LETTER OF INSTRUCTIONS

A letter of instructions is an informal document that benefits both you and your survivors by providing specific, detailed information necessary for making your funeral arrangements and settling your affairs according to your wishes. It should not, however, be regarded as a substitute for your will, but rather as a supplement to your will. Like all estate planning documents, it should be reviewed and updated periodically.

First Things To Do

1. Make arrangements with the funeral home. (See the “Cemetery and Funeral” section, page 2.)
2. Notify the following relatives and acquaintances:
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
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   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________

3. For care of pet(s) call:
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________

4. Call lawyer: ____________________________ Telephone: __________________

5. Notify employer (if applicable).
   - Name: ____________________________ Telephone: __________________

6. Provide the following newspapers with obituary information. (See “Obituary Information,” page 2.)
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________

7. Request at least 10 copies of the death certificate. (Usually, the funeral director will obtain them.)
8. Process insurance policies. (See “Life Insurance” section, page 7.)
9. Contact the Social Security office. (See “Social Security” section, page 8.)
10. Notify the bank that holds the home mortgage. (See the “Home” section, page 10.)
11. Notify the following organizations:
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
   - Name: ____________________________ Telephone: __________________
Cemetery and Funeral

Funeral Home
1. Name of Funeral Home: _______________________________ Telephone: _______________________
2. Address: ____________________________________________________________________________
3. Prearrangements have been made:  ❑ Yes  ❑ No
   If yes, documentation is located: ________________________________________________________

Information for the Funeral Director
This list should be brought to the funeral home, along with the cemetery deed, if possible.
1. Full name: __________________________________________________________________________
2. Residence: ________________________________________________ Since: ____________________
3. Marital status: _______________________________ Spouse’s name: __________________________
4. Date of birth: _______________________________ Birthplace: _____________________________
5. Father’s name: _______________________________ Birthplace: _____________________________
6. Mother’s maiden name: ________________________ Birthplace: _____________________________
7. Length of residence in state: ____________________ In United States: _______________________
8. Military record: _______________________________________________________________________
9. Social Security number: ________________________
10. Life insurance:
    (Bring policy if proceeds will be used for funeral expenses. See “Life Insurance” section, page 7.)
    Insurer: ____________________________________
    Policy Number: ______________________________

Cemetery Plot
1. Location: _________________________________________
2. Date purchased: ____________________________________
3. Deed number: _____________________________________
4. Location of deed: __________________________________
5. Other information (e.g., perpetual care, headstone):
   ____________________________________________________________________________________

Obituary Information
1. School(s): ________________________________ Dates: _______ Degree(s): __________
    ___________________________________________ __________ __________
2. Employment: _________________________________________________________________
3. Length of time at current residence: ______________________________________________
4. Special honors/awards: ___________________________________________________________
5. Community activities: _____________________________________________________________
6. Professional memberships: _________________________________________________________
7. Other memberships: __________________________________________________________________
8. Volunteer activities: __________________________________________________________________
9. Other information: ___________________________________________________________________
Funeral Preferences

1. The following service(s):
   - Funeral (before disposition) Church: ________________________________________________
   - Memorial (after disposition) Place: ______________________________________________
   - Graveside Cemetery: ____________________________________________
   - Mortuary Name: _______________________________________________
   - Other: _________________________________________________________________________

2. Service preferences:
   - Eulogy: □ Yes □ No
   - Omit flowers: □ Yes □ No
   - Readings: __________________________________________________________________________
   - Music: ______________________________________________________________________________
   - Other Preferences: _____________________________________________________________________

3. Simple arrangements:
   - No embalming
   - No public viewing
   - The least expensive burial or cremation container
   - Immediate disposition

4. Remains should be:
   - Interred Cemetery: _____________________________________________________________
   - Cremated and the ashes
     - Scattered Place: _______________________________________________________________
     - Buried Place: _________________________________________________________________
   - Donated: Arrangements made on ____________ with ________________________________
   - Documentation located: __________________________________________________________
   - Disposed of as follows: ___________________________________________________________

5. Memorial gift to: ______________________________________________________________________

6. Autopsy if doctor or family requests: □ Yes □ No

7. Donate these organs: _________________________________________________________________
   Location of organ donor card: _________________________________________________________

Special Wishes

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
**Checking Account(s)**
Attach a separate summary if needed.

