

The purpose of this document is to aggregate in a convenient place confidential information that will be important to your family in case of your death or serious injury. The document is in Word "Table" format so that the box below each item will automatically expand to accept any length of material. If no information is to be inserted for a category, enter "none". As this document includes confidential information, it should be kept in a safe place with a copy provided to at least one of your immediate heirs. Note, this document does not take the place of a Will, Durable Power of Attorney or Health Care Directive and has no legal effect. It is for convenience only.

### **LETTER OF INSTRUCTION UPON DEATH OR SERIOUS INJURY**

<b>1.</b>	<b>Name, Social Security Number, DOB</b>
<b>2.</b>	<b>Immediate family members (name, address, phone number)</b>
<b>3.</b>	<b>REAL PROPERTY AND SUBSTANTIAL ASSETS (inventory, description, location)</b>
	<b>Real property</b>
	<b>Burial plots</b>
	<b>Substantial tangible assets</b>
	<b>Business interests (key employees, associates)</b>
<b>4.</b>	<b>ADVISERS:</b>
	<b>Name, address, phone number of trust and estates lawyer</b>
	<b>Name, address, phone number of personal or business lawyer</b>
	<b>Name, address, phone number of financial adviser</b>
	<b>Name, address, phone number of accountant</b>
	<b>Name, address, phone number of banker</b>
	<b>Name, address, phone number of life insurance agent</b>
	<b>Name, address, number of health insurance agent</b>
	<b>Name, address, number of property and casualty insurance agent</b>
	<b>Name, address, numbers of primary care physician</b>
	<b>Names, addresses, numbers of other physicians</b>
	<b>Name, address, number of pastor/spiritual adviser</b>

	<b>Name, address, number of employer, chief officer and/or benefits person</b>
<b>5.</b>	<b>LOCATION OF IMPORTANT DOCUMENTS</b>
	<b>Durable Power of Attorney</b>
	<b>Health Care Directive</b>
	<b>Insurance policies (medical, long term care, life, property, liability, auto)</b>
	<b>Birth and marriage certificate(s)</b>
	<b>Pension plan papers</b>
	<b>Securities</b>
	<b>Safe (location, combination), safe deposit box (location, number, key)</b>
	<b>Other papers (identity and location, e.g. passport)</b>
<b>6.</b>	<b>ACCOUNTS (inventory, location, numbers)</b>
	<b>Savings account(s)</b>
	<b>Checking account(s)</b>
	<b>Investment account(s)</b>
	<b>Retirement account(s)</b>
	<b>Educational Savings Plan 529 accounts</b>
	<b>Other accounts</b>
	<b>Life insurance policies</b>
	<b>Property and liability insurance policies</b>
	<b>Medical coverage policies</b>
	<b>Credit card accounts</b>
<b>7.</b>	<b>INSURANCE POLICIES (list with company, policy number and contact information life, property, casualty, medical, long term care, liability, auto policies)</b>
<b>8.</b>	<b>LAST WILL AND TESTAMENT</b>

	<b>Location of original</b>
	<b>Location of copies</b>
	<b>Personal Representative (name, address, phone number)</b>
	<b>Substitute Personal Representative (name, address, phone number)</b>
	<b>Trustee(s) (name, address, phone number)</b>
	<b>Guardian (name, address, phone number)</b>
<b>9.</b>	<b>THINGS TO DO UPON DEATH</b>
	<b>Authorize organ donations (for registration in your state, see donatelifenet)</b>
	<b>Notify: immediate family, relatives and friends (list with name, address, numbers), pastor/spiritual adviser, estate personal representative, trust &amp; estates attorney, family attorney, employer/office, others</b>
	<b>Secure copies of death certificate</b>
	<b>Apply for life insurance, Social Security death benefit, employer/employment benefits, pension plan death benefits</b>
	<b>Cancel any credit cards no longer needed</b>
	<b>Review accounts payable and other outstanding obligations</b>
	<b>Review automatic payment arrangements for continuation or termination</b>
	<b>Autopsy preference (specify)</b>
<b>10.</b>	<b>FUNERAL ARRANGEMENTS AND DESIRES</b>
	<b>Cremation or burial wishes</b>
	<b>List of prepaid funeral expenses</b>
	<b>Funeral or memorial service wishes</b>
	<b>Memorial donations preference</b>
	<b>Personal information desired or to be included or excluded from death</b>

	<b>announcement or obituary</b>
<b>11.</b>	<b>SPECIAL FINANCIAL AND OTHER OBLIGATIONS (list and describe)</b>
<b>12.</b>	<b>COMPUTER, INTERNET AND SMART PHONE PASSWORDS</b>
	<b>Computer unlock password</b>
	<b>Web accounts passwords</b>
<b>13.</b>	<b>Pets (name, age, veterinarian, care upon your death)</b>

Prepared this \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

UPDATED December 6, 2013