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THEMOTOLAWYER.COM

LETTER OF INSTRUCTION

1. FIRST THINGS TO DO:

A. Call _____ (family member/friend) for help:

Name: _____

Phone Number: _____

B. Notify my employer:

Name: _____

Phone Number: _____

C. Make funeral arrangements:

Name of funeral home: _____

Phone Number: _____

D. Request at least _____ copies of the Death Certificate. *Usually the funeral director will get them for you.*

E. Call our lawyer:

Name: _____

Phone Number: _____

F. Contact the social security office.

Name: _____

Phone Number: _____

G. Obtain and process my insurance policies.

H. Notify the bank which holds our home mortgage:

Name: _____

Phone Number: _____

Account Number: _____

I. Cash in on insurance policies including credit life insurance for financed purchases.

2. HOW MUCH YOU SHOULD EXPECT:

A. From my employer:

Life Insurance: \$ _____ (*dollar amount of life insurance from employer*)

Profit-Sharing: \$ _____ (*dollar amount of profit-sharing plan assets*)

Accident Insurance: \$ _____ (*dollar amount of accident insurance from employer*)

Other Benefits: \$ _____ (*dollar amount of other benefits*)

Person to Contact: Name: _____

Department: _____

Phone Number: _____

B. From the insurance companies:

I. Life Insurance - Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____

Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____

II. Accident Insurance - Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____ R

Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____

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III. Other Insurance - Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____

Name of Company: _____

Person to Contact: _____

Phone Number: _____

Account Number: _____

Dollar Value: _____

C. From Social Security:

Lump sum: \$ _____ (*dollar amount of lump sum Social Security benefit*)

Plus Monthly Benefits: \$ _____ (*dollar amount of monthly Social Security benefits*)

D. From the Veterans Administration:

Person to Contact: _____

Phone Number: _____

Veteran Number: _____

Dollar Value: _____

Revised and Updated as of: _____

3. LOCATION OF FAMILY/PERSONAL PAPERS

A. Last Will and Testament: _____

B. Birth and Baptismal Certificates: _____

C. Communion and Confirmation Certificates: _____

D. School Diplomas: _____

E. Marriage Certificates: _____

F. Military Records: _____

G. Naturalization Records: _____

H. Other (*adoption, etc.*): _____

4. BANK ACCOUNTS (*Bank may freeze my account as soon as it is notified of my death*)

Bank: _____

Address: _____

Name on Account: _____

Type of Account: _____

Account Number: _____

Location of Passbook (or Certificates): _____

Any Special Instructions: _____ R

Bank: _____

Address: _____

Name on Account: _____

Type of Account: _____

Account Number: _____

Location of Passbook (or Certificates): _____

Any Special Instructions: _____



Bank: _____

Address: _____

Name on Account: _____

Type of Account: _____

Account Number: _____

Location of Passbook (or Certificates): _____

Any Special Instructions: _____

Bank: _____

Address: _____

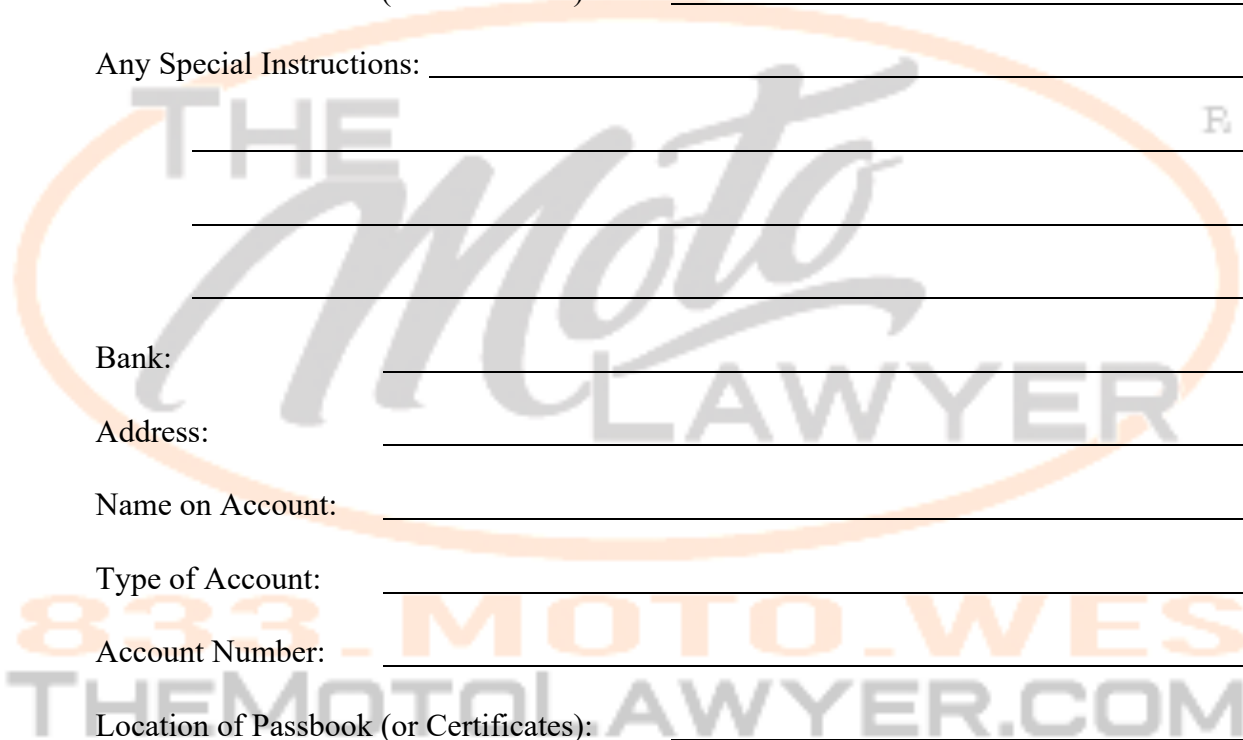
Name on Account: _____

Type of Account: _____

Account Number: _____

Location of Passbook (or Certificates): _____

Any Special Instructions: _____



5. INCOME TAX RETURNS

A. Location of all previous returns:

I. Federal: _____

II. State: _____

III. City: _____

B. Our Tax Accountant is:

Name: _____

Phone Number: _____

6. LIFE INSURANCE

-A COPY OF THE DEATH CERTIFICATE MUST BE SENT TO EACH COMPANY IN ORDER TO COLLECT BENEFITS.

Insurance Company: _____

Policy Number: _____

Policy Amount: \$ _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Whose Life is Insured: _____

Kind of Policy: _____

Beneficiaries: _____

Issue Date: _____

Maturity Date: _____

How it gets paid out: _____

Your options on payout: _____

Special Information: _____

Insurance Company: _____

Policy Number: _____

Policy Amount: \$ _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Whose Life is Insured: _____

