

# LETTER OF INTENT FOR

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*TO WHOM IT MAY CONCERN:*

This letter is being written in conjunction with my estate planning and as a supplement to my trust and will. The thoughts expressed in this letter should not be considered rigid or binding and they should always be tempered by a careful consideration of the facts and circumstances existing when a decision has to be made.

In any situation where the provisions of this letter may be deemed to be inconsistent with, or contrary to the terms of my trust, will or other formal estate planning instruments, it is my desire and intent that the provisions of my trust, will and other formal estate planning documents shall govern and be controlling.

## INSTRUCTIONS FOR LETTER OF INTENT

Please use this model Letter of Intent as a guide to writing your own Letter of Intent. When completed, this letter shall inform your loved ones of the following:

- Personal information about you and your family history
- Location of important documentation
- Individuals to contact whom are involved in your financial and legal affairs
- Your financial desires and wishes in connection with the following:
  - o Burial arrangements
  - o End of life decisions
  - o The distribution of certain personal properties

This is your last letter and words to your family and friends. You may revise it any time. It requires no witnessing or notarization. Keep the original of the letter in your safe deposit box and a copy in an accessible area where your family and/or loved ones can locate it when the need arises. Please keep your address book current and in an easily accessible place so your family and/or loved ones are able to ascertain accurate contact information.

*Ideally, we advise that you make a file folder for each of the following items to help you stay organized:*

- Advance Health Care Directives
- Attorney
- Bank Accounts
- Benefits
- Birth Certificate(s)
- Bonds/Securities
- Brokerage Accounts
- Burial Information
- Certified Public Accountant
- Caregivers
- Cars/Vehicles
- Cemetery Information
- Cherished Possessions
- Church Contacts
- Comforting Acts
- Contracts
- Safe Deposit Box
- Divorce Papers
- Estate Planning Documents
- Financial Statements
- Funeral Home Information
- Going-Away Party
- Hospice
- Instant Action Folder (immediate information required at time of death)
- Insurance
- Inventory
- Loans
- Long-Term Care Information
- Marriage License(s)
- Memorial Service
- Military Papers
- Mortgage Papers
- Obituary
- People to Notify
- Real Estate Titles
- Social Security/Medicare Information
- Stages of Grief
- Stocks/Mutual Funds
- Tax Returns
- “Ten Best Things” List
- “Things I Want To Do Before I Die”
- What To Do When Death Occurs

***Health Information***

**Health Care Advisors**

***Primary Physician:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

***Alternate Physician:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

***Alternate Physician:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

***Dentist:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

***Eye Doctor:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

***Pharmacy:***

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

**Prescriptions**

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medication: \_\_\_\_\_

Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date prescribed: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

**Over-the-Counter Medications**

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

**Personal History**

Chronic/Ongoing Illness

\_\_\_\_\_

Date of Onset

\_\_\_\_\_

Treatment and Medication

\_\_\_\_\_

\_\_\_\_\_

Chronic/Ongoing Illness

\_\_\_\_\_

Date of Onset

\_\_\_\_\_

Treatment and Medication

\_\_\_\_\_

\_\_\_\_\_

Chronic/Ongoing Illness

\_\_\_\_\_

Date of Onset

\_\_\_\_\_

Treatment and Medication

\_\_\_\_\_

\_\_\_\_\_

Surgery/Date/Outcome

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgery/Date/Outcome

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History** (attach additional page if necessary)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Illness or Condition:

\_\_\_\_\_

Age of Onset: \_\_\_\_\_

Age of Death: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Illness or Condition:

\_\_\_\_\_

Age of Onset: \_\_\_\_\_

Age of Death: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Illness or Condition:

\_\_\_\_\_

Age of Onset: \_\_\_\_\_

Age of Death: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Illness or Condition:

\_\_\_\_\_

Age of Onset: \_\_\_\_\_

Age of Death: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Illness or Condition:

