

ESTATE INSTRUCTIONS

NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

SPOUSE: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____

To Client: Please complete these Estate Instructions. It is suggested you keep them with your original Last Will and Testament. This will aid your Personal Representative in the administration of your estate. You may also wish to provide a copy to your Personal Representative and to us.

I. ADVISORS

My Attorney is: LIBBY ELLETT TOMAR
438-A Uluniu Street
Kailua, Hawaii 96734
Telephone No. 262-2800
E-Mail: libbylaw@clearwire.net

My Accountant/Tax Preparer is:

Address: _____

Phone Number: _____

My Insurance Agent is:

Address: _____

Phone Number: _____

My Financial Advisor is:

Address: _____

Phone Number: _____

My Bank and Branch is:

Address:

Address:

Address:

My annuities/IRA's are:

My pension is with:

Address:

My credit union is:

Address:

Account No.

Address:

Account No.

Other Financial Institutions are:

Mortgage Loan Number and Company:

_____	_____
_____	_____
_____	_____

II. RECORDS

<u>Item</u>	<u>Location</u>
Medical Directive and/or	_____
Living Will:	_____
Original Will:	_____
Original Power of Attorney:	_____
Original Trust Agreement:	_____
Marriage and Birth Certificates:	_____ _____
Insurance Policies: (home/car/life/health):	_____ _____ _____ _____
Securities (Stocks, Bonds, Mutual funds, CD's)	_____ _____ _____ _____ _____ _____ _____ _____
Real Property Deeds or Leases & Mortgages:	_____ _____ _____ _____

Safety Deposit Box:

Bank: _____

Branch: _____

Key is located: _____

Promissory Notes and Receivables: _____

Checkbooks:

Bank: _____

Branch: _____

Account No.: _____

Bank: _____

Branch: _____

Account No.: _____

Savings Deposits:

Credit Union/Bank: _____

Branch: _____

Account No.: _____

Credit Union/Bank: _____

Branch: _____

Account No.: _____

Income Tax Records: _____

Social Security Information located: _____

Regular Bills:

(Automatic bill payments are noted
with an asterisk)

(see over for more)

Pin or Password Numbers for Access
to ATM or various websites are stored here:

Other Documents:

III. FAMILY

Names and Addresses of Relatives to contact upon my illness:

Names and Addresses of Relatives/Friends to contact upon my death:

Names and Addresses of Beneficiaries:

Funeral and Burial or Cremation Instructions:

Instructions Regarding my Pet(s):

Words of Advice to my Children/Grandchildren:
