

Letter of Instruction

This final Letter of Instruction is to assist persons responsible for managing our affairs after either or both of our deaths. We do request that to the extent possible our wishes be followed:

Name: _____

Social Security No.: _____

Date of Birth: _____

Place of Birth: _____

Employer: _____

Name: _____

Social Security No.: _____

Date of Birth: _____

Place of Birth: _____

Employer: _____

Family Members: *(Names and Phone Numbers)*

Children

Husband's Parents

Father: _____

Mother: _____

Wife's Parents

Father: _____

Mother: _____

Other Family / Friends / Contacts: *(Names and Phone Numbers)*

Minister:

Name: _____

Phone: _____

Address: _____

Preferred Funeral Director:

Name: _____

Phone _____

Address: _____

Special Funeral Instructions:

Location of Burial Plot:

Advisors:

Financial Advisor:

Name: _____

Phone: _____

Address: _____

Attorney:

Name: _____

Phone: _____

Address: _____

Accountant:

Name: _____

Phone: _____

Address: _____

Insurance Agent:

Name: _____

Phone: _____

Address: _____

Assets:

Bank Accounts

Name of Institution: _____

Phone Number: _____

Investment Accounts

Name of Institution: _____

Phone Number: _____

Retirement Accounts

Name of Institution: _____

Phone Number: _____

Limited Partnerships

Name : _____

Phone Number: _____

Real Estate

Location: _____

Titled: _____

Rental Property

Location: _____

Current Tennant: _____

Other Investments

Debts:

Mortgage

Institution: _____

Phone Number: _____

Credit Cards (with account numbers)

Other Debt:

Location of Safe Deposit Box and Key:

Box: _____

Key _____

Location of Special Documents:

Social Security Card: _____

Will: _____

Trusts: _____

Deed to Property: _____

Insurance Documents: _____

Tax Returns: _____

Car Titles: _____

Investment Statements: _____

Location of “Other” Special Documents:

Other secret hiding locations:

Names and Addresses of all individuals listed in your Will.

Gifts NOT listed in your Will:

<u>Item</u>	<u>To be given to:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other thoughts and requests:

Copies of this document have been given to: (Name and Phone Number)

Signed: _____ **Date: :** _____

Signed: _____ **Date: :** _____