

# LETTER OF LAST INSTRUCTION WORKSHEET

## LOCATION OF PERSONAL PAPERS

Cross out the items that do not apply

Birth and Baptismal Certificates	_____
Communion and Confirmation Certificates	_____
Marriage Certificate	_____
Divorce Decree	_____
Will	_____
Living Will/Healthcare Power of Attorney	_____
Military Records	_____
Naturalization papers	_____
Durable Power of Attorney	_____
Living Trust	_____
Inventory of personal property	_____
Inventory of safe deposit box	_____
Adoption papers	_____
Insurance Policies	_____
Vehicle titles and registrations	_____
Loan and mortgage documents	_____
Deeds	_____
Prepaid funeral contracts	_____
Cemetery plot documents	_____
Stock Certificates	_____
Savings Bonds	_____
Other	_____

## WHAT TO DO FIRST

Call relatives, friends, neighbors (name and	_____
phone)	_____
	_____
	_____

\_\_\_\_\_  
\_\_\_\_\_  
Notify my employer (name and phone)

\_\_\_\_\_  
Call my attorney (name and phone)

\_\_\_\_\_  
Make arrangements with funeral home

(See details below)

Request multiple certified copies of the death certificate

Contact Social Security (Number and  
location of card)

Contact insurance companies

(See below)

Notify bank that holds home mortgage

Other

## **CEMETERY AND FUNERAL**

My choice of funeral home

Type of funeral preferred

Other (cremation or other instructions)

Religious preference

Cemetery plot location

Cemetery plot documents location (give to  
funeral director)

## **FACTS FOR THE FUNERAL DIRECTOR**

My full name

Address

Marital status, and spouse info if applicable

Date and place of birth

Father and mother's name

Military service, if applicable

Social Security number

## **FINANCIAL INFORMATION**

### **SAVINGS, CHECKING, AND MONEY MARKET ACCOUNTS AND CERTIFICATE OF DEPOSIT**

Account number and type \_\_\_\_\_

Bank and address \_\_\_\_\_

Name(s) on account and type of ownership \_\_\_\_\_

Location of passbook, checkbook, as  
applicable \_\_\_\_\_

Account number and type \_\_\_\_\_

Bank and address \_\_\_\_\_

Name(s) on account and type of ownership \_\_\_\_\_

Location of passbook, checkbook, as  
applicable \_\_\_\_\_

Account number and type \_\_\_\_\_

Bank and address \_\_\_\_\_

Name(s) on account and type of ownership \_\_\_\_\_

Location of passbook, checkbook, as  
applicable \_\_\_\_\_

Account number and type \_\_\_\_\_

Bank and address \_\_\_\_\_

Name(s) on account and type of ownership \_\_\_\_\_

Location of passbook, checkbook, as  
applicable \_\_\_\_\_

### **INVESTMENT ACCOUNTS**

Account number and type of account \_\_\_\_\_

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Name(s) on account \_\_\_\_\_

Account number and type of account \_\_\_\_\_

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Name(s) on account \_\_\_\_\_

Account number and type of account \_\_\_\_\_

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Name(s) on account \_\_\_\_\_

## **STOCKS**

Company and number of shares \_\_\_\_\_

Name(s) of owners \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Location of certificate(s) \_\_\_\_\_

Company and number of shares \_\_\_\_\_

Name(s) of owners \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Location of certificate(s) \_\_\_\_\_

Company and number of shares \_\_\_\_\_

Name(s) of owners \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Location of certificate(s) \_\_\_\_\_

## **BONDS, NOTES, BILLS**

Issuer \_\_\_\_\_

Owner(s) \_\_\_\_\_

Face amount \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Maturity date \_\_\_\_\_

Location \_\_\_\_\_

Beneficiaries, if any \_\_\_\_\_

Issuer \_\_\_\_\_

Owner(s) \_\_\_\_\_

Face amount \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Maturity date \_\_\_\_\_

Location \_\_\_\_\_

Beneficiaries, if any \_\_\_\_\_

Issuer \_\_\_\_\_

Owner(s) \_\_\_\_\_

Face amount \_\_\_\_\_

Purchase price and date \_\_\_\_\_

Maturity date \_\_\_\_\_

Location \_\_\_\_\_

Beneficiaries, if any \_\_\_\_\_

### **SAFETY DEPOSIT BOX**

Bank and address \_\_\_\_\_

Box number and location of key(s) \_\_\_\_\_

Name(s) owner \_\_\_\_\_

Location of list of contents \_\_\_\_\_

### **CREDIT CARDS**

Company \_\_\_\_\_

Account number \_\_\_\_\_

Name(s) on card \_\_\_\_\_

Phone \_\_\_\_\_

Credit life? \_\_\_\_\_

Company \_\_\_\_\_

Account number \_\_\_\_\_

Name(s) on card	_____
Phone	_____
Credit life?	_____
Company	_____
Account number	_____
Name(s) on card	_____
Phone	_____
Credit life?	_____

## **OUTSTANDING LOANS OTHER THAN MORTGAGE**

Institution holding loan	_____
Address and phone	_____
Name(s) on loan	_____
Account number and type of loan	_____
Location of contract	_____
Collateral, if any	_____
Credit Life on loan?	_____

Institution holding loan	_____
Address and phone	_____
Name(s) on loan	_____
Account number and type of loan	_____
Location of contract	_____
Collateral, if any	_____
Credit Life on loan?	_____

