



100 Light Street, Suite 1401  
Baltimore, MD 21202P 410.347.0506

## LETTER OF INSTRUCTION

Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

### THIS LETTER CONTAINS:

<b>Important Contacts</b> .....	<b>2</b>
<b>Account Numbers</b> .....	<b>4</b>
<b>Important Documents</b> .....	<b>7</b>
<b>Information Access</b> .....	<b>8</b>
<b>Items of Emotional Value</b> .....	<b>10</b>
<b>Memberships &amp; Subscriptions</b> .....	<b>11</b>
<b>Medical Care Providers</b> .....	<b>12</b>
<b>Final Wishes</b> .....	<b>14</b>

### HOW TO USE THIS LETTER:

Keeping your key personal, financial, and health documents in one place can be a great help to your loved ones should they need to conduct your affairs in the event of an emergency or your death. After completing this Letter of Instruction, place it in a secure location, and inform your Personal Representative and Health Care Agent where it can be found.

## **IMPORTANT CONTACTS**

### **CHILDREN**

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

### **CLOSE FRIENDS AND NEIGHBORS**

Name	Phone
------	-------

Name	Phone
------	-------

### **WILL EXECUTOR(S) / PERSONAL REPRESENTATIVE(S)**

Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

### **SPIRITUAL MINISTER**

Name	Relationship	Phone
------	--------------	-------

### **CARE MANAGER / SOCIAL WORKER**

Name	Practice	Phone
------	----------	-------

**FINANCIAL ADVISOR**

---

Name	Firm	Phone
------	------	-------

**ESTATE ATTORNEY**

---

Name	Firm	Phone
------	------	-------

**CPA**

---

Name	Firm	Phone
------	------	-------

**INSURANCE AGENTS**

---

Name	Firm	Phone
------	------	-------

---

Name	Firm	Phone
------	------	-------

**EMPLOYER**

---

Business Name	Contact Name & Title	Phone
---------------	----------------------	-------

---

Business Name	Contact Name & Title	Phone
---------------	----------------------	-------

**VETERINARIAN**

---

Business Name	Contact Name & Title	Phone
---------------	----------------------	-------

**OTHER IMPORTANT CONTACTS**

---

Name	Relationship	Phone
------	--------------	-------

---

Name	Relationship	Phone
------	--------------	-------

---

Name	Relationship	Phone
------	--------------	-------

**ACCOUNT NUMBERS**

**BANK ACCOUNTS AND INVESTMENTS**

	<b>FINANCIAL INSTITUTION</b>	<b>ACCOUNT NUMBER(S)</b>
Bank (1)	_____	_____
Bank (2)	_____	_____
Investment (1)	_____	_____
Investment (2)	_____	_____
Retirement (1)	_____	_____
Retirement (2)	_____	_____

**ALTERNATE INCOME SOURCES**

	<b>INSTITUTION</b>	<b>ACCOUNT NUMBER(S)</b>
Social Security Deposit	_____	_____
Annuity (1)	_____	_____
Annuity (2)	_____	_____
Pension (1)	_____	_____
Pension (2)	_____	_____
Bonds	_____	_____

**LIABILITIES**

	<b>LENDER</b>	<b>ACCOUNT NUMBER(S)</b>
Mortgage (1)	_____	_____
Mortgage (2)	_____	_____
Loan (1)	_____	_____
Loan (2)	_____	_____
Loan (1)	_____	_____
Credit card (1)	_____	_____
Credit card (2)	_____	_____

Credit card (3)	_____	_____
Credit card (4)	_____	_____
Lease (1)	_____	_____
Lease (2)	_____	_____

**HEALTH & LIFE INSURANCE POLICIES**

<b>INSURANCE COMPANY</b>	<b>POLICY NUMBER(S)</b>
Health (Name 1)	_____
Health (Name 2)	_____
Dental (Name 1)	_____
Dental (Name 2)	_____
Vision (Name 1)	_____
Vision (Name 2)	_____
Disability (Name 1)	_____
Disability (Name 2)	_____
LTC (Name 1)	_____
LTC (Name 2)	_____
Life (Name 1)	_____
Life (Spouse 2)	_____

