



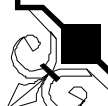
# **PLAN TODAY FOR TOMORROW**

Letter of  
Instruction  
for

---

**SCHLOEMER LAW FIRM, S.C.**  
143 S. Main Street, Third Floor  
West Bend, WI 53095

Telephone: 262-334-3471  
Website: [www.schloemerlaw.com](http://www.schloemerlaw.com)



## **IMPORTANT INFORMATION ABOUT MY BELONGINGS, BUSINESS AFFAIRS, AND WISHES**

**BEFORE YOU PROCEED, PLEASE READ: THIS OUTLINE IS NOT A LEGAL DOCUMENT AND IS NOT LEGALLY BINDING ON YOUR REPRESENTATIVES. ALL LEGALLY BINDING REQUIREMENTS SHOULD BE IMPLEMENTED THROUGH YOUR ESTATE PLAN WITH AN ATTORNEY.**

The purpose of this outline is to provide valuable information if you become incapacitated, and for after you are gone. Please fill out what is necessary or helpful for your family. Not all of the information in this outline will apply to you. If there is anything that is not addressed, please feel free to add any information that you think would be helpful to your family.

We recommend that this be reviewed once a year to determine if anything has changed or needs to be updated.

You should also share this outline with whomever will be in charge of making decisions for you at the time of your passing or in case of lifetime incapacity. They do not necessarily need a copy of this, but they should know where you plan to keep this outline.

If you are married, spouses can complete this form together, or they can each create their own separate form, depending upon their preference. Where information only applies to one spouse, please indicate who the information applies to.

### **PERSONAL INFORMATION :**

Legal Name:

Maiden Name:

Residence Address:

Post Office Box No.:

Post Office Box Key Location:

Home Phone No.:

Mobile Phone No.:

Fax Phone No.:

Social Security No. and Location of Card:

Birthplace:

Marital Status:

Spouse's Name:

Children's Name(s):

Grandchildren's Name(s):

Former Spouse's Name(s):

Sibling's Name(s):

Father's Name:

Father's Birthplace:

Mother's Name and Maiden Name:

Mother's Birthplace:

Occupation:

Citizenship information:

Religion and Clergy person:

Military:

**MEDICAL INFORMATION:**

Living Will is located:

Health Care Power of Attorney is located:

Health Care Agent Appointed:

Blood Type:

Medical Conditions:

Medications:

Allergies and reactions:

Health Insurance Name & Card Location:

Primary Care Physician and Contact Information:

Other Doctors:

Preferred Hospital:

Preferred Pharmacy:

Wishes if I am unable to Communicate:

**CONTACT INFORMATION:**

Trustee/Personal Representative and Contact Info.:

Attorney and Contact Info:

Accountant and Contact Info.:

Tax Preparer and Contact Info.:

Financial Advisor and Contact Info.:

Insurance Agent and Contact Info.:

**CONTACTS AT THE TIME OF MY PASSING:**

Family Member and Contact Info.:

Friend(s):

Employer:

Landlord:

Military Contact(s):

Funeral Insurance Policy(s):

**FUNERAL ARRANGEMENTS/MY PREFERENCES:** Please make arrangements with:

Funeral Home: \_\_\_\_\_

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

Memorial Society: \_\_\_\_\_

Medical School: \_\_\_\_\_

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

Type of Service/Ceremony:

\_\_\_\_\_ Visitation for friends/relatives      \_\_\_\_\_ Cremation with Funeral Service  
\_\_\_\_\_ Private Visitation      \_\_\_\_\_ Conventional Funeral  
\_\_\_\_\_ No Visitation      \_\_\_\_\_ Donation of Body with Funeral

Service:

\_\_\_\_\_ Direct Cremation      \_\_\_\_\_ Direct Burial  
    with/without Memorial Service      with/without Memorial Service  
\_\_\_\_\_ Donation to Medical Institution      \_\_\_\_\_ Other \_\_\_\_\_  
    with/without Memorial Service      \_\_\_\_\_

Person to conduct service:

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

Preparation of Body: \_\_\_\_\_ Embalm      \_\_\_\_\_ Do Not Embalm

Container for Body: \_\_\_\_\_ Hard Wood Casket      \_\_\_\_\_ Cloth Covered Casket      \_\_\_\_\_ Fiberboard

Disposition of Body: \_\_\_\_\_ Ground Burial      \_\_\_\_\_ Mausoleum  
                                 \_\_\_\_\_ Medical Research      \_\_\_\_\_ Cremation

Body Present: \_\_\_\_\_ Casket Open      \_\_\_\_\_ Metal Casket      \_\_\_\_\_ Urn  
                                 \_\_\_\_\_ Casket Closed      \_\_\_\_\_ Box  
                                 \_\_\_\_\_ Body Not Present

Disposition  
of Cremains:      \_\_\_\_\_ Columbarium Niche      \_\_\_\_\_ Urn Burial  
                                 \_\_\_\_\_ Private Burial or Storage. Where: \_\_\_\_\_  
                                 \_\_\_\_\_ Scatter. Where: \_\_\_\_\_

Has disposition site been purchased? Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

I wish to be buried in (Cemetery Name, City, and State):

I \_\_\_\_\_ do \_\_\_\_\_ do not own a cemetery plot. Lot number:

Legal description of Lot:

Memorial:      \_\_\_\_\_ Granite      \_\_\_\_\_ Bronze Plaque      \_\_\_\_\_ Marble

Inscription for memorial marker:

Pallbearers:

Favorite Bible passage or other literature:

I would like the following musical selections:

Organist: \_\_\_\_\_ yes \_\_\_\_\_ no      Soloist: \_\_\_\_\_ yes \_\_\_\_\_ no

Wedding Ring:      Stays on: \_\_\_\_\_ yes \_\_\_\_\_ no, or give to: \_\_\_\_\_

Jewelry:      Stays on: \_\_\_\_\_ yes \_\_\_\_\_ no to be removed.

Clothing I prefer:

Participating organization (military or fraternal):

Flag \_\_\_\_\_ no \_\_\_\_\_ yes      If yes, folded at head of casket \_\_\_\_\_ or draped over casket \_\_\_\_\_

Flowers (color and type):

Other requests:

### **DEPENDENTS:**

Name of Dependent(s) / Relationship / Contact Info.:

Dependent's Birthdate / Birthplace / Citizenship:

Caregiving / Custody / Guardianship Info. /Directions / Location of Documents:

Dependent's Health Information:

### **IMPORTANT DOCUMENTS:**

Estate Planning documents located:

Driver's License No. and Location:

Passport No. and Location:

Birth Certificate and Location:

Marriage Certificate and Location:

Divorce Paperwork and Location:

Address Book Location:

### **COMPUTER INFORMATION:**

Usernames and Passwords Location:

**EMAIL:**

Email Account / Username / Password:

**SOCIAL MEDIA:**

Facebook (Username / Password):

LinkedIn (Username/ Password):

Website or Blog (Username / Password / Webmaster's Info. / Domain Host):

**BANK ACCOUNT INFORMATION:**

Checking Account (Bank Name and Account No./ Passwords / Usernames):

Savings Account (Bank Name and Account No. / Passwords/ Usernames):

Any Other Banks (Names and Accounts):

Debit Card (Bank Name and Account No.):

Credit Card (Names / Account No. / Contact Info. / Passwords / Usernames):

Store Credit Cards (Name of Store / Card No. / Contact Info.):

**INVESTMENTS / STOCKS / BONDS / ETC.:**

Description of Investment / Account Number / Contact Info.:

**OTHER ACCOUNTS (FREQUENT FLYER/REWARD PROGRAMS/ETC.):**

Name of Account / Information:

**TAX RECORDS:**

Federal and State Tax Records Located:

Online info (Account No. / Username / Password):

**SAFE DEPOSIT BOX:**

Bank Name and Location / Box No. / Key Location / Contents:

**DEBT:**

Mortgage (Lender Name/Contact Info./Account No./Location of Documents):

Other Home Loans (Lender Name/Contact Info./Account No./Location of Documents):

Car Loan (Lender Name/Contact Info./Account No./Location of Documents):

Student Loan (Lender Name/Contact Info./Account No./Location of Documents):

Medical Bills (Place/Contact Info./Account No./Location of Documents):

Credit Card Bills (Contact Info./Account No./Location of Documents):

Personal Loans (Contact Info./Account No./Location of Documents):

Judgements (Contact Info./Account No./Location of Documents):

**MONEY OWED TO ME:**

Personal Loans (Contact Info./Details/Location of Documents):

Judgements (Contact Info./Details/Location of Documents):

**COMMERCIAL/BUSINESS INFORMATION:**

*\*\*See Separate Business Critical Information Date Form (Crisis Outline)*

**LIFE INSURANCE POLICIES:**

Type of Policy / Account No. / Contact Info. / Beneficiary / Location of Documents

**EMPLOYER BENEFITS:**



Name / Account No. / Contact Info. / Location of Documents

**SOCIAL SECURITY:**

Name / Account No. / Contact Info. / Location of Documents

**RETIREMENT:**

Name / Account No. / Contact Info. / Location of Documents

**VETERAN BENEFITS:**

Veterans Affairs Regional Office (Account No. / Contact Info. / Location of Documents)

**REAL ESTATE:**

Residence (Address)

Co-Owners (Names / Contact Info.)

Location of Documents and Keys:

Home Security (Name of Company / Contact Info.)

Rental Property (Address / Location of Lease / Expiration of Lease / Location of Keys)

Rental Property Manager (Name and Contact Info.)

Second Home, Condo, Land, etc. (Address)

Second Home (Legal Documents Location / Location of Keys)

Second Home Co-Owners (Name and Contact Info.)

Commercial Property (Address)

Commercial Property (Legal Documents Location / Location of Keys)

Commercial Property Co-Owners (Name and Contact Info.)

**VEHICLES (CARS / BOATS / CAMPERS / ETC.):**

Vehicle (Year / Model / Make / Color / VIN No. / Location of Title / Location of Keys)

**HEIRLOOMS AND PERSONAL EFFECTS:**

Item (Description and Location)

**FIREARMS:**

Item (Description / Registration Info. / Permit Info. / Location)

**STORAGE UNITS:**

Storage Company (Name and Contact Info. / Location / Unit No. / Location of Key)

**SAFE:**

Location / Location of Keys / Combination

**HIDDEN VALUABLES:**

Location and Description

**INSURANCE:**

Life Insurance (Agency / Agent's Name and Contact Info. / Location of Policy)

Homeowner's Insurance - Residence  
(Agency / Agent's Name and Contact Info. / Location of Policy)

Rental/Storage Insurance (Agency / Agent's Name and Contact Info. / Location of Policy)

Health Insurance (Agency / Contact Info.)

Medicare/Medicaid (Account No. / Contact Info.)

Dental Insurance (Contact Info.)

Vision Insurance (Contact Info.)

Motor Vehicle Insurance (Contact Info. / Location of Policy)

**PETS:**

Pet Name / Description / Age / License No.:

Veterinarian (Contact Info. / Health Issues);

Who will care for the Pet (Name and Contact Info.);

Instructions for Pet Care:

**WHAT TO CLOSE / PAY / CANCEL AT MY DEATH:**

**Credit Cards**

Credit Card (Names / Account No. / Contact Info. / Passwords / Usernames):

**Utilities:**

Gas and Oil (Account No. / Contact Info.)

Electric (Account No. / Contact Info.)

Water (Account No. / Contact Info.)

Phone – Landline and Cell (Account No.(s) and Contact Info.)

Cable / Television / Internet (Account No.(s) / Contact Info.)

**Online Retail Accounts:**

Name / Account No. / Contact Info. / Username / Password

**Online Accounts:**

Name / Account No. / Contact Info. / Username / Password

**Autopay Accounts:**

Name / Account No. / Contact Info. / Username / Password

**Charities:**

Name / Contact Info.

**Library Card:**

Name of Library / Card No. / Contact Info.

