

Letter of Last Instructions Worksheet

March 2022

Death Notification

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

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

Friends/Neighbors, & Close Acquaintances:	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Professional and business relationships, includi	ng:
Professional and business relationships, includi	
Employer/Employees:	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:

Accountant:	Attorney:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Investment Advisor:	Personal Representative:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Financial institutions where you have account mutual fund company):	ts (including banking, brokerage firm, and
Financial Institution Name:	Financial Institution Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Account #:	Account #:
Type of Account:	Type of Account:

Financial Institution Name:	Financial Institution Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Account #:	Account #:
Type of Account:	Type of Account:
Insurance agents (including automobile, life,	mortgage, property, and health):
Insurance Agent Name:	Insurance Agent Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Policy #:	Policy #:
Type of Insurance:	Type of Insurance:
Insurance Agent Name:	Insurance Agent Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Policy #:	Policy #:
Type of Insurance:	Type of Insurance:
-	_

Cooperatives that pay dividends (rural electric	or phone, etc.):			
Name:	Name:			
Address:	Address:			
City/State/Zip:	City/State/Zip:			
Phone #:	Phone #:			
Government Agencies:				
Social Security:	U.S. Department of Veteran Affairs:			
Social Security Number:	Location of Discharge Papers:			
Location of Social Security Card:				
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
34
5.
6
7 8
9.
Location of Funeral:
Name:
Address:
City/State/Zip:
Phone #:

7 Flowers and/or donations, memorials: Name: Name: Address: Address: City/State/Zip: City/State/Zip: Phone #: Phone #: Choice of Coffin: _____ Newspapers to receive obituary information: Name of Newspaper: Address: Address: City/State/Zip: City/State/Zip: Phone #: 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, maid	den name):
Military records/history:	
Social Security number:	
Education (highest diploma or deg	ree received):
Personal Papers	
Describe the location of your essen	ntial 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 Campias researds	
Military Service records	

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	
·	ox, a list of the contents, and where the key is located. Is ership) or joint tenancy with right of survivorship with r the box.
Location of Safe Deposit Box:	
List of Contents:	
Where Key is Located:	
How box is titled? Name Only Sole Owlothers)	nership
Post Office Box	
Provide the location and number of the <i>pos</i> be found or provide the combination of the	et office box if you have one. Also, list where the key may box.
Location of Post Office Box:	
Where Key is Located or Combination #:	
Computer	

Compile a list of usernames and passwords for all of your computers. Describe the location of your list of usernames and pin numbers/passwords for your financial accounts that you access on the Web.

Financial Accounts Accessed on Web	Username	Password	Pin Numbers

Financial Accounts Accessed	Username	Password	Pin Numbers
on Web			

Credit Cards/Loans

List your credit cards by issuer and the credit card number. Where are they located (file drawer, wallet, purse, etc.)? On loans you must pay, give full name and terms. Also list where the contracts are located.

Credit Cards:

Credit Cards	Credit Card Number	Location	Pin Numbers

Loans:

Loans	Loan Number	Who to Contact:	Terms	Where Contracts are located

Debt Owed to You

Make a list of all the debts owed to you; include full name, address, and telephone number of the debtor, payment terms, collateral and so on.

Full Name	Address	Phone #	Payment Terms	Collateral

Homeowners Records

Give the location of the deed, beneficiary deed, title insurance, and mortgage papers on all real property that you own.

Homeowners Records	Location of Papers
Deed	
Title Insurance	
Mortgage Papers	
Homeowner Insurance	
Beneficiary Deed	
Copy of Homestead Declaration	

Household Contents

Provide the location o	of the list of your househo	ld inventory or the lo	ocation of photograph	s 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
7.0000				

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	
6	16
7	17
8	18
9	19
10	20

Taxes

Des	scribe the location	of your income	tax returns and	supporting (documentation	for the p	ast five
yea	rs.						

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 Montan 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:		