

Letter of Last Instructions Worksheet

March 2010

Death Notification

Prepare a list of people to be notified about your death and include their contact information.

Family Members:	
Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____

Friends/Neighbors, & Close Acquaintances:	
Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____

Friends/Neighbors, & Close Acquaintances:	
<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Relationship: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Relationship: _____</p>
Professional and business relationships, including:	
<p><i>Employer/Employees:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p><i>Accountant:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p><i>Attorney:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>

<p><i>Investment Advisor:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>	<p><i>Personal Representative:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>
<p><i>Financial institutions where you have accounts (including banking, brokerage firm, and mutual fund company):</i></p>	
<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>	<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>
<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>	<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>

<i>Insurance agents (including automobile, life, mortgage, property, and health):</i>	
Insurance Agent Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Policy #: _____ Type of Insurance: _____ Insurance Agent Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Policy #: _____ Type of Insurance: _____	Insurance Agent Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Policy #: _____ Type of Insurance: _____ Insurance Agent Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Policy #: _____ Type of Insurance: _____
<i>Cooperatives that pay dividends (rural electric or phone, etc.):</i>	
Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____
Government Agencies:	
<i>Social Security:</i> Social Security Number: _____ Location of Social Security Card: _____	<i>U.S. Department of Veteran Affairs:</i> Location of Discharge Papers: _____

Funeral Arrangements

Describe any funeral arrangements that you have already made. If pre-arrangements have been made with a mortuary or crematorium and paid for through a prepaid trust or funeral insurance policy, provide the location of the contract.

Donate Organs: Yes No If checked yes: donate to:

Name:

Address:

City/State/Zip:

Phone #:

Autopsy: Yes No

Embalming: Yes No

Public Viewing Prior and During Funeral: Yes No

Body Disposal: Yes No

Detailed arrangements already made:

Cremation: Yes No

If so, explain method of disposition of ashes:

Type of Service to Perform:

Open Casket: Yes No

Music: Yes No If yes, list of songs by title and artist:

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

Location of Funeral:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Flowers and/or donations, memorials:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Choice of Coffin: _____

Newspapers to receive obituary information:

Name of Newspaper: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Name of Newspaper: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Name of Newspaper: _____

Name of Newspaper: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone #: _____

Phone #: _____

Death Certificates

Usually six to twelve certified death certificates are needed to document a deceased Montanan's passing so assets can be transferred to survivors. Provide information that will be needed for your death certificate:

Full name: _____

Address: _____

Marital status: Married Divorce Single

Spouse's name: _____

Date of birth and birthplace (city, state): _____

Father's name (first, middle, last): _____

Mother's name (first, middle, maiden name): _____

Military records/history: _____

Social Security number: _____

Education (highest diploma or degree received): _____

Personal Papers

Describe the location of your essential personal papers, including:

Personal Paper	Location:
Birth or Baptism papers	
Marriage Certificate	
Dissolution of Marriage	
Papers for Adopted Children	
Under-aged children's birth certificates	
Naturalization or citizenship papers	
Social Security card and records	
Military Service records	
Will	

Automobiles

Provide the location of the registration title and other insurance policy for your vehicles.

Vehicle Make/Model	Location of Title	Insurance Policy #	Location of Insurance Policy

Leases

Provide a location of all lease agreements, written or oral, whether you are the lessee or the lessor.

Lease Agreement Description	Location of Agreement

Safe Deposit Box

Provide the location of your safe deposit box, a list of the contents, and where the key is located. Is the box titled in your name only (sole ownership) or joint tenancy with right of survivorship with others? List names of authorized signers for the box.

Location of Safe Deposit Box: _____

List of Contents: _____

Where Key is Located: _____

How box is titled? Name Only Sole Ownership Joint tenancy with right of survivorship (with others)

Household Contents

Provide the location of the list of your household inventory or the location of photographs of your household contents.

Location of List of your Household Inventory: _____

Location of Photographs of your Household Contents: _____

Insurance

List all of your insurance policies by type (life, auto, home, health, credit life, funeral, and burial,) company name and address, policy number and insurance agent, and contact information. Include a notation of any loans that you have taken out against a policy that has not been repaid. Also, include the location of each policy.

Insurance Policy	Company Name	Address	Policy Number	Insurance Agent	Location of Policy

Financial Accounts

Make a list of personal property you own, including:

- Checking and savings accounts, IRAs, certificates of deposits. Be sure to include the location of monthly, quarterly, or yearly statements for all accounts that are listed. List by name and institution, address where the account is located, the type of account, and the account number if such information is not provided on the statements.
- U.S. Savings Bonds
- Stocks, bonds, mutual funds, or other securities

Business property such as livestock and equipment, and location of titles, or other records such as business arrangements (partnerships, corporations, limited liability companies, and so on.)

Type of Account	Account Number	Name/Institution	Address	Location of Statements

Magazine Subscriptions

Organize a list of magazine and newspapers subscriptions that will need to be cancelled.

Magazine/Newspaper Name	Phone Number

Survivors Benefits

Make a list of unions, lodges, fraternal organizations that may provide death or cemetery benefits such as Social Security, veterans, employee, fraternal association, credit life insurance, pension or retirement plans and individual annuities.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Taxes

Describe the location of your income tax returns and supporting documentation for the past five years.

Location of Tax Returns & Supporting Documentation: _____

Trusts

Describe the location of any trust funds that you have set up or in which you are named. Provide the names of trustees and location of the trust agreement

Location of Trust Funds	Names of Trustees	Location of Trust Agreement

Will

Provide the location of your signed original will and copy of separate writing (allowed by Montana law) of how you want your tangible personal property distributed after your death.

Location of Signed Original Will: _____

Location of Copy of Separate Writing allowed by Montana law: _____



To order additional publications, please contact your county or reservation MSU Extension office, visit our online catalog at www.msuextension.org/store or e-mail orderpubs@montana.edu