

## Letter of Instruction and Emergency

A Letter of Instruction and Emergency is not intended to be a substitute for a will. It's an informal way to effectively communicate your final wishes to your family.

**Full Name:**

**Address:**

**Last Updated:**

### ***Checklist***

☐ Notify the following people (relatives, close friends, church/pastor, etc.)

Name	Telephone

☐ Make funeral arrangements.

☐ Contact Employer

Business Name:

Address:

Telephone:

- ☐ Call the following people for care of pet(s). If spouse is not living, who will take care of your pets?

Name	Telephone

- ☐ Contact Lawyer

Name:

Address:

Telephone:

- ☐ Request Death Certificates (at least 10 copies) The funeral home normally requests these for you.
- ☐ Process Insurance Policies
- ☐ Contact the Social Security Office
- ☐ Notify mortgage and other lenders
- ☐ Notify Utilities

## ***Burial and Funeral***

### **Funeral Home**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Have arrangements already been made? Y / N

If yes, where is the documentation located? \_\_\_\_\_

### **Funeral Details**

Bring this list along with the cemetery deed to the funeral home.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Since: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Military record: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Life insurance:

Bring policy if proceeds will be used for funeral expenses.

Insurer:

Policy Number:

Cemetery Plot

Location:

Purchase Date:

Deed Number:

Location of Deed:

## Obituary Information

Things to Mention: (Family, School(s), Degrees, Employment, Honors and Awards, Community Activities, Professional Accomplishments, Volunteer activities)

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## ***Funeral Preferences***

The following service(s):

Viewing? Y/N

Funeral? Y/N

Church: \_\_\_\_\_

Memorial? Y/N

Place: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Mausoleum: \_\_\_\_\_

Mortuary: \_\_\_\_\_

Other: \_\_\_\_\_

Service preferences:

Eulogy? Y/N

Readings: \_\_\_\_\_

Music: \_\_\_\_\_

Other: \_\_\_\_\_

Special Wishes:

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## ***Banks***

<b>Name</b>	<b>Telephone</b>	<b>Address</b>	<b>Name(s) on Account</b>	<b>Account #</b>	<b>Checking or Savings?</b>

## ***Loans (outstanding)***

<b>Name of Bank</b>	<b>Telephone</b>	<b>Address</b>	<b>Name on Loan</b>	<b>Monthly Payment</b>	<b>Account #</b>	<b>Life Ins. On Loan?</b>

## ***Credit Cards***

<b>Card Type (ex. Visa)</b>	<b>Telephone</b>	<b>Address</b>	<b>Name on Card</b>	<b>Account #</b>	<b>Location of Card</b>

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## ***Investments***

### **Stocks**

<b>Company</b>	<b>Name on Certificate(s)</b>	<b>Number of Shares</b>	<b>Certificate Numbers</b>	<b>Date of Purchase</b>	<b>Location of Certificates</b>

### **Mutual Funds**

<b>Company</b>	<b>Name on Account</b>	<b>Account #</b>	<b># of Shares/Units</b>	<b>Location</b>

**Interest-Bearing Securities (ex: Bonds, CDs, etc.)**

<b>Issuer</b>	<b>Issued To</b>	<b>Value</b>	<b>Bond #</b>	<b>Purchase Price &amp; Date</b>	<b>Maturity Date</b>	<b>Location</b>

**Other**

List pertinent information (amount, person issued to, company name, etc) for any other investments not listed above.

## ***Insurance***

### **Life Insurance**

For each policy, a copy of the Death Certificate must be sent to the company.

<b>Policy #</b>	<b>Insured Name</b>	<b>Amount</b>	<b>Insurance Company Name and Address</b>	<b>Beneficiaries</b>	<b>Issue Date</b>	<b>Location of Policy</b>

### **Other**

<b>Type (Auto, Home, Medical, etc)</b>	<b>Insurance Company Name and Address</b>	<b>Policy #</b>	<b>When to Renew</b>	<b>Agent</b>	<b>Telephone</b>	<b>Location of Policy</b>



## ***Death Benefits***

- **From Employer**

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

Employee Stock Plan: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Accidental Insurance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Where are the documents for your benefits located?

\_\_\_\_\_

- **From Life Insurance:** \$ \_\_\_\_\_

- **From Social Security:** \$ \_\_\_\_\_

- **From Other:** \$ \_\_\_\_\_

## ***Estate Planning***

Location of personal documents.

<b>Document</b>	<b>Location</b>
Last Will and Testament	Lawyer: Telephone:
Birth Certificate	
Diploma	
Marriage Certificate	
Military Records	
Naturalization Records	
Other	
Other	
Other	

### ***Real Estate***

List any real estate that you own including your primary residence.

<b>Address</b>	<b>Mortgage Co.</b>	<b>Amount Owed</b>	<b>Location of Documents (Deed, Closing Papers, etc.)</b>	<b>Insurance Information</b>

### ***Medical***

<b>Doctor</b>	<b>Telephone</b>	<b>Address</b>	<b>Type</b>

### ***Utilities***

<b>Company (Electric, Cable, etc.)</b>	<b>Account #</b>	<b>Telephone</b>

### ***Subscriptions***

<b>Company (Newspaper, Magazine, etc.)</b>	<b>Account #</b>	<b>Telephone</b>

**Warranties and Receipts**

Item	Receipt Location

**Vehicles**

Year	Make	Model	VIN	Location of Title

**Important/Valuable Items**

List the item and who it should go to.

Item	Person


***Pet Information***

<b>Pet Name</b>	<b>Breed, Male/Female, Date of Birth, etc.</b>

Veterinarian information and location of records:

Name:

Address:

Telephone: