

**Letter of Last Instructions**  
**Worksheet**  
 March 2022

**Death Notification**

Prepare a list of people to be notified about your death and include their contact information.

Family Members:	
Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____
Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____
Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Name of Family Member: _____ Address: _____ City/State/Zip: _____ Phone #: _____

**Friends/Neighbors, & Close Acquaintances:**Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_**Professional and business relationships, including:***Employer/Employees:*Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_Name:  
\_\_\_\_\_Address:  
\_\_\_\_\_City/State/Zip:  
\_\_\_\_\_Phone #:  
\_\_\_\_\_

<p><i>Accountant:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>	<p><i>Attorney:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>
<p><i>Investment Advisor:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>	<p><i>Personal Representative:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>
<p><b>Financial institutions where you have accounts (including banking, brokerage firm, and mutual fund company):</b></p>	
<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>	<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>

<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>	<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Account #: _____</p> <p>Type of Account: _____</p>
<b>Insurance agents (including automobile, life, mortgage, property, and health):</b>	
<p>Insurance Agent Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> <p>Type of Insurance: _____</p>	<p>Insurance Agent Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> <p>Type of Insurance: _____</p>
<p>Insurance Agent Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> <p>Type of Insurance: _____</p>	<p>Insurance Agent Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> <p>Type of Insurance: _____</p>

<b>Cooperatives that pay dividends (rural electric or phone, etc.):</b>	
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____	Phone #: _____
<b>Government Agencies:</b>	
<i>Social Security:</i>	<i>U.S. Department of Veteran Affairs:</i>
Social Security Number: _____	Location of Discharge Papers: _____
Location of Social Security Card: _____	

### Funeral Arrangements

Describe any funeral arrangements that you have already made. If pre-arrangements have been made with a mortuary or crematorium and paid for through a prepaid trust or funeral insurance policy, provide the location of the contract.

Donate Organs:      Yes    No   If checked yes: donate to:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Autopsy:             Yes    No

Embalming:         Yes    No

Public Viewing Prior and During Funeral:     Yes    No

Body Disposal:     Yes    No

Detailed arrangements already made:

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Cremation:  Yes  No

If so, explain method of disposition of ashes:

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Type of Service to Perform:

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Open Casket:  Yes  No

Music:  Yes  No If yes, list of songs by title and artist:

1. 

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2. 

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3. 

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4. 

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5. 

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6. 

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7. 

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8. 

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9. 

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Location of Funeral:

Name:

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Address:

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City/State/Zip:

---

Phone #:

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Flowers and/or donations, memorials:

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

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

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Choice of Coffin: \_\_\_\_\_

Newspapers to receive obituary information:

Name of Newspaper: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Name of Newspaper: \_\_\_\_\_

Name of Newspaper: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

**Death Certificates**

Usually six to twelve certified death certificates are needed to document a deceased Montanan's passing so assets can be transferred to survivors. Provide information that will be needed for your death certificate:

Full name: \_\_\_\_\_

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

Marital status:  Married  Divorce  Single

Spouse's name: \_\_\_\_\_









**Debt Owed to You**

Make a list of all the debts owed to you; include full name, address, and telephone number of the debtor, payment terms, collateral and so on.

Full Name	Address	Phone #	Payment Terms	Collateral

**Homeowners Records**

Give the location of the deed, beneficiary deed, title insurance, and mortgage papers on all real property that you own.

Homeowners Records	Location of Papers
Deed	
Title Insurance	
Mortgage Papers	
Homeowner Insurance	
Beneficiary Deed	
Copy of Homestead Declaration	

**Household Contents**

Provide the location of the list of your household inventory or the location of photographs of your household contents.

Location of List of your Household Inventory: \_\_\_\_\_

Location of Photographs of your Household Contents: \_\_\_\_\_

**Insurance**

List all of your insurance policies by type (life, auto, home, health, credit life, funeral, and burial,) company name and address, policy number and insurance agent, and contact information. Include a notation of any loans that you have taken out against a policy that has not been repaid. Also, include the location of each policy.





**Will**

Provide the location of your signed original will and copy of separate writing (allowed by Montana law) of how you want your tangible personal property distributed after your death.

Location of Signed Original Will: \_\_\_\_\_

\_\_\_\_\_

Location of Copy of Separate Writing allowed by Montana law: \_\_\_\_\_

\_\_\_\_\_