

LETTER OF LAST INSTRUCTIONS

IN THE EVENT I AM SERIOUSLY ILL OR DISABLED, OR UPON MY DEATH, PLEASE NOTIFY MY ATTORNEYS, ANDERSON ELDER LAW, LLC AT (610) 566-4700.

TO: Name _____
 Address _____

FROM: Name NONE _____

I. LOCATION OF IMPORTANT PAPERS

- A. Will _____
- B. Trust _____
- C. Power of Attorney _____
- D. Banking Power of Attorney _____
- E. Living Will _____
- F. Life Insurance Policies _____
- G. Retirement Account Information _____
- H. Deeds _____
- I. Health Insurance Information _____
- J. Securities _____
- K. Pension Booklet and Summary _____

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- L. Safe Deposit Box Key _____
Name of Bank _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____
- M. Business Agreements _____
- N. Income Tax Returns _____
- O. Gift Tax Returns _____
- P. Other _____

II. PROFESSIONALS

A. Attorney:

Name of Attorney: _____

Name of Law Firm: Anderson Elder Law, LLC

Address of Law Firm: 206 Old State Road
Media, Pennsylvania 19063

Telephone Number: (610) 566-4700

B. Accountant

Name of Accountant _____

Name of Accounting Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

C. Stockbroker

Name of Stockbroker _____

Name of Brokerage Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

D. Trust Officer

Name of Trust Officer _____

Name of Bank or Trust Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E. Insurance Broker

Name of Insurance Representative _____

Name of Insurance Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

F. Retirement Plan Administrator

Name of Contact Person _____

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

G. Other

Name of Contact Person _____

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

III. FUNERAL ARRANGEMENTS

A. Proposed Clergy

Name of Proposed Clergy _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

B. Burial: Yes _____ No _____ **Cremation:** Yes _____ No _____

C. Proposed Funeral Director

Name of Proposed Funeral Director _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

D. Proposed Cemetery

Name of Proposed Cemetery _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E. **In lieu of flowers, send contributions to:**

Name of Charity _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

F. **Other**

IV. **INTENTIONS FOR BENEFICIARIES**

V. **PERSONS TO NOTIFY IF SERIOUSLY ILL, DISABLED OR UPON MY DEATH**

A. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

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B. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

C. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

D. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

F. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

