

Letter of Instructions

A letter of instructions is a non-legal document intended to assist your beneficiaries during your incapacity and death by providing detailed information they will need to manage your affairs immediately after your death. It is a non-binding document that is not a substitute for a will or an estate plan and should be kept with your estate documents and updated periodically.

First Things To Do

1. Contact the funeral home. (See the *Cemetery and Funeral* section, page 2.)

2. Notify the following relatives and acquaintances:

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

3. For care of pet(s) contact:

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

4. Contact lawyer:

Name: _____ Telephone: _____ Email _____

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5. Contact Summit Financial Advisor:

Name: _____ Telephone: _____ Email _____

6. Contact Doctor/Dentist:

Name: _____ Telephone: _____ Email _____

Name: _____ Telephone: _____ Email _____

7. Notify employer (if applicable)

Name: _____ Telephone: _____ Email _____

8. Provide the following newspapers with obituary information.

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

10. Process life insurance policies and credit card death benefits.

11. Contact property and casualty insurance companies.

12. Contact the Social Security office.

13. Notify the bank that holds the home mortgage.

14. Notify the following organizations:

_____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

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Cemetery and Funeral

Funeral Home

1. Name of Funeral Home/Contact _____
2. Telephone: _____ Email _____
3. Address: _____
4. If Prearrangements have been made, documentation is located: _____

Information for the Funeral Director

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

1. Full name: _____
2. Residence: _____ Since: _____
3. Marital status: _____ Spouse's name: _____
4. Date of birth: _____ Birthplace: _____
5. Father's name: _____ Birthplace: _____
6. Mother's maiden name: _____ Birthplace: _____
7. Length of residence in state: _____ In United States: _____
8. Military records: _____
9. Social Security number: _____

Cemetery Plot

1. Location: _____
2. Date purchased: _____
3. Deed number: _____
4. Location of deed: _____
5. Other information (e.g., perpetual care, headstone): _____

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Obituary Information

1. School(s): _____ Dates: _____ Degree(s): _____

2. Employment:

3. Special honors/awards: _____

4. Community activities: _____

5. Professional memberships: _____

6. Other memberships: _____

7. Volunteer activities: _____

8. Memorial gifts to: _____

9. Other information: _____

Funeral Preferences

1. The following service(s):

- | | |
|---|-----------------|
| <input type="checkbox"/> Funeral (before disposition) | Church: _____ |
| <input type="checkbox"/> Memorial (after disposition) | Place: _____ |
| <input type="checkbox"/> Graveside | Cemetery: _____ |
| <input type="checkbox"/> Mortuary | Name: _____ |
| <input type="checkbox"/> Other: _____ | |

2. Service preferences:

Eulogy: Yes No

Omit flowers: Yes No

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Readings: _____

Music: _____

Other Preferences:

3. Simple arrangements:

- No embalming
- No public viewing
- The least expensive burial or cremation container
- Immediate disposition

4. Remains should be:

- Interred Cemetery: _____
- Cremated and the ashes
 - Scattered Place: _____
 - Buried Place: _____
 - Donated: Arrangements made on _____ with _____
Documentation located: _____
- Disposed of as follows: _____

5. Memorial gift to: _____

6. Autopsy if doctor or family requests: Yes No

7. Location of organ donor card/Donor Registry form: _____

Special Wishes

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Estate Planning Documents

Location of Personal Papers

1. Last will and testament: _____
Prepared by (attorney or firm): _____ Telephone: _____
2. Living Will: _____
3. Durable Power of Attorney: _____
4. Health Care Power of Attorney: _____
5. Birth certificate: _____
6. Social Security Card: _____
7. Communion, confirmation, baptismal certificates: _____
8. School diplomas: _____
9. Marriage certificates: _____
10. Divorce Decree: _____
11. Naturalization papers: _____
12. Car Titles: _____
13. Real Estate Deed: _____
14. Property/Casualty Insurance Declaration Pages: _____
15. Life Insurance Policies: _____
16. Other (e.g., adoption, divorce):

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Digital Assets

Consider creating a list of important passwords for electronic devices, apps and websites using a template suggested below. Your estate attorney can help you designate someone to manage your digital assets but they will need a digital inventory which should be stored in a safe or with your attorney.

Sample Digital Inventory

<u>Purpose</u>	<u>Institution</u>	<u>Website</u>	<u>User ID</u>	<u>Password</u>	<u>Secret Question/Answer</u>
Example	Gmail	www.gmail.com	username	Password123	First Pet/Spot; First Car/Honda
Bank					
Investments					
Phone					
Photos					

Safe-Deposit Box

1. Bank name and address: _____
2. In whose name: _____
3. Location of key: _____
4. Box number: _____

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, state, local): _____
2. Tax preparer's name: _____ Telephone: _____

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3. Location of estimated tax files (check to see if any estimated quarterly taxes are due):

Doctor's Names and Addresses

1. Doctor's name(s): _____ Telephone: _____

2. Dentist's name: _____ Telephone: _____

Landlord or Tenant Information

1. If renting, is there a lease? Yes No

2. Lease location: _____

3. Expiration date: _____

4. Landlord's name: _____ Telephone: _____

Utilities

Gas Company: _____ Account #: _____ Telephone: _____

Electric Company: _____ Account #: _____ Telephone: _____

Telephone Company: _____ Account #: _____ Telephone: _____

Cable Company: _____ Account #: _____ Telephone: _____

Internet Provider: _____ Account #: _____ Telephone: _____

Periodicals

Newspapers:

_____ Account #: _____ Telephone: _____

_____ Account #: _____ Telephone: _____

_____ Account #: _____ Telephone: _____

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Magazines:

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

Other Accounts to Cancel (Credit Cards, etc.):

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

Important Warranties and Receipts

Item: _____ Location: _____

Item: _____ Location: _____

Date: _____