1. Bank name and address: ___________________________________________________
   Name(s) on account: ______________________________________________________
   Account number: _________________________________________________________
   Type of account: _________________________________________________________
   Location of passbook (or certificate receipt): ________________________________
   Special instructions: ______________________________________________________

2. Bank name and address: __________________________________________________
   Name(s) on account: ______________________________________________________
   Account number: _________________________________________________________
   Type of account: _________________________________________________________
   Location of passbook (or certificate receipt): ________________________________
   Special instructions: ______________________________________________________

**Savings Account(s)**

1. Bank name and address: __________________________________________________
   Name(s) on account: ______________________________________________________
   Account number: _________________________________________________________
   Location of passbook (or certificate receipt): ________________________________
   Special instructions: ______________________________________________________

2. Bank name and address: __________________________________________________
   Name(s) on account: ______________________________________________________
   Account number: _________________________________________________________
   Location of passbook (or certificate receipt): ________________________________
   Special instructions: ______________________________________________________

**Loans Outstanding**
Provide the following information for each loan other than mortgages:

1. Bank name and address: __________________________________________________
2. Name on loan: __________________________________________________________
4. Monthly payment: ______________________________________________________
5. Account number: _______________________________________________________
6. Location of papers and payment book (if any): ______________________________
7. Collateral (if any): _____________________________________________________
8. Is there life insurance on the loan: ☐ Yes ☐ No

**Debts Owed to the Estate**

1. Debtor: _______________________________________________________________
2. Description: _________________________________________________________
3. Terms: ______________________________________________________________
4. Balance: $ __________________________________________________________
5. Location of documents: _______________________________________________
6. Comments on loan status/discharge: ________________________________
Credit Cards

**Bank Credit Cards**
All credit cards in the deceased's name should be canceled or converted to the survivor's name. Provide the following information for each card.

1. **Bank**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

2. **Bank**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

**Store Credit Cards**

1. **Store**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

2. **Store**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

3. **Store**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

**Other Credit Cards**

1. **Card name**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________

2. **Card name**: ________________________________ **Telephone**: ________________________________
   **Address**: ________________________________________________________________
   **Name on card**: __________________________________________________________
   **Account number**: __________________________________________________________
   **Location of card**: __________________________________________________________
Investments

Provide the following information. (If necessary, attach a separate sheet.)

**Stocks**

1. Company: ______________________________
   Name on certificate(s): ______________________
   Number of shares: _______________________
   Certificate number(s): ______________________
   Purchase price and date: ___________________
   Location of certificates: ___________________

2. Company: ______________________________
   Name on certificate(s): ______________________
   Number of shares: _______________________
   Certificate number(s): ______________________
   Purchase price and date: ___________________
   Location of certificates: ___________________

3. Company: ______________________________
   Name on certificate(s): ______________________
   Number of shares: _______________________
   Certificate number(s): ______________________
   Purchase price and date: ___________________
   Location of certificates: ___________________

4. Company: ______________________________
   Name on certificate(s): ______________________
   Number of shares: _______________________
   Certificate number(s): ______________________
   Purchase price and date: ___________________
   Location of certificates: ___________________

**Bonds, CDs, and Other Interest-Earning Securities**

1. Issuer: _______________________________
   Issued to: _______________________________
   Face amount: $___________________________
   Bond number: ___________________________
   Purchase price and date: ___________________
   Maturity date: ___________________________
   Location of certificate: ___________________

2. Issuer: _______________________________
   Issued to: _______________________________
   Face amount: $___________________________
   Bond number: ___________________________
   Purchase price and date: ___________________
   Maturity date: ___________________________
   Location of certificate: ___________________

**Mutual Funds**

1. Company: _______________________________
   Name on account: _________________________
   Account number: __________________________
   Number of shares or units: __________________
   Location of statements, certificates: __________

2. Company: _______________________________
   Name on account: _________________________
   Account number: __________________________
   Number of shares or units: __________________
   Location of statements, certificates: __________

3. Company: _______________________________
   Name on account: _________________________
   Account number: __________________________
   Number of shares or units: __________________
   Location of statements, certificates: __________

4. Company: _______________________________
   Name on account: _________________________
   Account number: __________________________
   Number of shares or units: __________________
   Location of statements, certificates: __________