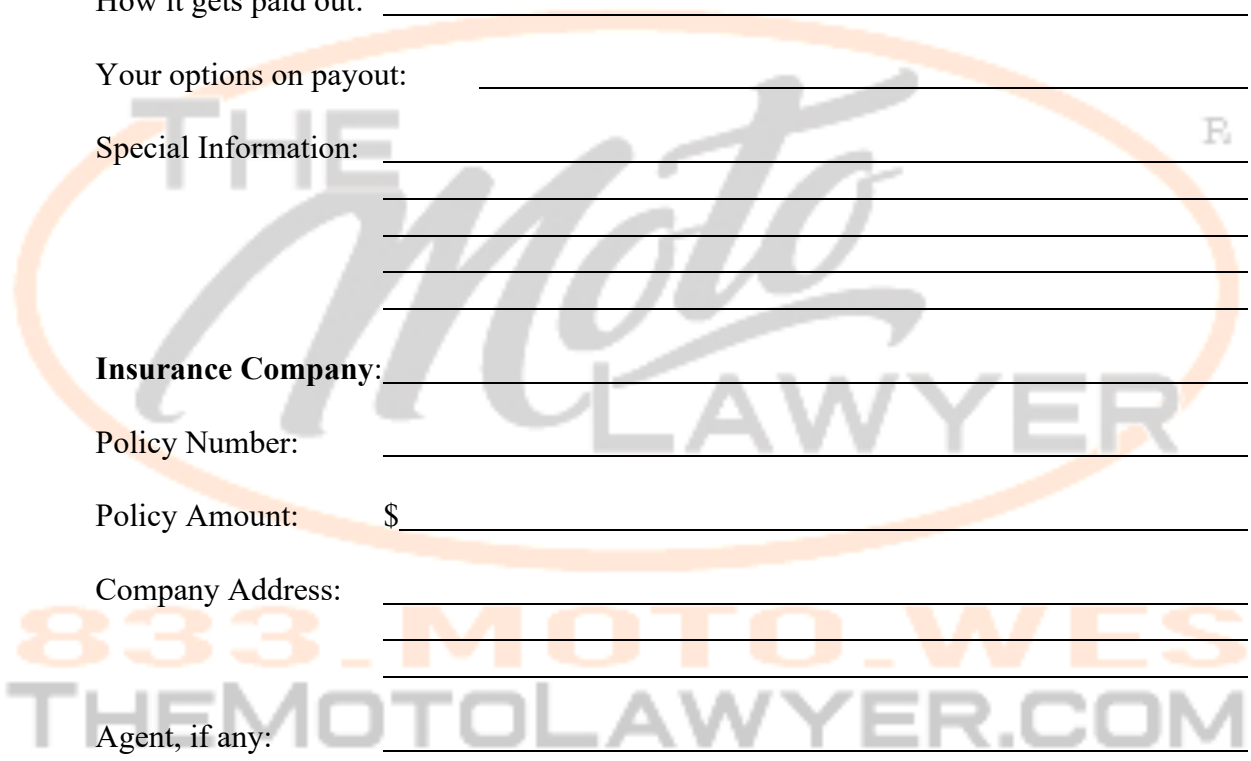
Kind of Policy: _____

Beneficiaries: _____

Issue Date: _____

Maturity Date: _____

How it gets paid out: _____



Your options on payout: _____

Special Information: _____

Insurance Company: _____

Policy Number: _____

Policy Amount: \$ _____ P.

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Whose Life is Insured: _____

Kind of Policy: _____

Beneficiaries: _____

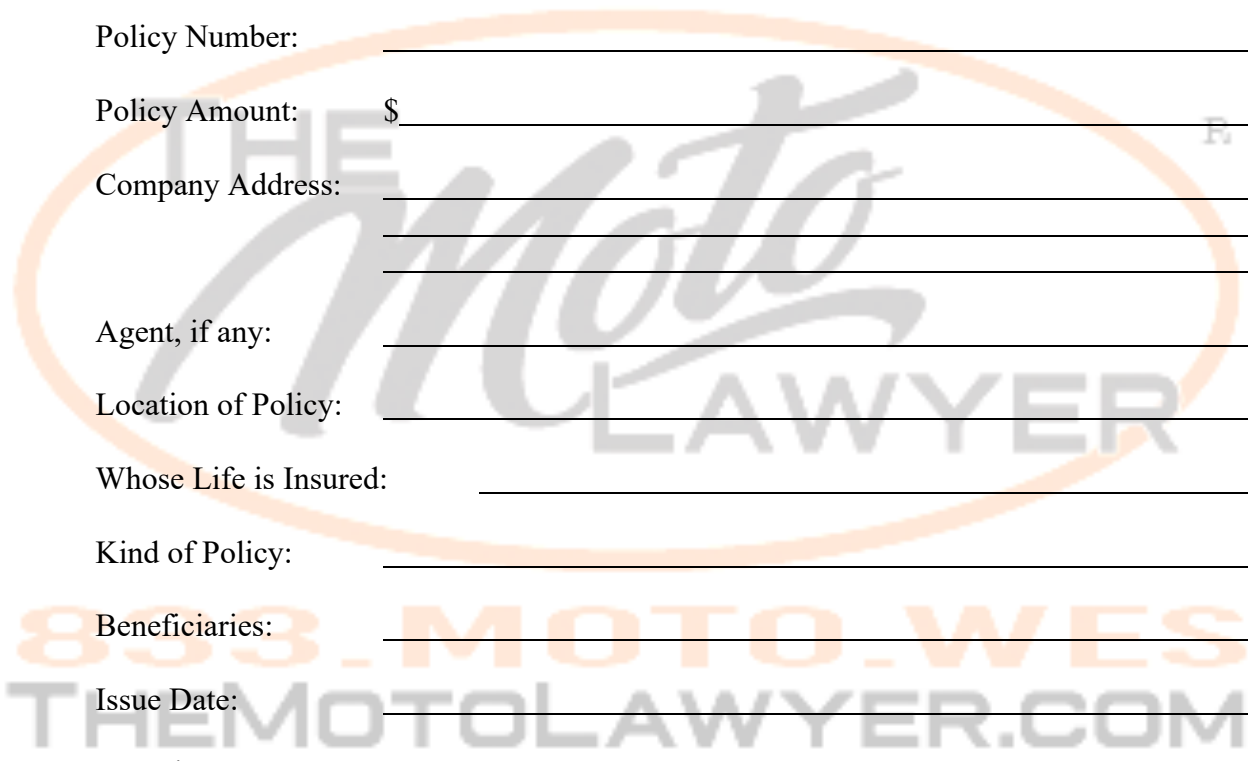
Issue Date: _____

Maturity Date: _____

How it gets paid out: _____

Your options on payout: _____

Special Information: _____



7. OTHER INSURANCE (ACCIDENT, CREDIT, ETC.)

A. Other Types:

Insurance Company: _____

Policy Number: _____

Policy Amount: \$ _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Whose Life is Insured: _____

Kind of Policy: _____

Beneficiaries: _____

Issue Date: _____

Maturity Date: _____

How it gets paid out: _____

Your options on payout: _____

Special Information: _____

B. Auto Insurance

Insurance Company: _____

Policy Number: _____

Type of Coverage: _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Special Information: _____

C. Medical Insurance

Insurance Company: _____

Policy Number: _____

Coverage: \$ _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Special Information: _____

D. Home Insurance:

Insurance Company: _____

Policy Number: _____

Type Coverage: _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Special Information: _____

I. Flood Insurance:

Insurance Company: _____

Policy Number: _____ R

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Special Information: _____

II. Mortgage Insurance:

Insurance Company: _____

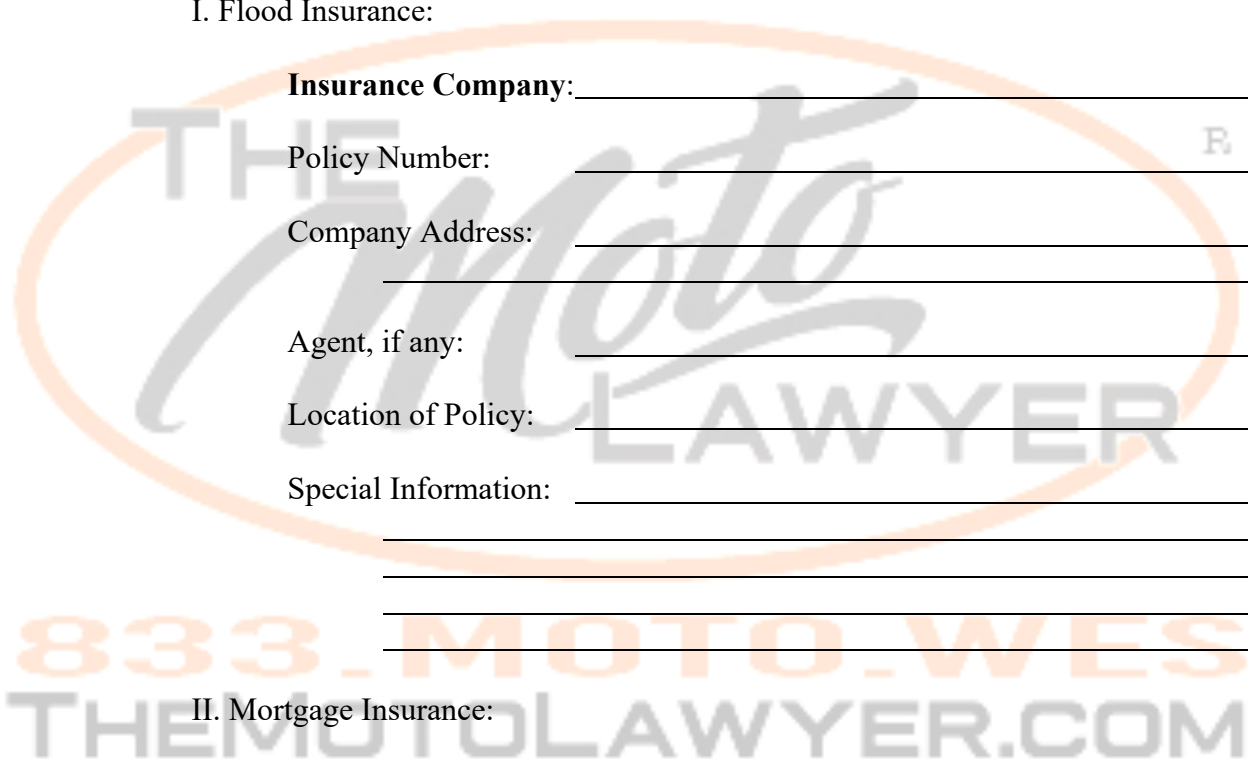
Policy Number: _____

Company Address: _____

Agent, if any: _____

Location of Policy: _____

Special Information: _____



8. AUTOMOBILES

YEAR/MAKE/MODEL: _____

VIN: _____

Location of Paperwork (Title, Registration): _____

Purchase Price: \$ _____

Seller: _____

Lien Holder: _____ R

Account Number: _____

Phone Number: _____

YEAR/MAKE/MODEL: _____

VIN: _____

Location of Paperwork (Title, Registration): _____

Purchase Price: \$ _____

Seller: _____

Lien Holder: _____

Account Number: _____

Phone Number: _____

YEAR/MAKE/MODEL: _____

VIN: _____

Location of Paperwork (Title, Registration): _____

Purchase Price: \$ _____

Seller: _____

Lien Holder: _____
Account Number: _____
Phone Number: _____

9. SOCIAL SECURITY

-YOU MUST APPLY IN ORDER TO GET YOUR SOCIAL SECURITY BENEFITS.
CALL THE SOCIAL SECURITY OFFICE FOR AN APPOINTMENT. THEY WILL
TELL YOU WHAT TO BRING.

Phone Number: _____

My Name on card: _____

SSA Account No: _____

Location of Cards: _____

10. FUNERAL PREFERENCES

My choice of funeral home, if any: _____

Type of funeral preferred: _____

Other personal preferences or desires: _____

11. RELATIVES AND FRIENDS TO INFORM

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____ R

Address: _____

Phone Number: _____

12. FUNERAL AND CEMETERY PLOT

-BRING THIS WITH WHEN PURCHASING FUNERAL OR CEMETARY PLOT

A. Cemetery Plot

Location: _____

When purchased: _____

Deed Number: _____

Location of Deed: _____

Other Information: _____

Type of Care (perpetual, etc.): _____

B. Facts for Funeral Director:

-Bring the following page with you when arranging funeral:

FOR FUNERAL DIRECTOR:

My Name: _____

Address: _____

Phone Number: _____

Marital Status: _____

Spouse's Name: _____ R

Date of Birth: _____

Birthplace: _____

Length of Residence in State: _____

Length of Residence in U.S.A.: _____

Military Service: YES / NO

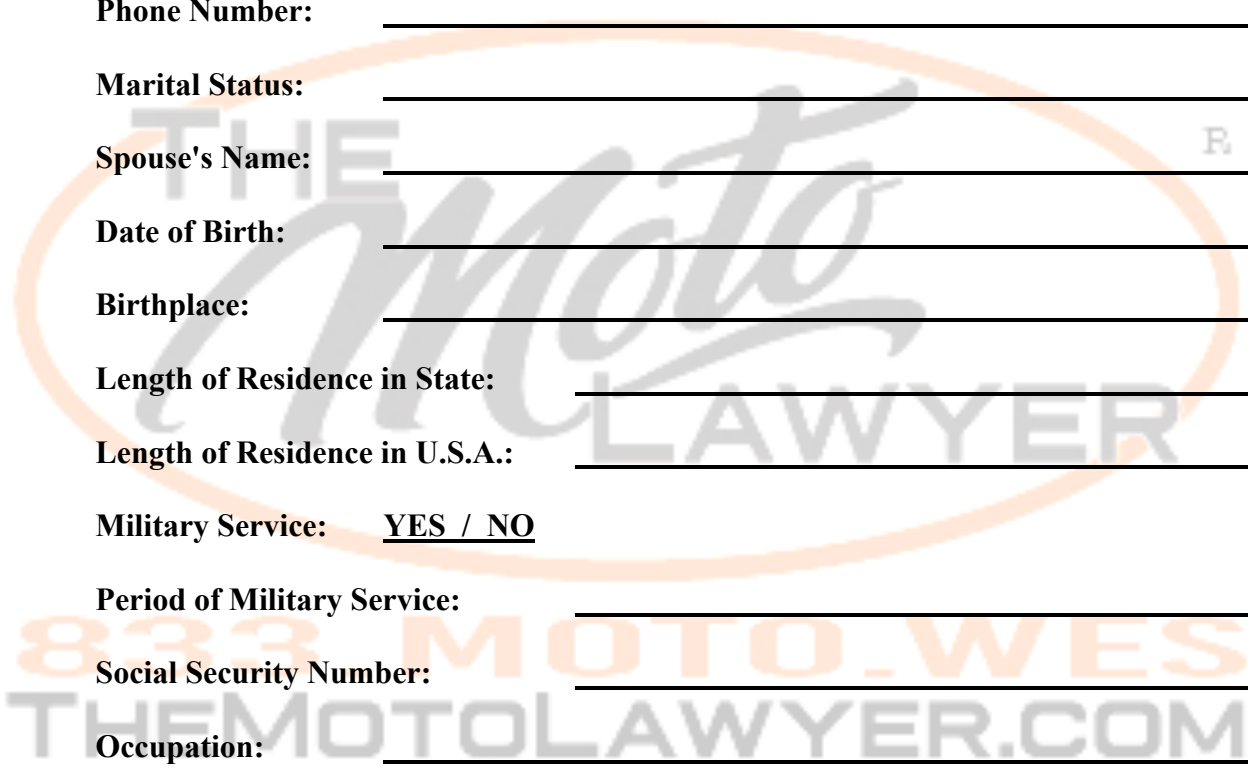
Period of Military Service: _____

Social Security Number: _____

Occupation: _____

Father's Name and Birthplace: _____

Mother's Name (with Maiden Name) and Birthplace: _____



13. DOCTOR'S NAMES AND ADDRESSES

A. My doctors:

Name: _____

Address: _____

Phone Number: _____

Specialty: _____

Name: _____

Address: _____

Phone Number: _____

Specialty: _____

Name: _____

Address: _____

Phone Number: _____

Specialty: _____

B. Dentist:

Name: _____

Address: _____

Phone Number: _____

14. SAFETY DEPOSIT BOX

-NOTE THAT THE BANK MAY SEAL MY BOX AS SOON AS NOTIFIED OF MY DEATH

Bank: _____

Address: _____

In whose name: _____

Number: _____

Location of Key: _____ R

List of Contents: _____

15. CREDIT CARDS

-FIND ALL OF MY CREDIT CARDS. THOSE IN MY NAME SHOULD EITHER BE CANCELLED OR CONVERTED.

Company: _____

Address: _____

Name on Card: _____

Account Number: _____

Location of Card: _____

Company: _____

Address: _____

Name on Card: _____

Account Number: _____

Location of Card: _____

Company: _____

Address: _____

Name on Card: _____

Account Number: _____

Location of Card: _____

Company: _____

Address: _____

Name on Card: _____

Account Number: _____

Location of Card: _____

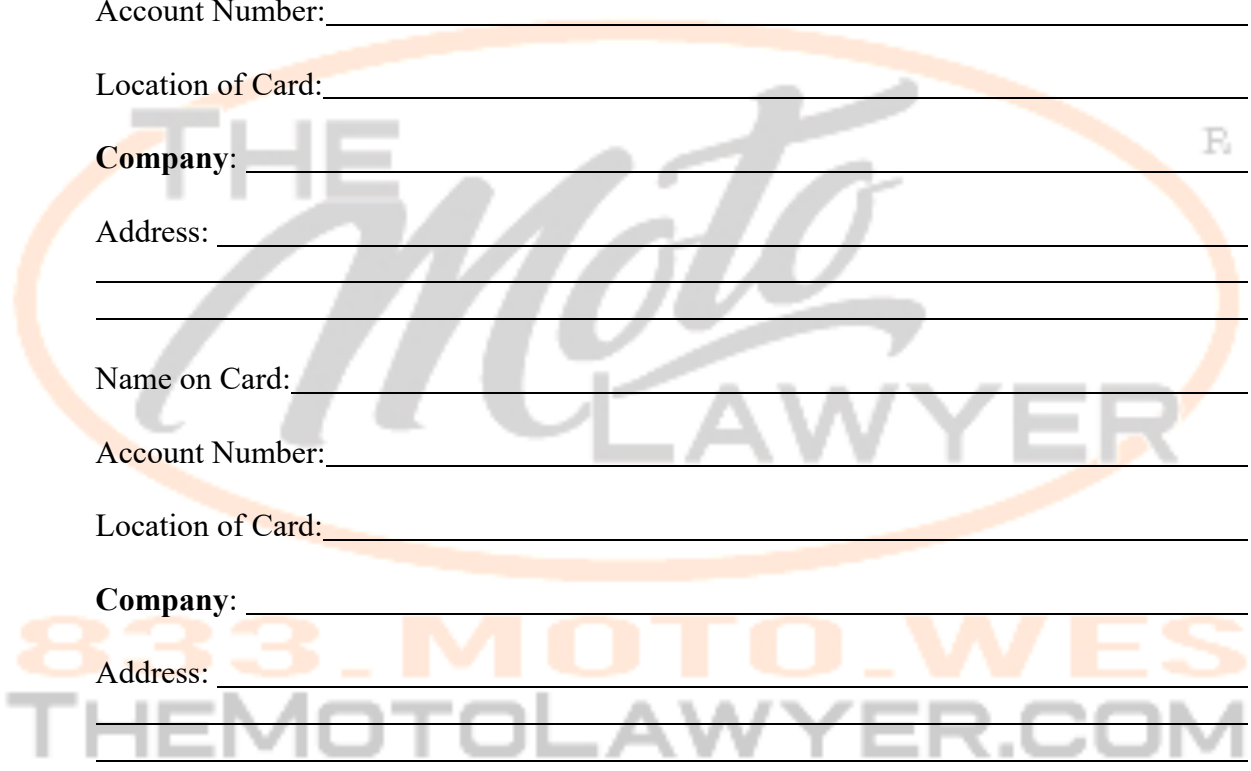
Company: _____

Address: _____

Name on Card: _____

Account Number: _____

Location of Card: _____



16. HOUSE

A. Property

Name on Deed: _____

Address: _____

Legal Description: _____

Purchasing Agent and Number: _____ R

Location of Closing Documents: _____

I. Mortgage:

Bank: _____

Amount of original mortgage: \$ _____

Date taken out: _____

Owed as of _____, _____: \$ _____

Method of Payment: _____

Location of Payment Book: _____

II. Life Insurance on Mortgage

-Notify the bank immediately of my death; the unpaid mortgage may be automatically paid by the insurance. If you have purchased credit life insurance, the house may then be owned free and clear.

Insurance Company: _____

Policy Number: _____

Location of Policy: _____

III. House Taxes:

Approximate Amount: \$ _____

IV. Lease:

Location of Lease: _____

Expires: _____

B. Property

Name on Deed: _____

Address: _____

Legal Description: _____ R

Purchasing Agent and Number: _____

Location of Closing Documents: _____

I. Mortgage:

Bank: _____

Amount of original mortgage: \$ _____

Date taken out: _____

Owed as of _____, _____ : \$ _____

Method of Payment: _____

Location of Payment Book: _____

II. Life Insurance on Mortgage