**PROPERTY AND CASUALTY INSURANCE**

<b>INSURANCE COMPANY</b>	<b>POLICY NUMBER(S)</b>
Property (1)	_____
Property (2)	_____
Automobile (1)	_____
Automobile (2)	_____
Umbrella	_____

**UTILITIES**

	<b>BUSINESS</b>	<b>ACCOUNT NUMBER</b>
Cable	_____	_____
Electricity	_____	_____
Gas	_____	_____
Cell Phone	_____	_____
Internet	_____	_____
Water	_____	_____

**OTHER IMPORTANT ACCOUNTS**

<b>ACCOUNT TYPE</b>	<b>INSTITUTION</b>	<b>ACCOUNT NUMBER(S)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## IMPORTANT DOCUMENTS

**DO YOU HAVE:**

**LOCATION OF ORIGINAL DOCUMENT**

Adoption papers	_____
Advance Medical Directives	_____
Birth Certificates	_____
CCRC Agreements	_____
Citizenship Records	_____
Death Certificates	_____
Deeds	_____
Divorce Agreements	_____
Driver's Licenses	_____
Family Items of Emotional Value	_____
Guardianship Records	_____
Marriage Licenses	_____
Military Records	_____
Passports	_____
Powers of Attorney	_____
Pre/post Nuptial Agreements	_____
Social Security Cards	_____
Tax Returns (current & prior year)	_____
Titles to Vehicles	_____
Wills & Trust Documents	_____

## INFORMATION ACCESS

### DIGITAL DATA

#### Bank and Investment Accounts

_____ Institution	_____ Username	_____ Password
_____ Institution	_____ Username	_____ Password
_____ Institution	_____ Username	_____ Password
_____ Institution	_____ Username	_____ Password

#### Email Accounts

_____ Email Address	_____ Password
_____ Email Address	_____ Password

#### Electronic Devices

_____ Device	_____ Username	_____ Password
_____ Device	_____ Username	_____ Password
_____ Device	_____ Username	_____ Password
_____ Device	_____ Username	_____ Password
_____ Device	_____ Username	_____ Password
_____ Device	_____ Username	_____ Password



**Other Important Accounts**

Device	Username	Password
Device	Username	Password
Device	Username	Password
Device	Username	Password

**SECURED STORAGE**

**Safe Deposit Box Number**

Combination

Location of Key

Name of Institution

**Personal Safe (1)**

Combination

Location of Key

Name of Institution

**Storage Unit (1)**

Company Name

Address

Combination

Location of Key

**P.O. Box Number**

Combination

Location of Key

Name of Institution

**Personal Safe (2)**

Combination

Location of Key

Name of Institution

**Storage Unit (2)**

Company Name

Address

Combination

Location of Key

## ITEMS OF EMOTIONAL VALUE

### ITEMS OF EMOTIONAL VALUE

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Books        | <input type="checkbox"/> Firearms            | <input type="checkbox"/> Photographs    |
| <input type="checkbox"/> Clocks       | <input type="checkbox"/> Furniture           | <input type="checkbox"/> Sporting goods |
| <input type="checkbox"/> Clothing     | <input type="checkbox"/> Glassware           | <input type="checkbox"/> Vehicles       |
| <input type="checkbox"/> Collectibles | <input type="checkbox"/> Jewelry             | <input type="checkbox"/> Watches        |
| <input type="checkbox"/> Crystal      | <input type="checkbox"/> Letters, journals   | <input type="checkbox"/> Wedding gown   |
| <input type="checkbox"/> Fine art     | <input type="checkbox"/> Musical instruments | <input type="checkbox"/> Other          |

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

---

Item

---

Location

---

Pass Down To

## **MEMBERSHIPS & SUBSCRIPTIONS**

### **HOME MAINTENANCE CONTRACTS**

<b>BUSINESS</b>	<b>PHONE NUMBER</b>
Housekeeping _____	_____
Lawn Care _____	_____
Pest Control _____	_____
Security System _____	_____

