To: [Name of prospective testator]  
From: [Name of attorney]  
Re: Instructions to family after your death  

Because of your concern about your estate plan, we recommend that you draft written letters of instruction to guide your family and friends in handling your personal affairs. The letter of instruction is an organized way of providing your family with all the facts about your finances, all the important details you cannot put in a will. The letter may be as important to your family as your will, especially if you should be incapacitated by a serious illness or injury.

To assist you in writing your letter of instruction, we have compiled the attached form letter. The form letter accomplishes two main tasks: It tells your family where to find all your important papers and assets, and expresses any personal desires you may have about how to handle your affairs. Remember, a will typically is not opened and read until some time after death. Any immediate instructions for your family, including preferences for your funeral, should therefore be included in a letter of instruction which can be opened and read immediately.

However, a letter of instruction is not a substitute for a will. Your will tells your executor how to dispose of your property. A letter of instruction helps your executor do the best possible job. In the process of completing this letter, you will put your affairs in order.

Once you have completed this letter, be sure to make several copies. Attach one to your copy of the will. Send one copy to [name of lawyer], and one to your executor. You might also keep a copy in a desk or file drawer where your family will look first. Don't forget to update your letter of instruction if needed.

Please do not hesitate to call us if you have questions.

[NAME OF LAW FIRM]  
By: ________________  
[Name of lawyer]
LETTER OF INSTRUCTION OF [NAME]

I. FIRST THINGS TO DO:

A. Call _______________ (name of family member or friend) for help:

Name: _______________ Telephone number: _______________

B. Notify my employer:

Name: _______________ Telephone number: _______________

C. Make funeral arrangements:

Name: _______________ Telephone number: _______________

D. Request at least ten copies of the death certificate. Usually the funeral director will get them for you.

E. Call our lawyer:

Name: _______________ Telephone number: _______________

F. Contact our social security office:

Name: _______________ Telephone number: _______________

G. Get and process my insurance policies.

H. Notify the bank which holds our home mortgage:

Name: _______________ Telephone number: _______________

I. Cash in on insurance policies including credit life insurance for financed purchases.
2. HOW MUCH SHOULD YOU EXPECT:

A. From my employer:

Life insurance $_______________ Profit sharing $_______________

Accident insurance $_______________ Other benefits $_______________

Person to contact _______________ Department _______________

phone _______________

B. From the insurance companies:

Life insurance $_______________ Accident insurance $_______________

Other $_______________

Person to contact _______________ Department _______________

Phone _______________

C. From social security:

lump sum $_______________

plus monthly benefits $_______________

D. From the Veterans Administration: $_______________

[you must inform the VA]

veteran number _______________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

person to contact _______________ department _______________

phone _______________

Revised and updated as of: _______________

3. LOCATION OF FAMILY PERSONAL PAPERS

A. Last will: ______________________________

B. Birth and baptismal certificates: ______________________________

C. Communion and confirmation certificates: ______________________________

D. School diplomas: ______________________________

E. Marriage certificates: ______________________________

F. Military records: ______________________________

G. Naturalization papers: ______________________________

H. Other (adoption, etc.): ______________________________

4. SAVINGS ACCOUNTS*

* Note that the bank may freeze the owner’s account as soon as notified of death.

Bank: ______________________________

Address: ______________________________

Name on account: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Account number: _______________ Type: _______________

Location of passbook (or certificate): ______________________________

Any special instructions: ______________________________

Bank: ______________________________

Address: ______________________________

Name on account: ______________________________

Account number: _______________ Type: _______________

Location of passbook (or certificate): ______________________________

Any special instructions: ______________________________

Repeat for each savings accounts.

5. CHECKING ACCOUNTS*

* Note that banks may be required by law to freeze the owner's account as soon as notified of death.

Bank: ______________________________

Address: ______________________________

Name on account: ______________________________

Account number: _______________ Type: _______________

Cancelled checks and statements are kept: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Bank: ______________________________

Address: ______________________________

Name on account: ______________________________

Account number: _______________  Type: _______________

Cancelled checks and statements are kept: ______________________________

Repeat to cover all accounts.

6. INCOME TAX RETURNS

A. Location of all previous returns:

Federal ______________________________

State ______________________________

City ______________________________

B. Our tax accountant is:

______________________________  (name, address and telephone number)

7. LIFE INSURANCE

A copy of the death certificate must be sent to each company in order to collect benefits.

Policy No.: _______________  Amount $ _______________

Insurance company: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Company address: ______________________________

Agent, if any: ______________________________

Location of policy: ______________________________

Whose life is insured: _______________  Kind of policy: _______________

Policy number: ______________________________

Beneficiaries: ______________________________

Issue date: ______________________________

Maturity date: _______________  How paid out: _______________

Your other options on payout: ______________________________

Special information: ______________________________

Repeat information above for each policy.

For _______________ (amount) in veteran's insurance, call our local Veterans Administration office. Telephone number: ______________________________

8. OUR OTHER INSURANCE

A. Accident, Credit Life, Travel Club, or Fraternal Benefits Company.

Policy amount: $ _______________

Insurance company: ______________________________

Company address: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Agent, if any: ______________________________

Location of policy: ______________________________

Coverage: _______________ Policy number: _______________

Beneficiaries: ______________________________

Issue date: _______________ Maturity date: _______________

Other special information: ______________________________

Repeat for all policies.

B. Medical

Coverage: ______________________________

Company: ______________________________

Address: ______________________________

Policy number: ______________________________

Location of policy: ______________________________

Agent, if any: ______________________________

Or through employer or other group: ______________________________

Repeat for all medical insurance policies.

C. Car
Coverage: ______________________________

Company: ______________________________

Address: ______________________________

Policy number: ______________________________

Location of policy: ______________________________

Term (when to renew): ______________________________

Agent, if any: ______________________________

Give above information for each policy you have.

D. Home and household

Coverage: ______________________________

Company: ______________________________

Address: ______________________________

Policy number: ______________________________

Location of policy: ______________________________

Term (when to renew): ______________________________

Agent, if any: ______________________________

Mortgage insurance
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Coverage: ______________________________

Company: ______________________________

Address: ______________________________

Policy number: ______________________________

Location of policy: ______________________________

Agent, if any: ______________________________

Or through employer or other group:

9. CAR

Year, make and model: ______________________________

Body type: _______ Cylinder: _______ Color: _______

Identification number: ______________________________

Location of papers (title, registration): ______________________________

Purchase price: $ _______________

Seller: ______________________________ (name, address, and telephone number)

Repeat for each car.

10. SOCIAL SECURITY

Telephone number: ______________________________
My name on card: ______________________________

SSA account no: ______________________________

Location of cards: ______________________________

You must apply to get your social security benefits. Call the social security office for an appointment. They will tell you what to bring.

11. FUNERAL PREFERENCES

My choice of funeral home, if any: ______________________________

______________________________ (name, address, and telephone number)

Type of funeral preferred: ______________________________

Other personal preferences or desires: ______________________________

12. RELATIVES AND FRIENDS TO INFORM

Location of names, addresses and telephone numbers: _______________

13. FUNERAL AND CEMETERY INFORMATION

A. Cemetery plot

Location: ______________________________

When purchased: ______________________________

Deed number: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Location of deed: ______________________________

Other information: ______________________________

Type of care (perpetual care, etc.): ______________________________

B. Facts for funeral director. (Bring this with you.)

My name: ______________________________

Residence: ______________________________

Telephone number: ______________________________

Marital status: _______________  Spouse's name: _______________

Date of birth: _______________  Birthplace: _______________

Length of residence in state: _______________, in U.S.A.: _______________

Military Service: ______________________________

When: _______________ to _______________

Social security number: ______________________________

Occupation: ______________________________

Life insurance (company names and policy numbers): ______________________________

Father's name and birthplace: ______________________________

Mother's maiden name: ______________________________
14. DOCTORS’ NAMES AND ADDRESSES

A. My doctors (names, addresses, telephone numbers): ______________________________

B. Dentists (names, addresses, telephone numbers): ______________________________

C. Pediatrician (names, addresses, telephone numbers): ______________________________

15. SAFE DEPOSIT BOX*

* Note that the bank may seal the owner's box as soon as notified of death.

Bank: ______________________________

Address: ______________________________

In whose name: _______________ Number: _______________

Location of key: ______________________________

List of contents: ______________________________

16. CREDIT CARDS

Find all credit cards. Those in my name should either be cancelled or converted to your name.

Company: ______________________________

Address: ______________________________

Name on card: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Account number: ______________________________

Location of card: ______________________________

Repeat information above for each card. Include general cards (such as Mastercard and others), department store, and gasoline company cards.

17. OUR HOUSE

A. General information

In whose name: ______________________________

Address: ______________________________ Lot: _______________

Block: _______________ Section: _______________

On a map called: ______________________________

Other descriptions needed: ______________________________

Our lawyer at closing (name, address, and telephone number): ______________________________

Location of:

statement of closing ______________________________

policy of title insurance ______________________________

deed ______________________________

land survey ______________________________

other ______________________________
B. Mortgage

Bank holding mortgage: ______________________________

Amount of original mortgage: $_______________

Date taken out: ______________________________

Owed as of: $_______________

Method of payment: ______________________________

Monthly payment: $_______________

Location of payment book, if any (or mortgage payment statements): ______________________________

C. Life insurance on mortgage? Yes______ No______

If yes, policy number: ______________________________

Location of policy: ______________________________

Notify 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.

D. Veterans Exemption Claim, if any:

Location: _______________ Amount: $_______________

E. House taxes

Location of receipts: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Amount: $____________

F. Lease (if renting):

Location of contract: ______________________________

Expires: ______________________________

18. WHEN SELLING THE HOUSE

A. Costs

Improvements $_____________ Total Cost: $_____________

Initial buying price: $_____________

Closing fee on purchase: $_____________

Other purchase costs (real estate agent, lawyer's fees, taxes, etc.): $_____________

Final cost of house*

* Also add costs of sale (closing fee, legal, real estate agent, etc.) $\text{[total of all figures]}$: $_____________

B. Itemized house improvements

Improvement: _______________ Cost: $_____________

Location of bills for improvements: ______________________________

Repeat for each improvement.

19. LOANS (other than mortgages)
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Bank: ______________________________

Name on loan: ______________________________

Account number: ___________ Monthly payment: $ ___________

Location of papers: ______________________________

Location of payment book, if any: ______________________________

Collateral, if any: ______________________________

Life insurance on loan? Yes_______ No_______

Repeat if more than one loan, and for other lending sources.

20. INVESTMENTS

A. Broker information

Name of broker: ______________________________

Address and telephone number: ______________________________

Account number: ______________________________

Location of service statements: ______________________________

B. Stocks

Company: ______________________________

Name on certificate: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Number of shares: ______________________________

Certificate numbers: ______________________________

Purchase price: $_______________

Location of certificates: ______________________________

Repeat information for all stocks.

C. Bonds (United States Savings and others)

Issuer: ______________________________

Name on bond: ______________________________

Amount: $_______________ Bond number: _______________

Issue date: _______________ Maturity date: _______________

Purchase price: $_______________

Location of bond: ______________________________

Repeat information for all bonds.

21. WARRANTIES, GUARANTEES, PURCHASE RECEIPTS

Item: ______________________________

Warranty location: ______________________________

Receipt location: ______________________________
§ 35:108.50. Letter of instructions, 10 Florida Jur Forms Legal & Bus. § 35:108.50

Repeat for each item.

22. SPECIAL INSTRUCTIONS TO EXECUTOR OR OTHER PERSONS: 