



Print Your Name

Letter of Instruction to the Trustee

I leave these specific instructions and/or location lists to be incorporated by reference into the terms of my revocable living trust. In the event there is a conflict between this Letter of Instruction and my revocable living trust, the terms of my trust shall control.

Please contact my attorney’s office to schedule an appointment for a complete guide of steps that you will need to follow.

Please contact the following beneficiaries of my trust: _____

DOCUMENT FINDER

Estate Planning Portfolio

Location: _____

and at the law firm of GALBRAITH, PLLC

- Contents: Living Trust Agreement
 Last Will & Testament (original at law firm)
 Special Power of Attorney
 Health Care Power of Attorney
 Living Will
 Affidavit of Trust
 Memorial Instructions

Health Care Instructions
Guardian/Trustee Instructions
Memorandum of Personal Property
Asset Information
Additional Instructions, if applicable

Safety Deposit Box(s)

Bank Location: _____

Box Number: _____ Key Location: _____

Bank Location: _____

Box Number: _____ Key Location: _____

Business Papers:

Locations of

Employment contracts: _____

Partnership agreements: _____

Corporation documents: _____

Leases: _____

Other agreements: _____

Investment Accounts:

Location of

Securities: _____

Brokerage accounts: _____

Stock certificates: _____

Bonds: _____

Annuity contracts: _____

Stock-option plans: _____

Others: _____

Retirement Accounts:

Location of

Pension Plan: _____

Profit sharing plan: _____

IRA: _____

Other: _____

Cash Accounts:

Location of

Checkbook(s): _____

Savings (s): _____

CD(s): _____

Credit Card(s): _____

Other: _____

Real Estate:

Location of

Deed(s) to real estate: _____

Deeds(s) to time shares: _____

Title insurance: _____

Rental property records: _____

Notes and loan agreements: _____

Mortgages: _____

Other: _____

Tax Records:

Location of

Income tax returns: _____

Gift tax returns: _____

Personal Effects and Other Assets:

Location of

Car titles: _____

Boat/Plane titles: _____

List of insurance policies: _____

Irrevocable Life Insurance Trust document _____

Marriage papers: _____

Divorce/Separation papers: _____

Birth/Adoptions papers: _____

Anatomical gift forms: _____

Cemetery plot deed: _____

Military Papers: _____

Fire proof box: _____

Other: _____

Other: _____

Other: _____

Other: _____

KEY INDIVIDUALS TO BE CONTACTED

Accountant: _____

Firm: _____ Location: _____

Phone: _____

Financial Advisor: _____

Firm: _____ Location: _____

Phone: _____

Attorney: _____

Firm: _____ Location: _____

Phone: _____

Insurance Agent: _____

Firm: _____ Location: _____

Phone: _____

Banker: _____

Firm: _____ Location: _____

Phone: _____

Church: _____

Clergyman/rabbi: _____ Location: _____

Phone: _____

Doctor: _____

Practice _____ Location: _____

Phone: _____

Employer: _____

Firm: _____ Location: _____

Phone: _____

Previous Employer: _____

Firm: _____ Location: _____

Phone: _____

Partner: _____

Firm: _____ Location: _____

Phone: _____

Partner: _____

Firm: _____ Location: _____

Phone: _____

Relative/Friends: _____

Relationship _____ Address: _____

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Phone: _____

Relative/Friends: _____

Relationship _____ Address: _____

Phone: _____

Relative/Friends: _____

Relationship _____ Address: _____

Phone: _____

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20__.

SIGNATURE

Printed: _____

This document was prepared by
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