

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

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