

FINAL LETTER OF INSTRUCTION



A letter of instruction (also called a testamentary letter or side letter) is an informal, non-legal document that generally accompanies your will and is used to express your personal thoughts and directions regarding what is in the will (or about other things, such as your burial wishes or where to locate other documents). This can be the most helpful document you leave for your family members and your executor/executrix

Unlike your will, a letter of instruction remains private. Therefore, it is an opportunity to say the things you would rather not make public.

A letter of instruction is not a substitute for a will. Any directions you include in the letter are only suggestions and are not binding. The people to whom you address the letter may follow or disregard any instructions.

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IMPORTANT PERSON NOTIFICATION

Notify the following immediately of my death:

| Name | Phone | Email | Address |
|---|--------------|--------------|----------------|
| Family? | | | |
| Friends? | | | |
| Professional? | | | |
| Funeral Home? | | | |
| Church or minister? | | | |
| Financial Advisor? | | | |
| Estate Attorney? | | | |
| Accountant? | | | |
| Life Insurance Agent? | | | |
| Employee Benefits contact? | | | |
| If active duty or retired military, survivor assistance office | | | |
| Social Security local office (if receiving benefits) | | | |
| Organizations (civic, social, professional, alumni, athletic) | | | |

IMPORTANT DOCUMENTS

| Item | Location (physical or digital) |
|--|--------------------------------|
| Durable Power of Attorney (DPOA) | |
| HIPAA Authorization | |
| Medical Power of Attorney (MPOA) | |
| Declaration of Guardian | |
| Do Not Resuscitate (DNR) order (if applicable) | |
| Directive to Physicians (Living Will) | |
| Organ Donor Authorization | |
| Body Disposition Authorization Affidavit and/or Appointment of Agent to Control Disposition of Remains (if applicable) | |
| Will and/or Trusts | |
| Transfer on Death Deed | |
| Estate Plan Cover Letter | |
| Ethical Will / Legacy Letters | |
| Letter to Executor / Trustee | |

| Item | Location (physical or digital) |
|--|--------------------------------|
| Birth Certificate (certified copy) | |
| Marriage Certificate / License | |
| Military Papers (DD 214, Discharge Certificate, etc.) | |
| Tax Returns (last three years) | |
| Deeds / Titles / Closing Papers / Mortgages / Capital Improvements to Home | |
| Annuities | |
| Insurance Policies - Life | |
| Insurance Policies – Property & Casualty | |
| Insurance Policies - Liability | |
| Insurance Policies - Health | |
| Current Year Tax Paperwork | |
| Suspense File | |
| Calendar | |
| Contacts List / Database | |

ACCOUNT / LOGIN INFORMATION

| Account Name | Website | Login | Password | Security Questions/PINS |
|--|---------|-------|----------|-------------------------|
| Banks? | | | | |
| Insurance (Health, P&C, LTC, Disability, Life) | | | | |
| Credit Cards? | | | | |
| Loans? (Auto/Other?) | | | | |
| Mutual Fund / Brokerage? | | | | |
| Document storage? | | | | |
| Bills: Electric/Gas? | | | | |
| Bills: Water/Town? | | | | |
| Bills: Phones? | | | | |
| Bills: Cable/Internet? | | | | |
| Bills: Rent? | | | | |
| Bills: Home Owners Association? | | | | |
| Bills: Home/Yard Services? | | | | |
| Bills: Other? | | | | |

RECURRING BILLS PROCESSING

- How are bills handled when received (Received by mail, email, portal? Auto-paid (from account)? _____

- Are property taxes escrowed? _____ If not, when are they normally paid? _____

YOUR REMAINING DIGITAL ESTATE

Start by creating an inventory of your digital estate beyond what's included above for legal information and financial account access. This can include computers, external hard-drives, mobile phones, digital readers, music memberships, email, photo sharing accounts, shopping accounts, gaming accounts, social media accounts, domain names, ancestry accounts, websites and other intellectual property.

