

LAST INSTRUCTIONS

This form will help the executor of your estate with all of the details not covered in your will. It is important that nothing you include in this form contradicts, or overlaps with, the requests you've indicated in your will. Once this form is complete keep a copy for your records, and give a copy to your executor.

Date this document was last updated: _____

LOCATING IMPORTANT INFORMATION AND DOCUMENTS

This section will help your executor find all the documents necessary to carry out the wishes you've indicated in your will. Be sure to include any special instructions for accessing the document (e.g. If you have a locked file cabinet at home, include the location of its key).

Will: _____

Safety deposit box and key (Does anyone else have access?): _____

Tax returns (State & Federal): _____

Bills and records of payment: _____

Other secured storage locations (key and/or combination; does anyone else have access?): _____

Stocks, bonds, and other securities: _____

Social Security Card: _____

Electronic Data (location and instructions for computer programs (financial software) and files where information is stored. Include passwords for any secure programs): _____

Titles & papers (car, house, real property, etc): _____

Other Homeowner Records (deed & mortgage papers; information on taxes, liens, leases, etc.): _____

Personal Papers (birth, baptismal, communion confirmation and marriage certificates; diplomas; military papers (esp. discharge); naturalization papers; divorce paper and any other notable documents): _____

Points of Contact (Clergymen & house of worship, attorney, accountant, banker, insurance agent, doctor): _____

INSURANCE, SURVIVOR BENEFITS, AND INVESTMENTS

Listing all insurance, survivor benefits, and investments ensures that your estate is able to claim all benefits it is properly entitled. For each policy or program you participate in provide the company name and the other requested information below – for investment accounts include **only** the last four digits of your account number for security purposes.

Life Insurance: _____

Acct# _____ Coverage: \$ _____

Health Insurance: _____

Acct# _____ Coverage: \$ _____

Auto Insurance: _____

Acct# _____ Coverage: \$ _____

Long-term care: _____

Acct# _____ Coverage: \$ _____

Disability Insurance: _____

Acct# _____ Coverage: \$ _____

Credit Card Insurance: _____

Acct# _____ Coverage: \$ _____

Home Owners or Renter's Insurance: _____

Acct# _____ Coverage: \$ _____

Other Casualty Insurance: _____

Acct# _____ Coverage: \$ _____

Pension: _____

Acct# _____ Coverage: \$ _____

Profit sharing plans: _____

Acct# _____ Amount: \$ _____

Individual Retirement Account (IRA): _____

Last 4 of Acct# _____ Amount: \$ _____

Individual Retirement Account (IRA): _____

Last 4 of Acct# _____ Amount: \$ _____

Mutual Funds: _____

Last 4 of Acct# _____ Amount: \$ _____

Thrift Savings Plan: _____

Last 4 of Acct# _____ Amount: \$ _____

Are you retired military? If yes,

Where is the nearest Veterans Affairs office?

Do you participate in the Survivors' Benefit Plan for military retired pay? YES / NO

Other survivor benefits (some private organizations offer survivor benefits e.g. rotary, elks, etc. if you participate in one of those programs describe it here): _____

Have you taken out any loans against a policy and not yet repaid it? If yes, include a description here: _____

CURRENT ACCOUNTS

The executor will be responsible for closing or transferring the accounts that you hold. In order for them to easily locate and access the accounts include the name of the company where the account is held, and the other information requested below. To ensure that your accounts are not compromised include **only** the last 4 digits of the account number,

Banking:

Credit card(s)

(1) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

(2) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

Checking account(s)

(1) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

(2) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

Savings account(s)

(1) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

(2) Name(s) on Acct.: _____

Bank: _____

Last 4 digits of Acct# _____

Services:

Cable Company: _____

Name(s) on Acct: _____

Last 4 digits of Acct# _____

Internet Company: _____

Name(s) on Acct: _____

Last 4 digits of Acct# _____

Phone Company: _____

Name(s) on Acct: _____

Last 4 digits of Acct# _____

Electric Company: _____

Name(s) on Acct: _____

Last 4 digits of Acct# _____

Water Company: _____

Name(s) on Acct.: _____

Last 4 digits of Acct# _____

Cell Phone Company: _____

Name(s) on Acct.: _____

Last 4 digits of Acct# _____

Post Office Box(es) Location: _____

Name(s) on Acct.: _____

Last 4 digits of Acct# _____

SPECIAL FUNERAL INSTRUCTIONS

In this section, indicate whether you have any special requests or funeral instructions. If you have already made any reservations please indicate that as well. Some of the instructions for funeral preparations may be included in your Will, be careful to not contradict those here.

Preferred funeral home: _____

Plot location (if you're a veteran you may wish to be buried in a national cemetery): _____

Type of service (Funeral or memorial; open or closed casket): _____

Location of service: _____