-Notify the bank immediately of my death; the unpaid mortgage may be automatically paid by the insurance. If you have purchased credit life insurance, the house may then be owned free and clear.

Insurance Company: _____

Policy Number: _____

Location of Policy: _____

III. House Taxes:

Approximate Amount: \$ _____

IV. Lease:

Location of Lease: _____

Expires: _____

17. LOAN OTHER THAN THE MORTGAGE

Type or nature of loan: _____

Bank: _____ R

Name on loan: _____

Account Number: _____

Monthly Payment: _____

Location of Papers and Payment Book: _____

Collateral, if any: _____

Type or nature of loan: _____

Bank: _____

Name on loan: _____

Account Number: _____

Monthly Payment: _____

Location of Papers and Payment Book: _____

Collateral, if any: _____

Type or nature of loan: _____

Bank: _____

Name on loan: _____

Account Number: _____

Monthly Payment: _____

Location of Papers and Payment Book: _____

_____ R

Collateral, if any: _____

18. INVESTMENTS

Company: _____

Name of Broker/Agent: _____

Account Number: _____

Address: _____

Asset Type: _____

Approximate Value: \$ _____

Company: _____

Name of Broker/Agent: _____

Account Number: _____

Address: _____

Asset Type: _____

Approximate Value: \$ _____

Company: _____

Name of Broker/Agent: _____

Account Number: _____

Address: _____

Asset Type: _____

Approximate Value: \$ _____

Company: _____

Name of Broker/Agent: _____

Account Number: _____

Address: _____

Asset Type: _____

Approximate Value: \$ _____

19. SPECIAL INSTRUCTIONS TO EXECUTOR OR OTHER PERSONS

- IF APPLICABLE, ATTACH ADDITIONAL INSTRUCTIONS FOR EXECUTOR
HERE TO.

20. ADDITIONAL INFORMATION

- IF APPLICABLE, ATTACH ADDITIONAL INFORMATION HERE TO.