



# LETTER OF LAST INSTRUCTION

Member  
**FDIC**



# WHY YOU NEED A LETTER OF LAST INSTRUCTION & HOW TO WRITE ONE.

**In our business, we often help clients prepare for what happens after they're gone.** We set up estate plans and consult with their attorneys on wills and the legal side of distributing their assets. Despite all that work, families can still be left with difficult problems after a loved one dies. A detail missed or vital account that can't be accessed complicates their path forward during a sad and difficult time.

We often encourage our clients to complete a letter of last instruction as an essential part of their estate plans. It's not a replacement for a will, and in fact it's not even a legal document. But it can be incorporated into the necessary legal documents as a guide and the key to making sure everything is accounted for and accessible to the family members left behind. Written correctly, it can augment your will to make the probate process quicker and much clearer.

Writing one isn't easy or quick. It's a long process that should be tackled in stages over the course of a few weeks or months.

It should include as much detail as possible and be kept alongside your will and other documents.

It should include:

- Your final instructions
- All financial information
- Personal details
- How to access everything

Once completed, copies of your letter should be given to your attorney, executor and spouse, and another should be kept in your safe or safe deposit box. You can keep paper copies as needed and a digital copy in a safe and secure location, like an encrypted cloud storage service or a thumb drive locked away in a safe.

If you're married or have a life partner, this is a good exercise to do together. You can also bring in your attorney, accountant and financial advisor for guidance.

Explore this packet to get started, and please feel free to reach out with any questions or concerns.

# LETTER OF LAST INSTRUCTION CHECKLIST

## 1. Incoming Money

### From my employer

Name of Employer \_\_\_\_\_  
Person to Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Profit Sharing \_\_\_\_\_  
Accident Insurance \_\_\_\_\_  
Pension Plan \_\_\_\_\_  
Thrift Saving Plan \_\_\_\_\_  
Unused Annual & Sick Leave \_\_\_\_\_  
Other Employee Benefits \_\_\_\_\_

### From insurance companies

Name of Company \_\_\_\_\_  
Person to Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Total Amount \_\_\_\_\_

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Person to Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Total Amount \_\_\_\_\_

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Person to Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Total Amount \_\_\_\_\_

### From social security (1-800-772-1213)

Lump Sum (if eligible) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Monthly Benefit \_\_\_\_\_

### From Veterans' Administration ( you must contact VA to receive benefits)

Lump Sum (if eligible) \_\_\_\_\_  
Monthly Benefit \_\_\_\_\_

### From other sources

\_\_\_\_\_  
\_\_\_\_\_

## 2. Bank Accounts

Fill in the following information for each account owned

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Type of Ownership \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location of Checks and Statements \_\_\_\_\_  
Any Special Instructions \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Type of Ownership \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location of Checks and Statements \_\_\_\_\_  
Any Special Instructions \_\_\_\_\_

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Address \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Type of Ownership \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location of Checks and Statements \_\_\_\_\_  
Any Special Instructions \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Type of Ownership \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location of Checks and Statements \_\_\_\_\_  
Any Special Instructions \_\_\_\_\_

## 3. Safe Deposit Box

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Box Number \_\_\_\_\_  
In Whose Name(s) \_\_\_\_\_  
Location of Keys \_\_\_\_\_  
(Attach a list of contents to this letter) \_\_\_\_\_

## 4. Life Insurance

Fill in the following information for each policy

Location of All Policies \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Company Name \_\_\_\_\_

Name of Agent \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

Type of Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_

How it is paid out \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Company Name \_\_\_\_\_

Name of Agent \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

Type of Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_

How it is paid out \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Company Name \_\_\_\_\_

Name of Agent \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

Type of Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_

How it is paid out \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Company Name \_\_\_\_\_

Name of Agent \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

Type of Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_

How it is paid out \_\_\_\_\_

## 5. Other Insurance Policies

### Auto Insurance

Coverage \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Term (when to renew) \_\_\_\_\_  
Agent, if any \_\_\_\_\_

### Accident Insurance

Coverage \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Term (when to renew) \_\_\_\_\_  
Agent, if any \_\_\_\_\_

### Homeowner's Insurance

Coverage \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Term (when to renew) \_\_\_\_\_  
Agent, if any \_\_\_\_\_

### Medical Insurance

Coverage \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Term (when to renew) \_\_\_\_\_  
Agent, if any \_\_\_\_\_

## 6. Vehicles

Provide the following for each vehicle

Year, Make and Model \_\_\_\_\_  
Location of Title \_\_\_\_\_  
Year, Make and Model \_\_\_\_\_  
Location of Title \_\_\_\_\_  
Year, Make and Model \_\_\_\_\_  
Location of Title \_\_\_\_\_

## 7. Important Documents

Write in the locations of the following documents. Cross out those that do not apply.

Birth/Baptismal Certificates \_\_\_\_\_  
Communion/Confirmation Certificates \_\_\_\_\_  
Divorce Decree \_\_\_\_\_  
Last Will and Testament \_\_\_\_\_  
Living Will \_\_\_\_\_  
Marriage Certificate \_\_\_\_\_  
Military Records \_\_\_\_\_  
Other (adoption papers, etc.) \_\_\_\_\_

## 8. Credit Cards

Credit cards should be canceled or converted to the name remaining on joint accounts.

Fill in the following information for each card.

Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_  
  
Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_  
  
Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_  
  
Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_

## 9. Mortgage/Equity Line/Other Loans

Fill in the following information for each loan.

Lender or Mortgage Holding Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name(s) on the Loan \_\_\_\_\_  
Account Number \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
Collateral, if any \_\_\_\_\_

Lender or Mortgage Holding Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name(s) on the Loan \_\_\_\_\_  
Account Number \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
Collateral, if any \_\_\_\_\_

Lender or Mortgage Holding Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name(s) on the Loan \_\_\_\_\_  
Account Number \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
Collateral, if any \_\_\_\_\_

Lender or Mortgage Holding Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name(s) on the Loan \_\_\_\_\_  
Account Number \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
Collateral, if any \_\_\_\_\_

## 10. Investments

Fill in the following information for each investment.

### Investments - Retirement/IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Investments - Retirement/IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Investments - Retirement/IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Investments - Non-IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Investments - Non-IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Investments - Non-IRA

Company \_\_\_\_\_  
Advisor Contact Info \_\_\_\_\_  
Account Number \_\_\_\_\_  
Statement Location \_\_\_\_\_  
Beneficiary \_\_\_\_\_

## 11. Income Tax Returns

Location of previous returns \_\_\_\_\_  
Name of Tax Preparer/CPA \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

## 12. Properties/Land Owned

Property Address \_\_\_\_\_  
Names on Title \_\_\_\_\_  
Property Address \_\_\_\_\_  
Names on Title \_\_\_\_\_  
Property Address \_\_\_\_\_  
Names on Title \_\_\_\_\_

## 13. Doctors/Physicians

Doctor/Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Doctor/Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

## 14. Relatives/Friends to Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Updated \_\_\_\_\_

(Today's Date)

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*The information provided herein does not, and is not intended to, constitute tax, legal or accounting advice. Instead, this material has been prepared for informational purposes only. Information contained herein is subject to change and may not constitute the most up-to-date information. It is recommended that you contact your own tax, legal and accounting advisors before engaging in any transaction. All liability with respect to actions taken or not taken based on the contents hereof are hereby expressly disclaimed. The content herein is provided "as is," no representations are made that the content is error-free.*