\_\_\_\_\_

Age of Onset: \_\_\_\_\_

Age of Death: \_\_\_\_\_

**Insurance** (see Exhibit A for additional information)

Health Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Health Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Auto Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Auto Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Homeowners Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Umbrella Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Long Term Care Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Disability Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Personal Profile**

Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Citizen of: \_\_\_\_\_

**Parents**

Father's Name: \_\_\_\_\_  
Stepfather's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Stepmother's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Marital Status**

Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_ Never Married \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Previous Spouse(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Date of Marriage: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Date of Divorce: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Children** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

**Children cont.** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

**Grandchildren** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

**Grandchildren (cont.)** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_



**Great-Grandchildren** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

**Brothers and Sisters** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

**Brothers and Sisters (cont.)** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

**Other Next of Kin** (attach additional page if necessary)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Living or Deceased: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_

**Friends and Neighbors**

Friend: _____	Phone Number: _____
	Email Address: _____
Friend: _____	Phone Number: _____
	Email Address: _____
Friend: _____	Phone Number: _____
	Email Address: _____
Friend: _____	Phone Number: _____
	Email Address: _____
Neighbor: _____	Phone Number: _____
	Email Address: _____
Neighbor: _____	Phone Number: _____
	Email Address: _____

**Guardian for your minor child(ren):**

**First Choice Guardian:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Second Choice Guardian:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Third Choice Guardian:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

If appropriate, please provide factors you considered for choosing the individuals designated in your Nomination of Guardians. This is particularly helpful if you anticipate any other individuals questioning or contesting the designated guardians.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child's/children's current situation and family life:

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I would like my child to be raised with the following in mind:

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Education:    Private School                  Public School                  4 Year College  
                         Graduate School                  \_\_\_\_\_                  \_\_\_\_\_

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Extracurricular Activities:

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Religious/Spiritual Life:

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Sports/Athletics:

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Travel:

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**Professional Advisors**

I have utilized the services of \_\_\_\_\_ with HALES & GEORGE regarding my legal matters and request that he or she handle any and all legal matters relating to the probate or administration of my estate. Copies of all my important estate planning documents are on record at this office.

Accounting matters and the preparation of my income tax returns have been handled for many years by \_\_\_\_\_ and I recommend that he or she be retained to render accounting services for my estate and to advise concerning taxation matters and return.

For a long time I have relied upon the advice of my financial planner who is an agent with \_\_\_\_\_ for advice related to my insurance program. I have great confidence in \_\_\_\_\_ and have discussed these matters with said agent. I think it would be an excellent idea to communicate with \_\_\_\_\_ immediately upon my death to have my agent assist in the administration of my life insurance program.

***Additional Information***

**Attorney:** \_\_\_\_\_, Hales & George  
Phone Number: (408) 255-6292      Email: \_\_\_\_\_  
Address: 19040 Cox Avenue, Suite 3, Saratoga, CA 95070

**Trustee:** \_\_\_\_\_      Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**Banker:** \_\_\_\_\_      Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Accountant:** \_\_\_\_\_      Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_  
Colleges: \_\_\_\_\_  
Trade Schools: \_\_\_\_\_  
Additional Education: \_\_\_\_\_

**Personal and Business Affiliations**

Church: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service, Social, Fraternal and Union Memberships:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Awards/Recognition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests & Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Service: \_\_\_\_\_ Branch: \_\_\_\_\_  
Rank: \_\_\_\_\_ War/Conflict: \_\_\_\_\_  
Enlisted: \_\_\_/\_\_\_/\_\_\_ Discharged: \_\_\_/\_\_\_/\_\_\_  
Additional Military Information:

\_\_\_\_\_  
\_\_\_\_\_

**Employment Information**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_ Yes \_\_\_\_\_ No

Life Insurance Amount: \_\_\_\_\_

Pension Due:

Lump Sum: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

**Household Care**

**Pets** (attach additional page if necessary)

Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food: \_\_\_\_\_

Exercise: \_\_\_\_\_

I choose \_\_\_\_\_ to care for this animal.

