

LETTER OF INSTRUCTION

Introduction. Anyone may be asked at some time to take over the affairs of another individual because of death or illness. This responsibility would be much easier if a Letter of Instruction has been prepared. As estate plans are completed, it is recommended that such a letter be developed. There are no legal requirements (*i.e.*, the letter may take any form, it may be handwritten or typed, and it need not be witnessed or notarized). A Letter of Instruction is not a binding legal document and cannot be a substitute for a properly executed Trust/Will (which is essential to direct the disposition of your property). Rather, a Letter of Instruction is intended to give survivors helpful guidelines to facilitate your wishes. You should adjust this form as needed to reflect your particular situation.

| | |
|--|--|
| Name: _____ | Spouse/Partner: _____ |
| Social Security Number: ____ - ____ - ____ | Social Security Number: ____ - ____ - ____ |
| Date of Birth: __/__/____ | Date of Birth: __/__/____ |
| Place of Birth: _____ | Place of Birth: _____ |
| Employer: _____ | Employer: _____ |

I. FAMILY MEMBERS

A. Children

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

B. Husband's Family

1. Father

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

2. Mother

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

3. Siblings

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |

4. Other

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

C. Wife's Family

1. Father

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

2. Mother

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

3. Siblings

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |

4. Other

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

II. PERSONS LISTED IN YOUR ESTATE PLAN

Include individuals not previously listed above.

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
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| | | | |
| | | | |
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III. PROFESSIONAL SERVICE PROVIDERS

A. Attorney

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

B. Accountant

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

C. Financial Advisor / Stockbroker

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

D. Insurance Agent (Life, Property, Umbrella, Etc.)

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

E. Other

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

IV. ASSETS

A. Real Estate

| Address | Owner(s) | APN | Tenant (if rental) |
|---------|----------|-----|--------------------|
| | | | |
| | | | |

B. Bank Accounts (Checking, Savings, CDs)

| Bank Name | Owner(s) | Account # | Address |
|-----------|----------|-----------|---------|
| | | | |
| | | | |
| | | | |

C. Equities (Stocks, Bonds, U.S. Bonds, Mutual Funds)

| Company | Owner(s) | Account # | Address |
|---------|----------|-----------|---------|
| | | | |
| | | | |
| | | | |

D. Retirement Accounts (IRA, 401k, 403b, 457, Pension)

| Owner Name | Type of Account | Account # | Address |
|------------|-----------------|-----------|---------|
| | | | |
| | | | |
| | | | |

E. Life Insurance

| Company/ Address/Phone | Policy # | Face Value | Insured/Owner/ Beneficiary |
|---------------------------|----------|------------|-------------------------------|
| | | | |
| | | | |

F. Accounts Receivable

| Debtor's Name | Address | Phone | Amount / Terms |
|---------------|---------|-------|----------------|
| | | | |
| | | | |

V. LIABILITIES (Mortgage, Car, Student Loans, Credit Cards, Etc.)

| Company/Person | Address | Phone | Amount / Terms |
|----------------|---------|-------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

VI. LOCATION OF IMPORTANT PAPERS

- A. Estate Plan _____
- B. Social Security Card _____
- C. Insurance Papers _____
- D. Investment Papers _____
- E. Real Property Deed(s) _____
- F. Tax Returns _____
- G. Safe Deposit Box _____
- H. Car Title(s) _____
- I. Other _____
- J. Secret Hiding Locations _____

VII. FUNERAL INSTRUCTIONS

A. Preferred Funeral Director

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |

- B. Prepaid Funeral _____
- C. Location of Burial Plot _____
- D. Disposition of Ashes _____

VIII. PEOPLE WHO RECEIVED COPIES OF THIS DOCUMENT

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |