

# LAREDO & SMITH, LLP

101 Federal Street•Suite 650•Boston, MA 02110  
ph 617.443.1100 fax 617.443.1174  
www.laredosmith.com

## YOUR LETTER OF INSTRUCTIONS

### A WORK IN PROGRESS

This Letter of Instructions provides you with a format to give your family and advisors information and guidance concerning matters that require attention immediately after death, in the settling of your estate, and in the administration of trusts and other arrangements that continue after your death.

Your Letter may also be very useful if you become incapacitated or otherwise unable to manage your own affairs.

**Please note that the information you provide in this Letter will not be binding upon your heirs and fiduciaries.<sup>1</sup>**

*Please adapt the Letter to fit your situation. If an item is not applicable, please indicate “N/A.”*

We recommend that you periodically update your Letter and provide us with a copy, using your ShareFile folder or other method to assure protection and privacy.

Thank you for attending to this invaluable element of your estate planning.

Name..... Date.....

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<sup>1</sup> Massachusetts law permits you to make binding disposition of your tangible personal property, if you specify that that is your wish. Examples of tangible personal property include jewelry, personal effects, vehicles, works of art, and so forth. Cash, stocks, bonds and promissory notes are not tangible personal property. Please see also the “Personal Effects” and “Special Wishes” sections.

## **FIRST THINGS TO DO**

### **NOTIFICATION**

1. Call the following persons:

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2. Notify employer. Name and telephone.....
3. Make arrangements with funeral home. (See "Cemetery and Funeral" section.)
4. Request at least 10 copies of the death certificate. (Usually the funeral director will provide them.)
5. Call estate planning attorney: Gregory J. Englund at 617-443-1100 or cell 978-505-1435.
6. Provide the following newspapers with obituary information.....

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**[You may wish to prepare a draft or outline of the obituary.]**

7. Contact local Social Security office. (See "Social Security" section.)
8. Retrieve and process life insurance policies. (See "Life Insurance" section.)
9. Notify bank that holds home mortgage. (See "Mortgage" section)
10. Notify the following acquaintances and organizations.....

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**CEMETERY AND FUNERAL: This information should be provided to the funeral home, including the cemetery deed.**

1. Full name.....
2. Residence.....
3. Marital status..... Spouse's name.....
4. Date of birth..... Birthplace.....
5. Father's name and birthplace.....
6. Mother's maiden name and birthplace.....
7. Length of residence in state..... In United States.....
8. Military record.....  
Bring veterans' discharge papers, if possible.
9. Social Security number..... Occupation.....

**SPECIAL WISHES: Please note that if this section is completed your Personal Representative will be required by Massachusetts law to comply with these wishes.**

1. Donate these organs.....
2. Autopsy if doctor or family requests: [ ] Yes [ ] No
3. Simple arrangements: [ ] No embalming [ ] No public viewing  
[ ] The least expensive burial or cremation container  
[ ] Immediate disposition

4. Remains should be:
- Donated. Arrangements made on.....with.....
  - Cremated and the ashes  Scattered  Buried at.....
  - Disposed of as follows.....
  - Buried at.....
5. The following services:
- Memorial (after disposition)
  - Funeral (before disposition)
  - Graveside
- To be held at.....
6. Memorial gifts to..... Omit flowers:  Yes  No
7. Arrangements have been made with the following mortuary.....

**CEMETERY PLOT**

- 1. Location.....
  - 2. Date purchased.....
  - 3. Deed number and location of deed.....
  - 4. Other information (e.g., perpetual care).....
- .....

**ADDITIONAL INFORMATION**

**NAMES, BIRTHDATES, AND ADDRESSES OF IMMEDIATE AND EXTENDED FAMILY MEMBERS**

Please attach additional sheet if necessary.

**LOCATION OF PERSONAL PAPERS**

1. Last will and testament.....
2. Birth and baptismal certificates.....
3. Communion, confirmation, bar mitzvah or similar certificates.....
4. School diplomas.....
5. Marriage certificate.....
6. Military records.....
7. Naturalization papers.....
8. Other (e.g., adoption, divorce).....

**SAFE-DEPOSIT BOX**

1. Bank name and address.....
2. In whose name..... Number.....
3. Location of key.....
4. List of contents (if extensive, attach separate inventory).....  
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In the event of death of a safe-deposit box owner, state law may require the bank to seal the deceased's box as soon as notified of his death, even if the box is jointly owned.

**POST OFFICE BOX**

1. Address.....

- 2. Owners.....
- 3. Box number.....
- 4. Location of key or combination.....

**INCOME TAX RETURNS**

- 1. Location of all previous returns (federal, state, local).....  
.....
- 2. Tax preparer's name..... Telephone.....
- 3. Check to see if any estimated quarterly taxes are due.

## **YOUR DIGITAL LEGACY**

Please use this section to provide information concerning your online accounts such as email, banking, social or professional networks, and so forth. This information may save your family and their advisors a great deal of time, effort and expense, while providing access to essential information and resources, or facilitating the orderly closure of digital arrangements.

