

Letter of Instruction for

to be used in event of my incapacitation and death

SECTION | 1 | FUNERAL SERVICE AND BURIAL INSTRUCTIONS

FUNERAL

I have / have not pre-arranged for my funeral at the following funeral home, listed below, where I'd prefer my remains to be handled.

I have / have not pre-paid for my funeral at the following funeral home, listed below, where I'd prefer my remains to be handled.

Name of Funeral Home: _____

Address: _____

Contact person: _____

Phone number: _____

Website: _____

VIEWING/ SERVICES

I do/ do not want a viewing time for family and friends with an open/ closed casket.

Type of service desired (check all that apply):

- Funeral home
- Church (Name of preferred church) _____
- Graveside
- Military (funeral director will need a copy of DD Form 214 - keep with this letter)
- None



I would like (name, contact information) _____

to preside at my service(s) if he/she is reasonably available. If not, then please ask (name, contact information)

_____ or someone else of your choosing.

Please ask that in lieu of flowers contributions be made to (name, address, and contact information for charity):

Please incorporate the following into the service (consider quotes, songs, hymns, bible verses):

Military Instructions, if applicable

Taps: Yes / No

Flag presented to (family member or other) at end of the service: _____

ORGAN DONATION

do / do not want to donate my organs. (All funeral/burial plans can still take place after a donation.)

have / have not signed up with the following donor registry:

BURIAL

I want my physical remains to be buried (if cremation is preferred, see below).

I have / have not purchased a cemetery plot at the following location, where I'd like to be interred.

The deed for the plot can be found _____

I purchased the plot from _____ on date _____



Name of Cemetary : _____

Address: _____

Contact person: _____

Phone number: _____

Website: _____

Or, please contact the military survivor assistance officer to arrange for a plot for me in

I want the following type of casket (metal/wood/name of style, if known): _____

I want to be buried in this clothing: _____

I want the following items buried with my remains: _____

I want a headstone (describe or provide photo of type): _____

Service members and honorably discharged veterans can receive a Veterans Administration headstone free of charge.

I would like the following to serve as pallbearers.

List up to 8 people and include contact information such as phone number, email.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



CREMATION

I want my physical remains to be cremated (if burial is preferred, see above).

I want my physical remains to be cremated before/ after a memorial service.

I want the following for disposition of ashes:

Spread at (location) _____

Kept by (name) _____

Interred at (location) _____

DEATH CERTIFICATE - Information to provide funeral director

Full Name _____

Residential Address _____

Marital Status _____

Spouse's Name _____

Date of Birth _____

Birth Place _____

Social Security Number _____

Occupation _____

Mother's name and birth place _____

Father's name and birth place _____

Length of residence in state _____

Military Service Dates _____

Death certificates needed _____



SECTION | 2 | NOTIFICATION AND OBITUARY ANNOUNCEMENT INSTRUCTIONS

NOTIFICATION - Please notify the following immediately of my death

Family Members

Name	Phone Number(s)	Email	Address
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Friends and Colleagues

Name	Phone Number(s)	Email	Address
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____



Professional Contacts

	Name	Phone Number(s)	Email
<input type="checkbox"/> Funeral Home	_____	_____	_____
<input type="checkbox"/> Religious Leader	_____	_____	_____
<input type="checkbox"/> Financial Advisor	_____	_____	_____
<input type="checkbox"/> Estate Attorney	_____	_____	_____
<input type="checkbox"/> Other Attorney	_____	_____	_____
<input type="checkbox"/> Accountant	_____	_____	_____
<input type="checkbox"/> Life insurance agent	_____	_____	_____
<input type="checkbox"/> Employer	_____	_____	_____
<input type="checkbox"/> Social Security Office	_____	_____	_____
<input type="checkbox"/> Organizations	_____	_____	_____
<input type="checkbox"/> Organizations	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> If military, survivor assistance office	_____	_____	_____

(Include organizations such as civic, social, professional, alumni, fraternal, athletic)

OBITUARY

Please provide the obituary shown below to the following newspapers:

Newspaper	Phone	Website
_____	_____	_____
_____	_____	_____
_____	_____	_____



NOTICE – either write own obituary notice (space provided below) or provide bullet points which the newspaper can turn into an obituary. Important items to include:

Full name: _____

Parents' names: _____

Date of birth: _____

Circumstances of death - *to be provided by survivor after death*

Career information: _____

Community activities: _____

Dates of military service along with rank achieved: _____

Special honors/awards received – military, civic, education: _____

Favorite quote(s)/tag lines: _____

Survived by (and relationship) along with town/city where they live – parents, spouse, children (and in-law), grandchildren:

Donation in lieu of flowers to _____

Information on viewing and funeral to be provided by survivor after death.

Any other information deemed appropriate or text for obituary:



ESTATE PLANNING

My estate planning attorney is (name and contact information): _____

(S)He will assist and advise you; please contact him/her immediately.

Shown below is the location of important documents you may need in the event of a serious illness or my death.

Serene Point strongly encourages you to use a fire-proof lock box for all important documents, including this LOI

Location (physical, digital)

Durable Power of Attorney

Health Care Power of Attorney

Directive to Physicians (Living Will)

Declaration of Guardian

Organ Donor Authorization

Wills and/or Trusts

Letter of Instruction to Trustee(s)

Other Personal Letter(s)

OTHER IMPORTANT DOCUMENTS

Location (physical, digital)

Birth certificate (certified copy)

Marriage certificate/license

Divorce decree

Social Security Card

Driver's License

Passport

Military papers – retirement orders, discharge certificate, and/or DD Form 214

Tax returns for last three years

Current year tax paperwork

Annuities



Location (physical, digital)

Insurance policies – life

Insurance policies – property & casualty

Insurance policies – liability

Insurance policies – health

Deeds/titles/closing papers/mortgages/records

of improvements to home and other real estate

Calendar with upcoming appointments

Contacts list/database

Passwords for accounts (financial, social, etc)

PIN for accounts – bank, credit card, ATM

PERSONAL EFFECTS

Include disposition instructions for items such as pets, jewelry, special mementos, collections, clothing, etc

To whom

Listed in will/trust?

History/Importance of item



PERSONAL FINANCES

Set up an appointment with our Serene Point Advisor (name and contact info):

FINANCIAL ACCOUNTS

Provide login information document (website, user name, password) under Important Documents above

Bank accounts

Institution	Type	Number	Fees	List Reoccurring Debits/Credits	Beneficiary(ies)
1					
2					
3					
4					

Credit card accounts

Institution	Type	Number	Fees	List Reoccurring Debits/Credits	Beneficiary(ies)
1					
2					
3					
4					

Brokerage/Retirement Accounts

Institution	Type	Number	Fees	List Reoccurring Debits/Credits	Beneficiary(ies)
1					
2					
3					
4					



Other Private Investment Accounts

Institution	Type	Number	Fees	List Reoccurring Debits/Credits	Beneficiary(ies)
1					
2					
3					

Loans/Mortgages

Institution	Type	Number	Balance	Amount	Auto-Deduct On	Maturity Date
1						
2						

Other Real Estate/Business Holdings not listed above

Type	Contact Person	Notes
1		
2		

Other recurring bills and how paid (if not auto-deducted)

Type	Notes
1	
2	
3	
4	

Signed _____

Date _____

Disclosure: This document is designed to provide general information on the subjects covered. It is not, however, intended to provide specific legal advice. Please note that Serene Point Advisors or its employees do not give legal advice. You are encouraged to consult an attorney.