**Other Investments**

For each investment, list the amount invested, to whom it is issued, the maturity date, and other applicable data, and the location of certificates and other vital papers.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Expected Death Benefits

1. From employer (if applicable):
   Person to contact: ___________________________ Telephone: ______________
   ♦ Life insurance: $ __________
   ♦ Profit sharing: $ __________
   ♦ Pension plan: $ __________
   ♦ Accident insurance $ __________
   ♦ Other benefits: __________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Documentation located: ______________________________________________________

2. From insurance companies (total amount): $_________
3. From Social Security (lump sum plus monthly benefits): $_________
4. From the Veterans Administration (amount): $_________
5. From other sources: __________________________________________________________
   ______________________________________________________________________

Insurance

Life Insurance

To collect benefits, a copy of the death certificate must be sent to each insurance company. Provide the following information for each policy.

1. Policy Number: __________________________
   Amount: $____________________________
   Location of policy: __________________________
   Whose life is insured: ______________________
   Insurer’s name and address: _______________________
   Kind of policy: ___________________________
   Beneficiaries: _____________________________
   ______________________________________________________________________
   Issue date: ______________________________
   How paid out: ___________________________
   Other options on payout: ___________________
   Other special facts: _________________________

2. Policy Number: __________________________
   Amount: $____________________________
   Location of policy: __________________________
   Whose life is insured: ______________________
   Insurer’s name and address: _______________________
   Kind of policy: ___________________________
   Beneficiaries: _____________________________
   ______________________________________________________________________
   Issue date: ______________________________
   How paid out: ___________________________
   Other options on payout: ___________________
   Other special facts: _________________________

3. For $ ___________________ in veteran’s insurance, call the local Veterans Administration office.
   Telephone: _______________________________
**Homeowner's/Renter's**
1. Coverage: ______________________________________________________
2. Insurer's name and address: ________________________________________
3. Policy number: ____________________________________________________
4. Location of policy: ________________________________________________
5. Term (when to renew): _____________________________________________
6. Agent: ______________________________ Telephone: _________________

**Automobile**
1. Coverage: ______________________________________________________
2. Insurer's name and address: ________________________________________
3. Policy number: ____________________________________________________
4. Location of policy: ________________________________________________
5. Term (when to renew): _____________________________________________
6. Agent: ______________________________ Telephone: _________________

**Medical**
1. Coverage: ______________________________________________________
2. Insurer's name and address: ________________________________________
3. Policy number: ____________________________________________________
4. Location of policy: ________________________________________________
5. Through employer or other group: _________________________________
6. Agent: ______________________________ Telephone: _________________

**Other Insurance** (e.g., Personal or Professional Liability)
1. Insurer's name and address: ________________________________________
2. Policy number: ____________________________________________________
3. Beneficiary: ______________________________________________________
4. Coverage: ______________________________________________________
5. Location of policy: ________________________________________________
6. Agent : ______________________________ Telephone: ________________

**Social Security**
1. Name: _____________________________________________________________________
2. Social Security Number: __________________________________________________________
3. Location of Social Security card: ________________________________________________
4. File a claim immediately to avoid possibility of losing any benefit checks. Call the Social Security Administration (SSA) office for an appointment and follow SSA's instructions as to what to bring. SSA telephone: _________________________________________________________________
5. Expect a lump sum of about $ ____________, plus continuing benefits for children under age 18, or for full-time students until age 22. A spouse may receive benefits until children reach age 18, between ages 50 and 60 if disabled, or if over age 60.


**Location of Personal Papers**

1. Last will and testament: ___________________________________________________________
   
   Prepared by (attorney or firm): ___________________________ Telephone: _________________

2. Birth certificate:_______________________________________________________________

3. Communion, confirmation certificates: _____________________________________________

4. School diplomas: __________________________________________________________________

5. Marriage certificates: _____________________________________________________________

6. Military records: ________________________________________________________________

7. Naturalization papers: ____________________________________________________________

8. Other (e.g., adoption, divorce): ___________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________


**Safe-Deposit Box**

1. Bank name and address: __________________________________________________________

2. In whose name: _________________________________________________________________

3. Location of key: ________________________________________________________________

4. Box number: ___________________________________________________________________

5. List of contents (if extensive, attach separate inventory): _____________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________


**Post Office Box**

1. Address: _______________________________________________________________________

2. Owner(s): ______________________________________________________________________

3. Box number: ___________________________________________________________________

4. Location of key or combination: ____________________________________________________


**Income Tax Returns**

1. Location of all previous returns (federal, state, local): ________________________________

2. Tax preparer’s name: ___________________________ Telephone: _________________

3. Location of estimated tax files (check to see if any estimated quarterly taxes are due): _______

______________________________________________________________________________


**Doctor’s Names and Addresses:**

1. Doctor’s name(s): ___________________________ Telephone: ___________________________

2. Dentist’s name: ___________________________ Telephone: ___________________________


*Note: In the event of death of a safe-deposit box owner, state law may require the bank to seal the deceased’s box as soon as notified of the death, even if the box is jointly owned.*
House, Condominium, or Co-op

Ownership Information
1. Form of ownership: ______________________________________________________________
2. In whose name: _________________________________________________________________
3. Address: _____________________________________________________________________
4. Lot: _______________ Block: _____________ On map called: _________________________
5. Lawyer at closing: __________________ Telephone: ______________________________
6. Location of statement of closing, policy of title insurance, deed, land survey, and the like:

7. Mortgage
   a. Held by: _________________________________________________________________
   b. Amount of original mortgage: $___________________________________________
   c. Date taken out: __________________________________________________________
   d. Amount owned now: $____________________________________________________
   e. Method of payment: ______________________________________________________
   f. Location of book, if any (or payment statements): _____________________________
   
   g. Is there life insurance on mortgage: □ Yes □ No
      If yes, policy number: _____________________________________________________
      Location of policy: _________________________________________________________
      Annual amount: $__________________________________________________________

8. House taxes:
   a. Amount: $_______________________________________________________________
   b. Location of receipts: ______________________________________________________

9. Cost of house: $____________________________________________________________
   a. Initial buying price: $_____________________________________________________
   b. Purchase closing fee: $____________________________________________________
   c. Other costs (e.g. real estate agent, local taxes): ______________________________
      ________________________________________________________________________

10. If renting, is there a lease? □ Yes □ No
    a. Lease location: __________________________________________________________
    b. Expiration date: _________________________________________________________

Home Improvements
Total amount: $_______________________
Provide the following information for each improvement:

a. Improvement: ______________________
   Cost: $____________________________
   Date: ______________________________
   Location of bills/receipts: ____________

b. Improvement: ______________________
   Cost: $____________________________
   Date: ______________________________
   Location of bills/receipts: ____________

c. Improvement: ______________________
   Cost: $____________________________
   Date: ______________________________
   Location of bills/receipts: ____________

d. Improvement: ______________________
   Cost: $____________________________
   Date: ______________________________
   Location of bills/receipts: ____________

1Contact the local tax assessor for documentation needed or for more information.
Utilities

Gas Company: ______________________ Account #: ___________ Telephone: ________________
Electric Company: ___________________ Account #: ___________ Telephone: ________________
Telephone Company: _________________ Account #: ___________ Telephone: ________________
Cable Company: ____________________ Account #: ___________ Telephone: ________________
Internet Provider: ___________________ Account #: ___________ Telephone: ________________

Periodicals

Newspapers

__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________

Magazines

__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________

Other Accounts to Cancel

__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________
__________________________________ Account #: ___________ Telephone: _________________

Household Contents

Location of inventory: _____________________________________________________________
Location of appraisals: _____________________________________________________________

Important Warranties and Receipts

Item: ____________________________________ Location: ________________________________
Item: ____________________________________ Location: ________________________________
Item: ____________________________________ Location: ________________________________
Item: ____________________________________ Location: ________________________________
Item: ____________________________________ Location: ________________________________

Automobiles

Provide the following information for each car:
1. Year, make, and model: __________________________________________________________
2. Body type: ____________________________________________________________________
3. Cylinders: ____________________________________________________________________
4. Color: ________________________________________________________________________
5. Identification number: __________________________________________________________
6. Title in name(s) of: _____________________________________________________________
   (Title to automobiles held in the deceased’s name must be changed.)
7. Location of papers (e.g., title, registration): ________________________________________
# Mementos and Personal Effects

The following mementos and personal effects should be given to the persons(s) named below:

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**Notes**

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|      |        |

**Date:** __________________________

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