**Pets (cont.)** (attach additional page if necessary)

Name: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Food: \_\_\_\_\_  
Exercise: \_\_\_\_\_  
I choose \_\_\_\_\_ to care for this animal.

Name: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Food: \_\_\_\_\_  
Exercise: \_\_\_\_\_  
I choose \_\_\_\_\_ to care for this animal.

**Mail**

Local Post Office: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
P.O. Number: \_\_\_\_\_  
Key is located: \_\_\_\_\_

**Computer**

Password to Log On: \_\_\_\_\_  
Email- Username and Password: \_\_\_\_\_  
Email- Username and Password: \_\_\_\_\_  
Email- Username and Password: \_\_\_\_\_  
Email- Username and Password: \_\_\_\_\_  
Location of Important Files: \_\_\_\_\_  
Location of Important Files: \_\_\_\_\_  
Location of Important Files: \_\_\_\_\_  
Location of Important Files: \_\_\_\_\_

Passwords and Usernames to Other Websites: i.e. Online Banking, Financial Institutions, Airlines, Member Login for Healthcare (i.e. Kaiser Permanente), Networking Sites, Library, Netflix, etc.

**Security System**

Security System: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Password: \_\_\_\_\_  
Password to turn alarm off over the telephone: \_\_\_\_\_

**Garbage**

Garbage Pick Up: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Day of Service: \_\_\_\_\_

**Newspaper Delivery**

Paper: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Paper: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Dry Cleaners**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Yard Care**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Cleaning Service**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Plumber**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Heating/Air Conditioning**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Magazine Subscriptions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Memberships**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID Number: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Monthly Payments: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID Number: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Monthly Payments: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID Number: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Monthly Payments: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID Number: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Monthly Payments: \_\_\_\_\_

Extra House Keys (Location) \_\_\_\_\_  
Extra Car Keys (Location) \_\_\_\_\_

**Financial Information** (see Exhibit A for a detailed list of Accounts etc.)

**Bank Accounts**

Authorized Signatures on these accounts \_\_\_\_\_.

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Debts** (attach additional page)

***Credit Cards***

Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____

***Loans***

Name: _____	Account #: _____
Name: _____	Account #: _____
Name: _____	Account #: _____

Mortgages	_____
Automobile 1	_____
Automobile 2	_____
Notes Payable to Banks	_____
Accounts and Notes Payable to Others	_____
Credit Card Balances	_____
Insurance Premiums Due	_____
Taxes Due	_____
Business Debt	_____
Other _____	_____
Total Liabilities	_____

***Business Ownership***

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date Established: \_\_\_\_\_  
Date of Ownership: \_\_\_\_\_  
Sole Proprietorship: \_\_\_\_\_ S-Corp: \_\_\_\_\_ C-Corp: \_\_\_\_\_  
Professional Corp.: \_\_\_\_\_ LLC: \_\_\_\_\_ Partnership: \_\_\_\_\_

Percentage Owned by you: \_\_\_\_\_ %  
By others:  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

I have planned for the disposition of my business in case of disability, death or retirement:

\_\_\_\_\_ Yes    \_\_\_\_\_ No

I have a Buy-Sell Agreement:        \_\_\_\_\_ Yes    \_\_\_\_\_ No

Dated: \_\_\_\_\_

Located: \_\_\_\_\_

Funded by Insurance: \_\_\_\_\_

Other: \_\_\_\_\_

Buy-Sell Agreement includes business valuation formula:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Business Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Business Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person at the business: \_\_\_\_\_

