

## LETTER OF LAST INSTRUCTIONS

I, SIGNER, have written this letter of last instructions to indicate my personal preferences regarding funeral and burial.

1. Anatomical donations or organ donation.

\_\_\_\_\_  No Preference

2. Location of the will and name of the executor or executrix.

\_\_\_\_\_

3. Instructions regarding funeral and burial.

Funeral Director: \_\_\_\_\_  No Preference

Clergy: \_\_\_\_\_  No Preference

Visitation/Viewing: \_\_\_\_\_  No Preference

Disposition of Body: \_\_\_\_\_  No Preference

Music: \_\_\_\_\_  No Preference

Flowers: \_\_\_\_\_  No Preference

Pallbearers: \_\_\_\_\_  No Preference

Casket/outer enclosure: \_\_\_\_\_  No Preference

Clothing: \_\_\_\_\_  No Preference

Cemetery location: \_\_\_\_\_  No Preference

Grave number \_\_\_\_ Lot \_\_\_\_ Section \_\_\_\_ Block \_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Obituary location: \_\_\_\_\_  No Preference

4. Location of birth or baptismal certificates, social security card, marriage or divorce certificates, naturalization and citizenship papers, and discharge papers from the Armed Forces. \_\_\_\_\_  
\_\_\_\_\_
5. Location of membership certificates in lodges, fraternal organizations, or Native corporations which may provide death or cemetery benefits. \_\_\_\_\_  
\_\_\_\_\_
6. Location of safe deposit boxes and the keys.  
\_\_\_\_\_  
\_\_\_\_\_
7. List and location of all insurance policies. \_\_\_\_\_  
\_\_\_\_\_
8. List of pension systems which may allow death benefits, for example Social Security Administration, Veterans Administration, government or state pension programs, railroad retirement, and other retirements.  
\_\_\_\_\_
9. List and location of all bank, saving, or credit union accounts.  
\_\_\_\_\_
10. List and location of all stocks and bonds.  
\_\_\_\_\_
11. List of all real property – personal, business, or other. Include land, houses, vehicle, recreational equipment, heirlooms, etc.  
\_\_\_\_\_
12. Instructions concerning all businesses, if any.  
\_\_\_\_\_

13. An explanatory statement of action taken in the will, if desired.

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14. List of advisors and their addresses: executor of estate, lawyer, life insurance underwriter, accountant, investment counselor, physicians, preferred funeral director, business partners, clergy, etc.

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15. Personal Information:

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Immediate Family Members:

Name	Address	Relationship	Date & Place of Birth
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