or electronic based asset): _____
Instructions for accessing this asset: _____

- 2. Type of asset (i.e. Paypal, Bitcoin, or other cyber or electronic based asset): _____
Instructions for accessing this asset: _____

- 3. Type of asset (i.e. Paypal, Bitcoin, or other cyber or electronic based asset): _____
Instructions for accessing this asset: _____

Business Interests

- 1. Name of Entity: _____
Type of Entity (i.e. C-Corp, S-Corp, LLC, etc.): _____
Primary state registration: _____
Total value of entity: _____ As of (date): _____
Names, contact information, and ownership percentages for all other individuals who own a material interest in the entity:

- 2. Name of Entity: _____
Type of Entity (i.e. C-Corp, S-Corp, LLC, etc.): _____
Primary state registration: _____
Total value of entity: _____ As of (date): _____
Names, contact information, and ownership percentages for all other individuals who own a material interest in the entity:

Debts Owed to You

1. Debtor: _____
Description: _____
Terms: _____
Balance: _____
Location of documents: _____
Other notes: _____
2. Debtor: _____
Description: _____
Terms: _____
Balance: _____
Location of documents: _____
Other notes: _____

Other Assets/Investments

For each asset or investment, list as much information as possible on the following lines, such as the location of the asset, location of vital papers related to the asset, account numbers, etc.

Credit Cards

1. Name of bank/store: _____ Telephone: _____
Name on card: _____
Authorized users: _____
Account Number: _____
Location of card: _____
2. Name of bank/store: _____ Telephone: _____
Name on card: _____
Authorized users: _____
Account Number: _____
Location of card: _____
3. Name of bank/store: _____ Telephone: _____
Name on card: _____
Authorized users: _____
Account Number: _____
Location of card: _____
4. Name of bank/store: _____ Telephone: _____
Name on card: _____
Authorized users: _____
Account Number: _____
Location of card: _____

Loans Outstanding

- 1. Bank name and address: _____
Account number: _____
Type of account: _____
Name on loan: _____
Monthly payment: _____
Location of papers: _____
Collateral (if any): _____
Is there life insurance on the loan? Yes No
- 2. Bank name and address: _____
Account number: _____
Type of account: _____
Name on loan: _____
Monthly payment: _____
Location of papers: _____
Collateral (if any): _____
Is there life insurance on the loan? Yes No

Other Liabilities

Describe any other liabilities here:

Insurance and Death Benefits

Life Insurance

To collect benefits, a death certificate must be sent to each insurance company. Provide the following information for each policy.

- 1. Name of insured: _____
Name of owner: _____
Insurance company: _____
Employer issued? Yes No
Policy number: _____
Policy type (term, whole, etc.): _____
Issue date: _____
Term (if applicable) (i.e. 10, 20, 30 years?): _____
Primary beneficiary (name, phone number, and address): _____

Contingent beneficiary (name, phone number, and address): _____

- 2. Name of insured: _____
Name of owner: _____
Insurance company: _____
Employer issued? Yes No
Policy number: _____
Policy type (term, whole, etc.): _____

Issue date: _____
Term (if applicable) (i.e. 10, 20, 30 years?): _____
Primary beneficiary (name, phone number, and address): _____

Contingent beneficiary (name, phone number, and address): _____

Homeowner's/Renter's Insurance

1. Type of coverage: _____
2. Insurance Company: _____
3. Policy number: _____
4. Term (when is it due to renew): _____
5. Agent (if applicable): _____ Telephone: _____

Automobile Insurance

1. Insurance Company: _____
2. Insurer's name and address: _____
3. Policy number: _____
4. Term (when is it due to renew): _____
5. Agent (if applicable): _____ Telephone: _____

Medical Insurance

1. Insurance Company: _____
2. Insurer's name and address: _____
3. Policy number: _____
4. Through employer or other group: _____
5. Agent (if applicable): _____ Telephone: _____

Other Insurance (i.e. personal or professional liability)

1. Insurance Company: _____
2. Insurer's name and address: _____
3. Policy number: _____
4. Through employer or other group: _____
5. Agent (if applicable): _____ Telephone: _____
6. Other useful information: _____

For Military Employees and Retirees

Are you eligible for military retirement benefits and/or a military survivor benefit? Yes No

If so, provide the following information: _____

1. Military branch of service: _____
2. SVS#: _____
3. Grade or rank: _____
4. Dates of service: From: ___/___/___ To: ___/___/___
5. If possible, attach a copy of any separation or military discharge form to this document (DD214/DD215).
6. For veteran's insurance in the amount of _____, call the local Veterans Administration office. Telephone: _____

For Federal Government Employees and Retirees

Please provide the following information if you are a federal government employee or retiree

1. Select the following that apply to you:
 - Civil Service Retirement System (CSRS)
 - Federal Employee Retirement System (FERS)
 - Off-Set (CSRS/FERS)
 - Federal Employee Retirement System - Special
 - Federal Reserve System Bank Retirement Plan
 - Federal Reserve System Board Retirement Plan
2. TSP Account #: _____
3. If retired, CSA #: _____

If possible, attach your Personal Statements of Benefits to this document.

