
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 Associates, PC

- 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: _____
Phone: _____

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IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 200__.

SIGNATURE
Printed: _____

This document was prepared by
GALBRAITH ASSOCIATES, P.C.

**GALBRAITH
ASSOCIATES**

A LEGACY PLANNING LAW FIRM

Indiana
10150 Lantern Road, Suite 250
Fishers, IN 46037
317-578-1400; / 317-578-0207 Fax

Naples
1045 Crosspointe Drive, Suite 1
Naples, FL 34110
239-593--0996 / 239-593-4623 Fax