**Letter of Instruction for: \_\_\_\_\_\_\_\_\_\_\_\_**

**Last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Information**

1. **Date of Birth**
2. **Social Security Number**

**List of Professionals**

1. **Financial Planners**
2. **CPA**
3. **Estate Planning Attorney**

John A. Pierce, Esq.

(276) 206-9615

John@JohnPierceEsq.com

1. **Life Insurance Agent**
2. **Property & Casualty Insurance Agent**

**Location of Important Documents**

* + Tax information and records
	+ Property deeds, vehicle titles
	+ Financial account statements
	+ Insurance policies
	+ Proof of loans made and debts owed
	+ Medical history information (Personal, family, pets)
	+ Advance health care directives, health care power of attorney, designation of medical representative, do-not-resuscitate order
	+ Power of attorney for financial affairs
	+ Letters of instruction (Include a list of friends, family, advisors to contact immediately)
	+ Personal letters (to children and other loved ones)
	+ Letters to guardians
	+ List of all passwords (Phone, computer, email, social media, financial accounts)
	+ Identity documents (Copy of birth certificate, social security card, marriage license, adoption paperwork, credit cards)

**Bank and Investment Accounts**

Note: Include how each account is titled, its account number, login information, and account beneficiaries.

1. **Investment accounts:**
2. **Other Bank/Custodian Accounts:**
3. **Annuities**
4. **Credit Cards**

**Privately Held Investments**

**Relationships**

* Marriage license
* Divorce information, such as a qualified domestic relations order
* Important records for my children (health, school, identity documents)
* Adoption paperwork

**Operating Agreements**

* Business partnerships

**Properties**

* Primary Residence
* Other Homes
* Mortgage information
* Deeds (real estate, land, cemetery)

**Insurance**

1. **Life Insurance**
	* Insert name of life insurance company, policy #, death benefit, insured’s name, owner’s name, and beneficiaries.
2. **Homeowners:**
* [Insurance Company Name]: Policy #

1. **Auto:**
* [Insurance Company Name]: Policy #
1. **Umbrella/Excess Liability:**
* [Insurance Company Name]: Policy #
1. **Long-Term Care:**
* [Insurance Company Name]: Policy #

**Safe deposit box**

Bank name:

Key location:

**Disposition of personal effects**

Insert instructions for disposition of personal effects.

**Funeral/Burial Information**

Insert instructions / wishes with regards to funeral/burial.