A letter of last instruction: Everybody needs one

A letter of last instruction is an organized way for you to give your family all the facts about your finances—and have a basic tool for your own money management.

A letter isn’t a will or a substitute for one. A will is a legal document telling an executor how to dispose of property and personal effects. Attorneys describe the letter as a personal document, usually written to a member of the family.

The letter does two big jobs:
1. It outlines the location of all your important papers; and
2. It contains information about your personal desires—how you would like your personal affairs handled when you die or are incapacitated.

People often put off writing the letter. It is, frankly, a big job of organizing and detail gathering. The worksheet pages in this publication are for you to fill in, as applicable. The worksheet can serve as a model for writing a complete and orderly letter of last instruction.

You should write the letter to the person most likely to take over your accounts. Generally, this means you would address the letter to your spouse, adult child, or other relative or to your attorney or other executor. You may choose to go over the letter with a family member or close friend. Couples can prepare the letter together.

You probably won’t be able to write the letter all at once. Try tackling it one section at a time, allowing yourself a month or so to complete it. The object is to get as much detail down on paper as you possibly can.

Some additional pointers:
• While it is usually addressed to a spouse or relative, the letter should also be clear to any third person who may have to find and work with your papers.
• Be specific about locations—“in my safe deposit box” or “in the bottom left-hand drawer of my desk” or “in the blue file of the basement file cabinet.”
• If you have certain special wishes, for instance about the education of your children or the care of your pet, be sure to add these sections to the worksheet.
• You can use the worksheet as a checklist or fill in the blanks. Consider attaching copies of documents you reference.

Once your letter is complete, make several copies of it. Send one to your attorney or executor, clip another to your copy of your will, and keep one copy in the place your family would look first. Update your letter periodically. This is much easier than writing the first letter.
Money you can expect

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<th>From my employer</th>
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<td>Name of employer</td>
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<td>Person to contact</td>
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<td>Phone</td>
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<td>Life insurance</td>
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<td>Profit sharing</td>
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<td>Accident insurance</td>
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<td>Pension plan</td>
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<td>Thrift saving plan</td>
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<tr>
<td>Unused annual and sick leave</td>
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<td>Other employee benefits</td>
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<tr>
<th>From insurance companies</th>
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<tr>
<td>Name of company</td>
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<td>Person to contact</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Total amount</td>
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<table>
<thead>
<tr>
<th>From Social Security (1-800-772-1213)</th>
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<tbody>
<tr>
<td>Lump sum (if eligible)</td>
</tr>
<tr>
<td>Yes</td>
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<tr>
<td>Monthly benefit</td>
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<table>
<thead>
<tr>
<th>From Veterans’ Administration</th>
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<tr>
<td>(You must contact VA to receive benefits)</td>
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<table>
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<tr>
<th>From other sources</th>
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| __________________________________________________________________________ |
First things to do

Call friend, neighbor, or relative (name) ________________________________
(phone) _______________________________________

Notify my employer (name) _______________________________________
(phone) _______________________________________

Call my attorney (name) _______________________________________
(phone) _______________________________________

Make arrangements with funeral home ________________________________
(see section 22)

Request several certified copies of the death certificate.
Contact Social Security office.
Get and process insurance policies.
Notify bank that holds home mortgage.

Location of personal papers

Write in the locations of the following personal papers. Cross out the items that do not apply to you.

Birth and baptismal certificates _______________________________________
Communion and confirmation certificates ________________________________
Divorce decree _______________________________________
Durable power of attorney _______________________________________
Inventory of personal property _______________________________________
Inventory of contents of safe deposit box ________________________________
Last will and testament _______________________________________
Living will _______________________________________
Marriage certificate _______________________________________
Military records _______________________________________
Naturalization papers _______________________________________
School diplomas _______________________________________
Other (adoption papers, etc.) _______________________________________
_______________________________________
_______________________________________
_______________________________________
4 Savings accounts and certificates of deposit

*Fill in the following information for each account.*

Bank _______________________________________
Address _______________________________________
Type of account _______________________________________
Name(s) on account _______________________________________
Type of ownership _______________________________________
Account number _______________________________________
Location of passbook _______________________________________
Any special instructions _______________________________________

Bank _______________________________________
Address _______________________________________
Type of account _______________________________________
Name(s) on account _______________________________________
Type of ownership _______________________________________
Account number _______________________________________
Location of passbook _______________________________________
Any special instructions _______________________________________

5 Checking accounts

*Fill in the following information for each account.*

Bank _______________________________________
Address _______________________________________
Type of account _______________________________________
Name(s) on account _______________________________________
Type of ownership _______________________________________
Account number _______________________________________
Location of canceled checks and statements _______________________________________
Any special instructions _______________________________________


Social Security

Social Security number _______________________________________
Location of card _______________________________________
Other names under which you had Social Security earnings reported _______________________________________

Safe deposit box

Bank _______________________________________
Address _______________________________________
Box number _______________________________________
In whose name(s) _______________________________________
Location of key(s) _______________________________________
Location of a list of contents (or attach a list of contents to this letter)

Life insurance

Fill in the information below for each policy.

Location of all policies _______________________________________

To collect benefits, a certified copy of the death certificate may be required by each company.