## **INSURANCE POLICIES**

### **LIFE INSURANCE**

Location of policies	_____
Company and address	_____
Agent name and phone	_____

Policy number \_\_\_\_\_  
Name of owner \_\_\_\_\_  
Name of insured \_\_\_\_\_  
Name(s) of beneficiaries \_\_\_\_\_

Company and address \_\_\_\_\_  
Agent name and phone \_\_\_\_\_  
Policy number \_\_\_\_\_  
Name of owner \_\_\_\_\_  
Name of insured \_\_\_\_\_  
Name(s) of beneficiaries \_\_\_\_\_

Company and address \_\_\_\_\_  
Agent name and phone \_\_\_\_\_  
Policy number \_\_\_\_\_  
Name of owner \_\_\_\_\_  
Name of insured \_\_\_\_\_  
Name(s) of beneficiaries \_\_\_\_\_

### **ACCIDENT INSURANCE**

Company and address \_\_\_\_\_  
Agent name and phone \_\_\_\_\_  
Policy number \_\_\_\_\_  
Name of owner \_\_\_\_\_  
Name of insured \_\_\_\_\_  
Name(s) of beneficiaries \_\_\_\_\_

### **AUTOMOBILE INSURANCE**

Company and address \_\_\_\_\_  
Agent name and phone \_\_\_\_\_  
Policy number \_\_\_\_\_  
Name of owner \_\_\_\_\_  
Name of insured \_\_\_\_\_

Name(s) of covered parties \_\_\_\_\_

### **HOMEOWNER'S INSURANCE**

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Policy number \_\_\_\_\_

Name of owner \_\_\_\_\_

Name of insured \_\_\_\_\_

### **MEDICAL INSURANCE**

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Policy number \_\_\_\_\_

Name of owner \_\_\_\_\_

Name of insured \_\_\_\_\_

Name(s) of covered individuals \_\_\_\_\_

### **MORTGAGE INSURANCE**

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Policy number \_\_\_\_\_

Name of owner \_\_\_\_\_

Name of insured \_\_\_\_\_

### **LONG TERM DISABILITY INSURANCE**

Company and address \_\_\_\_\_

Agent name and phone \_\_\_\_\_

Policy number \_\_\_\_\_

Name of owner \_\_\_\_\_

Name of insured \_\_\_\_\_

Name(s) of covered individuals \_\_\_\_\_



## PROPERTIES

Address \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
\_\_\_\_\_  
Location of deed and other papers \_\_\_\_\_  
Outstanding mortgage, loan, or land contract \_\_\_\_\_  
information location \_\_\_\_\_  
Initial purchase price and date \_\_\_\_\_  
Location of improvement receipts and other \_\_\_\_\_  
expenses \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
\_\_\_\_\_  
Location of deed and other papers \_\_\_\_\_  
Outstanding mortgage, loan, or land contract \_\_\_\_\_  
information location \_\_\_\_\_  
Initial purchase price and date \_\_\_\_\_  
Location of improvement receipts and other \_\_\_\_\_  
expenses \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
\_\_\_\_\_  
Location of deed and other papers \_\_\_\_\_  
Outstanding mortgage, loan, or land contract \_\_\_\_\_  
information location \_\_\_\_\_  
Initial purchase price and date \_\_\_\_\_  
Location of improvement receipts and other \_\_\_\_\_  
expenses \_\_\_\_\_

## VEHICLES

Year, make, and model \_\_\_\_\_

Location of title \_\_\_\_\_

Location of keys \_\_\_\_\_

Location of registration \_\_\_\_\_

Name(s) of owner \_\_\_\_\_

Year, make, and model \_\_\_\_\_

Location of title \_\_\_\_\_

Location of keys \_\_\_\_\_

Location of registration \_\_\_\_\_

Name(s) of owner \_\_\_\_\_

Year, make, and model \_\_\_\_\_

Location of title \_\_\_\_\_

Location of keys \_\_\_\_\_

Location of registration \_\_\_\_\_

Name(s) of owner \_\_\_\_\_

## VETERAN INFORMATION

Years served \_\_\_\_\_

Wounded or disabled? \_\_\_\_\_

ID number \_\_\_\_\_

Receiving pension or disability? \_\_\_\_\_

VA Life Insurance Policy \_\_\_\_\_

## INCOME TAX INFORMATION

Location of previous years' returns \_\_\_\_\_

Location of current year's records, receipts, \_\_\_\_\_

etc.

Name and phone of tax preparer \_\_\_\_\_

## PETS

Type, name, breed, color \_\_\_\_\_

Microchip number \_\_\_\_\_

Special needs \_\_\_\_\_

Veterinarian name, address, phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

Type, name, breed, color \_\_\_\_\_

Microchip number \_\_\_\_\_

Special needs \_\_\_\_\_

Veterinarian name, address, phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

Type, name, breed, color \_\_\_\_\_

Microchip number \_\_\_\_\_

Special needs \_\_\_\_\_

Veterinarian name, address, phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

Person(s) who will care for pet, name, address, \_\_\_\_\_  
and phone \_\_\_\_\_

## **DOCTORS/PHYSICIANS**

Name and type \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and type \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and type \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and type \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and type \_\_\_\_\_

Address and phone \_\_\_\_\_

## **RELATIVES AND FRIENDS TO INFORM**

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

Name and relation \_\_\_\_\_

Address and phone \_\_\_\_\_

## **PERSONAL EFFECTS**

People you would like to receive certain items:

**ITEM**

**PERSON**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____