

Life Planning

LETTER OF INTENTION to (person who will carry out your wishes)

Date

DOB

SS #

There are many things in life that are out of our hands. The information in this letter lets me talk with my family friends and Doctors so that they will not have to guess what I want.

1. Immediate family:
 2. Close Friends:
 3. Notify out-of-town friends and relatives
 4. Location of Health Directive/living will
 5. Doctor:
 6. Religious representative/Church affiliation:
 7. Funeral home
 - Place and manner of interment: cremation / burial
 - If a veteran, take military papers to funeral home
 - Order 12 Death Certificates through funeral home
 8. Job:
 - Notify company Personnel Department
 9. Social Organization
 - 10.. Location of Power of Attorney
 - Trustees name:
 11. Location of Will
 - Executors name
 - : Guardian name
 12. Location of Life Insurance Policy(s)
 - Check Beneficiaries
 13. Safe Deposit Box -
 14. Computer/cell phone Passwords
 15. Social media accounts -
 16. Accounts
 - Bank Accounts
 - Credit card accounts
 - Mortgage accounts
 17. Any additional comments:
- Print name and Signature