

Letter of Last Instructions Worksheet

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
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Computer

Compile a list of usernames and passwords for all of your computers.

Financial Accounts Accessed on Web	Username	Password	Pin Numbers

accounts that you access on the 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 Card Number	Location	Pin Numbers

Loans:

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

Death Certificates

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

Full name:			
Address:			

Marital status:		
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):		
Death Notification		
Prepare a list of people to be notified about your death	and include their contact information.	
Family 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 #:
Relationship:	Relationship:
Professional and business relationships, including	ng:
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: Name:	Personal Representative: Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
	counts (including banking, brokerage firm, and mutual fund
company): 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 goests (including gutomobile life mo	outcase property and health).
Insurance agents (including automobile, life, mo 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 o 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:
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Location of Social Security Card:	
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Debts 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

Debts You Owe

Make a list of all the debts you owe; include company, address and telephone number, payment terms, and estimate of how much you owe.

Full Name	Address	Phone #	Payment Terms	How much you owe?

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

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 Fune	ral: Y	es 🗌 No

Body Disposal:	☐ Yes ☐ No	
Detailed arrangemen	ts already made:	
Cremation:	☐ Yes ☐ No	
If so, explain method	of disposition of ashes:	
Type of Service to Pe	erform:	
Open Casket:	☐ Yes ☐ No	
Music:	Yes No If yes, list of songs by title and artist:	
3		
_		
-		
8		
Location of Funeral:		
Name:		
name.		_
Address:		
City/State/Zip:		_
Phone #:		_

Name:	
Address:	
City/State/Zip:	
Phone #:	
Address:	
City/State/Zip:	
Phone #:	
Name of Newspaper:	
Address:	
City/State/Zip:	
DI #	
	Address: City/State/Zip: Phone #: City/State/Zip: Phone #: Name of Newspaper: Address:

Name of Newspaper:

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 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	Company Name	Address	Policy	Insurance	Location
Policy			Number	Agent	of 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

Magazine Subscriptions

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

Magazine/Newspaper Name	Phone Number

Personal Effects

For further information about Separate Listing of your Tangible Personal Property (personal effects), read MontGuide Who Gets Grandma's Yellow Pie Plate: Transferring Non-titled Property at: http://msuextension.org/publications/FamilyFinancialManagement/MT199701HR.pdf, or request a copy from your local Extension office.

Personal Property Items	Whom do you want to receive?	Relationship?

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	

Pets

Provide information to provide care of your pet with detailed instructions for food and diet, vaccination and health checkup schedule, and so on. For additional information see the MontGuide *Estate Planning Tools for Owners of Pets and Companion or Service Animals*, or request a copy from your local Extension office. http://msuextension.org/publications/FamilyFinancialManagement/mt201405HR.pdf

Pets Name	Food and Diet	Vaccination and Health Checkup Schedule	Other

Post Office Box

Provide the location and number of the post office box if you have one	e. Also,	list where	the key	may be
found or provide the combination of the box.				

Location of Post Office Box:	
Where Key is Located or Combination #:	

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 Bo	OX:		
List of Contents:			
Where Key is Located:			
How box is titled? Name	e Only Sole Ownership	Joint tenancy with right of s	survivorship (with others)
Social Media Accou	ints		
Provide directions for your s Snapchat).	social media accounts to b	e deleted (Facebook, Twitte	er, Instagram and
Social Media Account	Username	Password	Directions on how to delete account.
Facebook			
Twitter			
Instagram			
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Survivors Benefits Make a list of unions, lodge Social Security, veterans, en and individual annuities.			
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Describe the location of your inc	ome tax returns and supporting d	locumentation for the past five years.
Trusts		
Describe the location of any trust of trustees and location of the tru		which you are named. Provide the names
Location of Trust Funds	Names of Trustees	Location of Trust Agreement
Will		
Provide the location of your sign how you want your tangible pers		rate writing (allowed by Montana law) of our death.
Location of Signed Original Will:		
Location of Copy of Separate Wri	ting allowed by Montana law:	