



Letter of Last Instruction

NAME OF PERSON FOR WHOM THIS DOCUMENT IS COMPLETED:

NAME OF SPOUSE / SIGNIFICANT OTHER:

Center for Financial Planning, Inc.® has prepared this document intending to be a practical listing of personal wishes for the use of family members in the event of a prolonged absence, illness, or death. This document pairs well with the Personal Record System and is not a legal document.

You may use this system two ways.

1 The first is simply to print off this PDF document and fill in the information by hand.

- or -

2 We encourage you to use the second method, which is to save the document on your own computer where you may then fill it in and more easily update it periodically.

This PDF document is an interactive form, which means you can simply open the document in Adobe Acrobat Reader which is a free program and can be downloaded at www.adobe.com. We do recommend having the latest available download when completing this form.

We suggest you update this information at least annually. Many clients find tax time is an opportune time to do this. The Center would be happy to securely store this document along with your other financial records.



LETTER OF LAST INSTRUCTION

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LETTER OF LAST INSTRUCTION



COPIES OF DOCUMENTS

Client name: _____

Spouse / Significant other name: _____

This revision date(mm/dd/yyyy): _____

Location of original Letter of Last Instruction: _____

Location of original Personal Record System: _____

COPIES ARE HELD BY:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

DURABLE POWERS OF ATTORNEY

REGARDING HEALTH CARE & LIFE-SUSTAINING TREATMENT

Location of original(s): _____

Copy(ies) also on file at Health Care Provider(s): _____

I have created no such document.

FIRST ACTION IN CASE OF DEATH: Organ Donation(s)

No Yes; see donor card and/or driver's license

Location of donor card: _____

Location of driver's license: _____



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PERSONS TO CONTACT IN CASE OF DEATH

CALL FAMILY MEMBERS**

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

*** If necessary, delegate this task to a primary family member.*

CALL CHURCH PASTOR TO BEGIN PLANS FOR FUNERAL SERVICE

Name / Church: _____

Phone: _____

CONTACT FUNERAL HOME

Name of home: _____

Contact person: _____

Phone: _____

Arrangements have have not been prepaid.



PERSONS TO CONTACT IN CASE OF DEATH *(continued)*

ATTORNEY

Name: _____

Phone: _____

CPA

Name: _____

Phone: _____

FINANCIAL PLANNER

Name: _____

Phone: _____

OTHER PERSONS TO CONTACT

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____



LETTER OF LAST INSTRUCTION



PETS

Name: _____ Microchip #: _____

Type, Name, Breed, Color: _____

Special Needs / Allergies: _____

Name: _____ Microchip #: _____

Type, Name, Breed, Color: _____

Special Needs / Allergies: _____

Name: _____ Microchip #: _____

Type, Name, Breed, Color: _____

Special Needs / Allergies: _____

Name: _____ Microchip #: _____

Type, Name, Breed, Color: _____

Special Needs / Allergies: _____

VETERINARIAN

Name: _____ Phone #: _____

Address: _____

PERSON(S) WHO WILL CARE FOR MY PET(S)

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____



FUNERAL PLANS

Upon my death, my desires are as follows:

- Embalming followed with burial
- Embalming followed with cremation
- Immediate cremation
- Immediate burial
- No preference

FUNERAL OR MEMORIAL SERVICE (if applicable):

- Favorite flowers: _____
- Preferred charities: _____
- Favorite songs or hymns: _____
- Organist / Pianist / Other: _____
- Vocalist(s) / Other Musicians: _____
- Preference regarding open / closed casket: _____

PALLBEARERS (if any):

Active Pallbearers:

- Name: _____ Phone #: _____
- Name: _____ Phone #: _____
- Name: _____ Phone #: _____
- Name: _____ Phone #: _____
- Name: _____ Phone #: _____
- Name: _____ Phone #: _____



LETTER OF LAST INSTRUCTION



FUNERAL PLANS *(continued)*

HONORARY PALLBEARERS (if any):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

DISPOSITION OF CREMATED REMAINS (if applicable):

CEMETERY OF CHOICE (if applicable):

Name: _____

City: _____

Phone: _____

If plot / mausoleum purchased, location of paperwork: _____

Grave marker selected: Yes No

If no, grave marker preference: _____

Grave marker paid for: Yes No



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DEATH CERTIFICATE INFORMATION

Full name: _____

Maiden name: _____

Date of birth (mm/dd/yyyy): _____ Social Security #: _____

Birthplace: _____

Marital status: _____

Name of spouse: _____

Full name of father: _____

Father birthplace: _____

Full name of mother: _____

Mother birthplace: _____

Occupation: _____

Type of business: _____

Employer: _____

Number of years in occupation: _____

Education (last completed): _____

Number of years in county: _____

Military service From: _____ To: _____ Branch: _____

Served where: _____



OBITUARY INFORMATION

SPECIAL ACHIEVEMENTS, TITLES, HONORS, AWARDS:

CHURCH AFFILIATION AND INVOLVEMENT:

PUBLIC OR COMMUNITY SERVICE INVOLVEMENT:

HOBBIES OR SPECIAL INTERESTS:

SURVIVORS' NAMES:



OBITUARY INFORMATION *(continued)*

YOUR PICTURE & PICTURE LOCATION:

If you would like your picture to appear with the obituary, designate which picture you would prefer:

NEWSPAPERS:

Are there other newspapers, other than the local papers, in which you would like the obituary to appear?

OTHER SPECIAL REQUESTS:



SPECIAL BEQUESTS AND WISHES



SPECIAL BEQUESTS AND WISHES *(continued)*