***Important Documents***

**Location:**

Original Revocable Trust Agreement: \_\_\_\_\_

Original Exhibit A: \_\_\_\_\_

Original Will: \_\_\_\_\_

Original Durable Power of Attorney: \_\_\_\_\_

Original Advance Health Care Directive: \_\_\_\_\_

Original Agreement as to the Status of Property: \_\_\_\_\_

Original Nomination of Guardians: \_\_\_\_\_

Original Trust Transfer Deeds: \_\_\_\_\_

Irrevocable Trust Documents: \_\_\_\_\_

    Trustee(s): \_\_\_\_\_

    Phone #: \_\_\_\_\_

Other Miscellaneous Trust documents: \_\_\_\_\_

Birth Certificates: \_\_\_\_\_

College Diplomas: \_\_\_\_\_

Prenuptial Agreement: \_\_\_\_\_

Postnuptial Agreement: \_\_\_\_\_

Marriage Licenses: \_\_\_\_\_

Divorce Documents: \_\_\_\_\_

Military Documents: \_\_\_\_\_

Citizenship Papers: \_\_\_\_\_

Passport: \_\_\_\_\_

Vehicle Registrations: \_\_\_\_\_

Litigation Pending: \_\_\_\_\_

Prepaid Funeral Plan: \_\_\_\_\_

**Location (cont.):**

Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**Safe Deposit Box/ or Safe Box Location- (Your Trustee and/or Executor should have access to the box)**

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Location of Safe Deposit Keys: \_\_\_\_\_  
Box Inventory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_  
Location of Safe box Keys: \_\_\_\_\_  
Combination: \_\_\_\_\_  
Box Inventory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***End of Life Decisions***

If there is no reasonable expectation of my recovery from physical or mental disability, I request that action should not be taken to keep me alive continuously by artificial or heroic means. However, to avoid burdening members of my family or loved ones in making this decision, it is my desire, in the event of a grave illness and under the appropriate circumstances, that the physician or physicians in attendance be appraised of the request contained in the first sentence of this paragraph, and that the recommendations of the physician or physicians be followed.

Please add any personal directions here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Funeral Arrangements***

In the event of my death, it is my desire that my remains be interred in the plot described below. It is further my desire that any services connected with my burial be economical, extremely simple, and of as brief duration as possible. Frankly, I would prefer only a short grave side service attended by my immediate family and a few persons chosen by them.

Person responsible for making final arrangements:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

ALTERNATE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Clergy or Person Officiating: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Funeral Home Preference: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Location of Service: \_\_\_\_\_

- Type of Service:
- Traditional
  - Direct Burial
  - Same Day
  - Cremation with Memorial Service
  - Cremation with Service
  - Direct Cremation

I have purchased a cemetery plot in \_\_\_\_\_.

Cemetery Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Section #: \_\_\_\_\_

Location of Deed: \_\_\_\_\_

Marker:  Yes  No

I have a prepaid funeral plan # \_\_\_\_\_

Music:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Viewing Wishes: \_\_\_\_\_ Open Casket \_\_\_\_\_ Closed Casket  
Special Requests

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In lieu of flowers, please make contributions to:

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**Pallbearers**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
8. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Distribution of Personal Items (see attachment)**

I have attached to this letter a list that includes certain personal properties or belongings that are not of the type of property which should be probated in my estate nor included in any trust which I have created. This list has two columns, the first column being an identification of the property, and the second column showing a name to whom I desire that property be given and their relationship to me. In the absence of any problems concerning these matters or any disagreement, it is my desire that my wishes be performed as described in said schedule. I desire to state that if there is any dispute concerning these items, the provisions of my will pertaining to my personal belongings shall be controlling.

*Some examples may be:*

*Antiques*

*Furniture*

*Jewelry*

*Guns*

*Automobiles*

*Clothing*

*Collectibles*

*Family heirlooms*

Finally, I should like to state that although, in the foregoing letter, I have referred to numerous professional people and companies from whom advice or services may be obtained, one should not forget that the family members themselves should at all times exercise a deep concern, interest and involvement in the administration of all estate and management properties. Involvement by the owners of properties, whether they are prospective or future owners, outright owners or trust beneficiaries, is the most important ingredient for a good result. Not only is involvement by family members desirable from the standpoint of an economic result, but it will produce understanding and a great amount of satisfaction and enjoyment.

This Letter of Intent was completed with considerable effort, much love and respect for those who will be picking up the pieces of my life. Thank you for honoring my trust.

Sincerely,

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