<b>Website</b>	<b>Username</b>	<b>Password</b>	<b>Other information</b>

**DEBTS OF THE ESTATE**

**CREDIT CARDS:** All credit cards in the deceased’s name should be canceled or converted to the survivor’s name.

<b>Credit card company</b>	<b>Name(s) on card</b>	<b>Account number</b>	<b>Location of card</b>

**MORTGAGES AND HOME EQUITY LINES:**

Mortgage

- a. Held by.....
- b. Name(s) on loan .....
- c. Amount of original mortgage: \$..... Date .....
- d. Balance: \$..... As of .....
- e. Is there life insurance on mortgage?       Yes       No
- f. Location of papers .....

**LOANS OUTSTANDING** (other than mortgages)

<b>Bank</b>	<b>Name(s) on loan</b>	<b>Account number</b>	<b>Original principal</b>	<b>Location of papers</b>



**ASSETS OF THE ESTATE**

**HOUSE or CONDOMINIUM:** Contact local tax assessor for documentation needed or more information.

1. In whose name.....
2. Address.....
3. Other descriptions needed.....
4. Location of closing statement, policy of title insurance, deed, land survey, etc.  
.....
6. Property taxes
  - a. Amount: \$..... Frequency: .....
  - b. Location of receipts.....
7. If renting, is there a lease?  Yes  No
  - a. Lease location.....
  - b. Expiration date.....

**SOCIAL SECURITY**

1. Name:..... Number.....  
Location of Social Security cards:.....
2. File a claim immediately to avoid possibility of losing any benefit checks. Call local Social Security Administration (SSA) Office for appointment and follow SSA's instructions as to what to bring. SSA telephone.....
3. Expect a lump Sum of about \$..... plus continuing benefits for children under age 18. A spouse may receive benefits until children reach age 18, between ages 50 and 60 if disabled, or if over age 60.

**RETIREMENT PLANS**

Type of Plan	Plan Administrator	Beneficiaries: Primary/Secondary	Contact
IRA			
401K			
Pension Plan			

**OTHER DEATH BENEFITS RELATED TO EMPLOYMENT**

Source	Amount	Description	Contact
Employer			
Social Security			
Veteran's Administration			

**LIFE INSURANCE:** To collect benefits, a copy of the death certificate must be sent to each insurance company. Provide the following information for each policy.

Policy number	Death benefit	Insurer and Agent	Owner	Beneficiary

**OTHER INSURANCE**

Type	Policy number	Insurer and Agent	Coverage	Other information
Accident				
Automobile				
Homeowners				
Medical				

**DEBTS OWED TO THE ESTATE**

<b>Debtor</b>	<b>Terms</b>	<b>Payment information</b>	<b>Location of documents</b>	<b>Comments on discharge</b>

**AUTOMOBILES**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Title in name of</b>	<b>Location of papers</b>

**BANK AND CHECKING ACCOUNTS**

<b>Bank</b>	<b>Name(s) on account</b>	<b>Account number</b>	<b>Type of account</b>

**STOCKS: Complete table or attach recent account statement**

<b>Owned by</b>	<b>Company</b>	<b>Number of shares owned</b>	<b>Purchase price</b>	<b>Date purchased</b>

**BONDS/NOTES/BILLS: Complete table or attach recent account statement**

Owned by	Issuer	Face amount	Purchase price	Date purchased	Maturity date

**MUTUAL FUNDS: Complete table or attach recent account statement**

Owned by	Fund	Number of owned	Purchase price	Date purchased

**OTHER ASSETS AND INVESTMENTS**

For each investment list amount invested, to whom issued, original investment date, and other applicable information. Also list location of important documents and people to contact.

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**GUIDANCE FOR RAISING CHILDREN**

**IMPORTANT NAMES AND ADDRESSES**

1. Children's schools and teachers .....  
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2. Daycare or babysitter's name ..... Telephone .....  
Address .....
3. Children's pediatrician's name..... Telephone.....  
Address.....
3. Children's dentist's name..... Telephone.....  
Address:.....

**OTHER INSTRUCTIONS OR GUIDANCE**

You may wish to provide guidance in other areas, such as living arrangements; education; allowances; religious preferences; health issues; or sensitive family relationships. Please attach extra sheets as necessary.

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**PERSONAL EFFECTS AND OTHER TANGIBLE PERSONAL PROPERTY**

The following personal effects and other items of tangible personal property<sup>2</sup> shall be given to the person[s] named below<sup>3</sup>, provided that he or she survives you.

*Please note that if this section is completed and signed, your Personal Representative will be required by Massachusetts law to comply with these wishes.*

Item description	Person

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

<sup>2</sup> Examples of tangible personal property include works of art, books, furniture, silverware, china, jewelry, furnishings, clothing, pictures, linens and automobiles

<sup>3</sup> To assure accurate identification, please indicate how the person is related to you, or if not related, the town and state where the person lives.



## **ADDITIONAL GUIDANCE**

Elsewhere in the Letter you may have already provided guidance with respect to the raising of children and the conduct of your closely-held business. Here you may offer additional guidance, comment, and insight concerning these and any other matters, as part of your intangible legacy.

Examples could include guidance concerning your end of life wishes<sup>4</sup>, principles of investment, use and enjoyment of a vacation property, or administration of a family foundation or other charitable arrangement. You could include lessons, anecdotes, or vignettes from family history and life experience...

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**JANUARY 2018**

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<sup>4</sup> Amplifying the “Living Will” provisions of your Health Care Proxy and Living Will.