Consider naming a **Digital Executor**. Help your Digital Executor understand all of your digital assets, how to access them, and instructions for their disposition.

| Digital Asset | How to Access | Your Desired Disposition? |
|---------------|---------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DISPOSITION OF PERSONAL EFFECTS

(not cited in will or transferred by contract)

| Item (Jewelry, Mementos, Collections, etc.) | To Whom | History / Importance of Item |
|---|---------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

BUSINESS AFFAIRS

What, if anything, does your family need to do to tie up your business affairs (especially important if you are self-employed)? Items to consider for the self-employed:

- How to handle unbilled work.
- How to handle existing accounts receivable.
- How should in-process client work be handled? Should it be transferred to someone else?
- Location of company files and what to do with them. Notification of clients/customers.
- Name and phone number of accountant _____

| Who to Notify? | Name and Phone Number or Location of List |
|----------------|---|
| | |
| | |
| | |
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| | |
| | |

FUNERAL WISHES

I ____ have / ____ have not pre-arranged and/or pre-paid for my funeral at the following funeral home, where I'd prefer my remains to be handled:

Name of Funeral Home: _____

Address: _____

Contact person: _____

Phone number: _____

Disposition of physical remains:

____ I want my physical remains to be buried (if cremation is preferred, see below).

- If a cemetery plot **has** been purchased:
 - The deed for the plot can be found _____

 - The contact person for the cemetery is: _____
_____, Telephone# _____
 - I purchased the plot from: _____ on _____
_____ (date).

- A cemetery plot **has not** been purchased.
 - Please purchase a plot for me in _____ Cemetery in _____
_____ (city, state).
 - Or, please contact the military survivor assistance officer to arrange for a plot for me in _____
_____ Cemetery, located at _____
_____.

- I want a _____ (metal/wood/name of style, if known) casket. *Note: caskets can be purchased at a significant savings by buying from a distributor rather than buying from the funeral home.*

- I want to be buried in this clothing _____

• I want the following items buried with my remains: _____

• I want a headstone (describe or provide photo of type): _____
_____ (service members and honorably
discharged veterans can receive a Veterans Administration headstone free of charge).

• I would like the following to serve as pallbearers if they are able (list up to eight, including name, telephone
number, email address):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

___ I want my physical remains to be cremated

___ before any service

___ after a memorial service

Desired disposition of ashes:

- Spread at _____ (location)
- Kept by _____ (name)
- Interred at _____ (location)

VIEWING/SERVICE WISHES

I ___ do / ___ do not want a viewing time for family and friends with an ___ open / ___ closed casket.

Type of service desired (check all that apply):

___ Funeral home

___ Church: _____ (name of church)

___ Graveside

___ Military (funeral director will need a copy of DD Form 214 - keep with this letter)

___ Masons – contact name and phone number: _____

___ None

- I would like _____ (name) to preside at my service(s) if he/she is reasonably available. If not, then please ask _____ (name) or someone else of your choosing.
- Please ask that in lieu of flowers contributions be made to: _____ (name, address, and contact information for charity).
- Please incorporate the following into the service:
- Bible readings/Excerpts from Literary Works/Songs/Hymns:

- If military,
 - Taps: ___ Yes / ___ No
 - Flag presented to _____ (family member) at end of service.

INFORMATION FOR FUNERAL DIRECTOR

| | |
|---|--|
| Full Name | |
| Residence Address | |
| Marital Status | |
| Spouse's Name | |
| Date of Birth | |
| Birthplace | |
| Social Security Number | |
| Occupation | |
| Father's Name and Birthplace | |
| Mother's Name and Birthplace | |
| Length of Residence in State | |
| Military Service Dates | |
| Number of Copy of Death Certificates Desired | ____ Need a copy for insurance policies, all assets that require title transfers, VA, some account closings/transfers. |

OBITUARY WISHES

Please provide the obituary shown below to the following newspapers:

| Newspaper | Phone Number |
|-----------|--------------|
| | |
| | |
| | |

Obituary – either write your own (space provided below) or provide bullet points which the newspaper can turn into an obituary. Important items to include:

- Full name: _____
- Parents' names: _____
- Date of birth: _____
- Circumstances of death - to be provided by survivor after death
- Career information: _____

- Community activities: _____

- Dates of military service along with rank achieved: _____

- Special honors/awards received – military, civic, education: _____

- Favorite quote(s)/tag lines: _____

- Survived by (and relationship) along with town/city where they live – parents, spouse, children (and in-law), grandchildren: _____

- Donation in lieu of flowers to _____
- Include information on viewing and funeral - to be provided by survivor after death
- Any other information deemed appropriate:

Text of obituary: _____