Policy number _______________________________________
Whose life is insured _______________________________________
Company _______________________________________
Company address _______________________________________
Name of agent _______________________________________
Kind of policy _______________________________________
Beneficiary _______________________________________
Cash value _______________________________________
Issue date _______________________________________
Maturity date _______________________________________
How it is paid out _______________________________________
Other payout options _______________________________________


## Other insurance

### Accident insurance
- **Coverage**: 
- **Company**: 
- **Address**: 
- **Policy number**: 
- **Beneficiary**: 
- **Location of policy**: 
- **Agent, if any**: 

### Auto insurance
- **Coverage**: 
- **Company**: 
- **Address**: 
- **Policy number**: 
- **Location of policy**: 
- **Term (when to renew)**: 
- **Agent, if any**: 

### Homeowner’s insurance
- **Coverage**: 
- **Company**: 
- **Address**: 
- **Policy number**: 
- **Location of policy**: 
- **Term (when to renew)**: 
- **Agent, if any**: 
Other insurance (cont’d)

Medical insurance

Coverage
Company
Address
Policy number
Location of policy
Term (when to renew)
Agent, if any

Mortgage insurance

Company
Address
Policy number
Location of policy

Car

Fill in the following information for each car.

Year, make, and model
Body type
License number
Identification number
Location of title

Year, make, and model
Body type
License number
Identification number
Location of title
11 Credit cards

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

Location of cards _____________________________________________________________

Fill in the following information for each card.

Company _______________________________________
Phone _______________________________________
Name(s) on card _______________________________________
Account number _______________________________________

Company _______________________________________
Phone _______________________________________
Name(s) on card _______________________________________
Account number _______________________________________

Company _______________________________________
Phone _______________________________________
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Account number _______________________________________

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Account number _______________________________________

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Phone _______________________________________
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Account number _______________________________________

Company _______________________________________
Phone _______________________________________
Name(s) on card _______________________________________
Account number _______________________________________

Company _______________________________________
Phone _______________________________________
Name(s) on card _______________________________________
Account number _______________________________________
Loans outstanding (other than mortgage)

Fill in the following information for each loan.

Bank or mortgage holding company
Address
Name(s) on loan
Account number
Monthly payment
Location of papers
Collateral, if any
Life insurance on loan

Bank or mortgage holding company
Address
Name(s) on loan
Account number
Monthly payment
Location of papers
Collateral, if any
Life insurance on loan

Bank or mortgage holding company
Address
Name(s) on loan
Account number
Monthly payment
Location of papers
Collateral, if any
Life insurance on loan

____ Yes ______ No

____ Yes ______ No

____ Yes ______ No
Fill in the following information for each investment.

**Stocks**

<table>
<thead>
<tr>
<th>Company</th>
<th>Name on certificate(s)</th>
<th>Number of shares</th>
<th>Certificate number(s)</th>
<th>Purchase price and date</th>
<th>Location of certificates</th>
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**Bonds/notes/bills**

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<thead>
<tr>
<th>Issuer</th>
<th>Issued to</th>
<th>Face amount</th>
<th>Bond number</th>
<th>Purchase price and date</th>
<th>Maturity date</th>
<th>Location of certificate</th>
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</table>
Income tax returns

Location of all previous returns (federal, state, local) _______________________________________
Name of tax preparer _______________________________________
Address _______________________________________
Phone _______________________________________

Important warranties, receipts

Names of items and locations of documents _______________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

House, condominium, cooperative

In whose name(s) _______________________________________
Address _______________________________________
Lot ____________ Block ____________ On map called _______________________________________
Other descriptions _______________________________________
The attorney at closing _______________________________________
Location of statement of closing, policy of title insurance, deed, land survey, appraisal, inspection, etc.

Mortgage

 Held by _______________________________________
Amount of original mortgage _______________________________________
Date mortgage taken out _______________________________________
Amount owed now _______________________________________
Method of payment _______________________________________
Location of payment _______________________________________
Life insurance on mortgage _____ Yes _____ No
Veterans’ exemption claim
Location of documentation papers
Annual amount
Contact local tax assessor for documentation needed or more information.

Property taxes
Amount
Location of receipts

Cost of house
Initial buying price
Purchase closing fee
Other costs to buy (real estate agent, legal fees, etc.)
Improvements as of __________ total $ __________

Itemized house improvements
Improvement
Cost
Location of bills

If renting
Lease _____ Yes _____ No
Lease expires (date)
Landlord’s name
Landlord’s phone number
# Doctors/Physicians

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<thead>
<tr>
<th>Doctor/Physician</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Doctor/Physician</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<tr>
<th>Dentist</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<thead>
<tr>
<th>Pediatrician</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<tr>
<th>Children’s dentist</th>
<th>Name</th>
<th>Address</th>
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<tr>
<th>Specialists</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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## Relatives, friends to inform

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<th>Name</th>
<th>Address</th>
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</table>
**Personal effects**

*I would like certain people to be given these personal effects:*

<table>
<thead>
<tr>
<th>Item</th>
<th>Person</th>
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**Pets**

**Veterinarian**

- Name
- Address
- Phone

Special dietary needs

**Person(s) who will care for pet(s)**

- Name
- Address
- Phone

- Name
- Address
- Phone

**Special wishes**

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Cemetery and funeral

Cemetery plot
Location _______________________________________
When purchased _______________________________________
Deed number _______________________________________
Location of deed _______________________________________
Choice of location to be buried _______________________________________

Facts for funeral director
This information and cemetery plot deed should be given to funeral director.

My full name _______________________________________
Residence _______________________________________
Marital status _______________________________________
Spouse _______________________________________
Date of birth ________________________________ Birthplace _______________________________________
Father’s name and birthplace _______________________________________
Mother’s maiden name _______________________________________
Length of residence in state ________________ In USA ______________________________
Military service Yes _____ No_____ When ________________________________
Social Security number _______________________________________

Funeral preferences
My choice of funeral home (if any) _______________________________________
Type of funeral preferred _______________________________________
Other (cremation or other instructions) _______________________________________

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The author—Linda K. Fox, former Extension family economics specialist, Margaret Ritchie School of Home Economics, University of Idaho, Moscow.