### **HEALTH & WELLNESS MEMBERSHIPS**

<b>BUSINESS</b>	<b>PHONE NUMBER</b>
Gym (1) _____	_____
Gym (2) _____	_____

### **SUBSCRIPTIONS**

<b>BUSINESS</b>	<b>ACCOUNT NUMBER</b>
Streaming (1) _____	_____
Streaming (2) _____	_____
Newspaper _____	_____
Magazine _____	_____

### **OTHER MEMBERSHIPS/SUBSCRIPTIONS**

<b>SERVICE:</b>	<b>BUSINESS</b>	<b>ACCOUNT NUMBER</b>
_____	_____	_____
_____	_____	_____

## MEDICAL CARE

NAME 1: \_\_\_\_\_

### HEALTH CARE POWER OF ATTORNEY(S)

- I do not have a Health Care Power of Attorney.
- I have a Health Care Power of Attorney document signed and dated \_\_\_\_\_ where the following individuals are named as my medical decision-making agents:

**Primary Agent(s):** \_\_\_\_\_

**Successor Agent(s):** \_\_\_\_\_

**Location of original document:** \_\_\_\_\_

### LIVING WILL OR HEALTH CARE INSTRUCTIONS

- I do not have a Living Will or Health Care Instructions.
- I have a Living Will and/or Health Care Instructions signed and dated \_\_\_\_\_. This document can be found in the following location:

**Location of original document:** \_\_\_\_\_

### CURRENT MEDICAL PROVIDERS

_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone

## MEDICAL CARE

NAME 2: \_\_\_\_\_

### HEALTH CARE POWER OF ATTORNEY(S)

- I do not have a Health Care Power of Attorney.
- I have a Health Care Power of Attorney document signed and dated \_\_\_\_\_ where the following individuals are named as my medical decision-making agents:

**Primary Agent(s):** \_\_\_\_\_

**Successor Agent(s):** \_\_\_\_\_

**Location of original document:** \_\_\_\_\_

### LIVING WILL OR HEALTH CARE INSTRUCTIONS

- I do not have a Living Will or Health Care Instructions.
- I have a Living Will and/or Health Care Instructions signed and dated \_\_\_\_\_. This document can be found in the following location:

**Location of original document:** \_\_\_\_\_

### CURRENT MEDICAL PROVIDERS

_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone
_____ Name	_____ Specialty	_____ Medical Practice	_____ Phone

## **FINAL WISHES**

**NAME 1:** \_\_\_\_\_

**Are you a registered organ donor? If so, in what state?**

**Do you have a pre-paid funeral plan or a reserved burial place? If yes, give details below and attach relevant documents.**

**Would you like to be buried or cremated? If you would like to be buried, where? And if you want to be cremated, what would you like to be done with your ashes?**

**Do you wish to have a gravestone? If so, what would you like it to say?**

**Is there a friend or relative that you would like to have arrange your memorial service?**

**Do you wish to have a memorial service? If so, what type of service would you like?  
Where do you want the service to be held? Who would you like to have attend?**

**Would you like to have an obituary published online or in print? If so, is there  
anything from your life that you would like your obituary to highlight?**

**What values, philosophy, or observations would you like to pass on?**

## **FINAL WISHES**

**NAME 2:** \_\_\_\_\_

**Are you a registered organ donor? If so, in what state?**

**Do you have a pre-paid funeral plan or a reserved burial place? If yes, give details below and attach relevant documents.**

**Would you like to be buried or cremated? If you would like to be buried, where? And if you want to be cremated, what would you like to be done with your ashes?**

**Do you wish to have a gravestone? If so, what would you like it to say?**

**Is there a friend or relative that you would like to have arrange your memorial service?**



**Do you wish to have a memorial service? If so, what type of service would you like?  
Where do you want the service to be held? Who would you like to have attend?**

**Would you like to have an obituary published online or in print? If so, is there anything from your life that you would like your obituary to highlight?**

**What values, philosophy, or observations would you like to pass on?**