Social Security

1. Name as it appears on social security card: _____
2. Location of social security card: _____
3. Social security number: _____
4. File a claim immediately to avoid possibility of losing any benefit checks. Call the Social Security Administration (SSA) office for an appointment and follow SSA's instructions as to what to bring. Telephone: _____

Important Documents

Estate Plan

1. Location of original Last Will and Testament: _____
2. Location of other original estate planning documents (i.e. Power of Attorney, Revocable Living Trust, Medical Directive): _____
3. My estate plan was prepared by:
 - Attorney's name: _____
 - Firm name: _____
 - Location of firm: _____
 - Telephone: _____

Post Office Box

1. Address: _____
2. Owners: _____
3. Box number: _____
4. Location of key or combination: _____

Other Important Documents

1. Location of original birth certificate: _____
2. Location of school diplomas: _____
3. Location of marriage certificate: _____

4. Location of military records: _____
 5. Location of naturalization papers: _____
 6. Location of previous income tax returns: _____
 Tax preparer's name: _____ Telephone: _____
 7. Location of other important documents (i.e. adoption, divorce, communion, confirmation, etc.): _____

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Personal Accounts and Belongings

Storage Units

1. Company where storage unit is located: _____
 Location (address): _____
 Location of key: _____
 Other useful information regarding storage unit: _____

Safe Deposit Box

1. Bank name and address: _____
2. Box number: _____
3. Additional owners: _____
4. Location of key: _____
5. If anyone else has a key besides the owners, list them here: _____

6. List of contents: _____

Utilities

- | | | | |
|-----------------------|---------------|------------------|-------|
| 1. Gas Company: | _____ Acct #: | _____ Telephone: | _____ |
| 2. Electric Company: | _____ Acct #: | _____ Telephone: | _____ |
| 3. Telephone Company: | _____ Acct #: | _____ Telephone: | _____ |
| 4. Cable Company: | _____ Acct #: | _____ Telephone: | _____ |
| 5. Internet Provider: | _____ Acct #: | _____ Telephone: | _____ |

Periodicals

1. Newspapers

_____	Account #:	_____	Telephone: _____
_____	Account #:	_____	Telephone: _____
2. Magazines

_____	Account #:	_____	Telephone: _____
_____	Account #:	_____	Telephone: _____
3. Other Accounts to Cancel

_____	Account #:	_____	Telephone: _____
_____	Account #:	_____	Telephone: _____

Household Contents

If you have appraisals for any tangible personal property, attach it to this document, or list the location here.

- 1. Item: _____ Location of appraisal: _____
- 2. Item: _____ Location of appraisal: _____
- 3. Item: _____ Location of appraisal: _____
- 4. Item: _____ Location of appraisal: _____

Important Warranties and Receipts

- 1. Item: _____ Location: _____
- 2. Item: _____ Location: _____
- 3. Item: _____ Location: _____
- 4. Item: _____ Location: _____

Personal Effects

If you wish for certain items to go to particular individuals, list those wishes here. Please note that this is not a substitute for a Will and this will not be binding on your Personal Representative(s) or Trustee(s) if you pass away without including these wishes in your Will and/or Revocable Living Trust (if applicable). It may, however, guide those individuals in determining what you want.

- 1. Item: _____ Person: _____
- 2. Item: _____ Person: _____
- 3. Item: _____ Person: _____
- 4. Item: _____ Person: _____
- 5. Item: _____ Person: _____
- 6. Item: _____ Person: _____
- 7. Item: _____ Person: _____
- 8. Item: _____ Person: _____
- 9. Item: _____ Person: _____
- 10. Item: _____ Person: _____
- 11. Item: _____ Person: _____
- 12. Item: _____ Person: _____

Automobiles

Provide the following information for each vehicle:

- 1. Year: _____
- Make: _____
- Model: _____
- Body type: _____
- Color: _____
- VIN: _____
- Title in the name(s) of: _____
- Location of title: _____

