LETTER OF INTENT
FOR

TO WHOM IT MAY CONCERN:

This letter is being written in conjunction with my estate planning and as a supplement to my trust and will. The thoughts expressed in this letter should not be considered rigid or binding and they should always be tempered by a careful consideration of the facts and circumstances existing when a decision has to be made.

In any situation where the provisions of this letter may be deemed to be inconsistent with, or contrary to the terms of my trust, will or other formal estate planning instruments, it is my desire and intent that the provisions of my trust, will and other formal estate planning documents shall govern and be controlling.
INSTRUCTIONS FOR LETTER OF INTENT

Please use this model Letter of Intent as a guide to writing your own Letter of Intent. When completed, this letter shall inform your loved ones of the following:

- Personal information about you and your family history
- Location of important documentation
- Individuals to contact whom are involved in your financial and legal affairs
- Your financial desires and wishes in connection with the following:
  o Burial arrangements
  o End of life decisions
  o The distribution of certain personal properties

This is your last letter and words to your family and friends. You may revise it any time. It requires no witnessing or notarization. Keep the original of the letter in your safe deposit box and a copy in an accessible area where your family and/or loved ones can locate it when the need arises. Please keep your address book current and in an easily accessible place so your family and/or loved ones are able to ascertain accurate contact information.

_Ideally, we advise that you make a file folder for each of the following items to help you stay organized:_

- Advance Health Care Directives
- Attorney
- Bank Accounts
- Benefits
- Birth Certificate(s)
- Bonds/Securities
- Brokerage Accounts
- Burial Information
- Certified Public Accountant
- Caregivers
- Cars/Vehicles
- Cemetery Information
- Cherished Possessions
- Church Contacts
- Comforting Acts
- Contracts
- Safe Deposit Box
- Divorce Papers
- Estate Planning Documents
- Financial Statements
- Funeral Home Information
- Going-Away Party
- Hospice
- Instant Action Folder (immediate information required at time of death)
- Insurance
- Inventory
- Loans
- Long-Term Care Information
- Marriage License(s)
- Memorial Service
- Military Papers
- Mortgage Papers
- Obituary
- People to Notify
- Real Estate Titles
- Social Security/Medicare Information
- Stages of Grief
- Stocks/Mutual Funds
- Tax Returns
- “Ten Best Things” List
- “Things I Want To Do Before I Die”
- What To Do When Death Occurs
## Health Information

### Health Care Advisors

**Primary Physician:**
- Phone Number: ___________________________________
- Address: ________________________________________

**Alternate Physician:**
- Phone Number: ___________________________________
- Address: ________________________________________

**Alternate Physician:**
- Phone Number: ___________________________________
- Address: ________________________________________

**Dentist:**
- Phone Number: ___________________________________
- Address: ________________________________________

**Eye Doctor:**
- Phone Number: ___________________________________
- Address: ________________________________________

**Pharmacy:**
- Phone Number: ___________________________________
- Address: ________________________________________

### Prescriptions

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### Over-the-Counter Medications

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### Surgery/Date/Outcome

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### Family History (attach additional page if necessary)

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### Personal History

#### Chronic/Ongoing Illness

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Insurance (see Exhibit A for additional information)

Health Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Health Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Life Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Life Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Life Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Auto Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Auto Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Homeowners Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Umbrella Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Long Term Care Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________

Disability Insurance Agent: ______________________
Phone Number: ______________________
Address: ________________________________________________________________
Personal Profile

Social Security Number: ______________________
Address:____________________________________
__________________________________________
Date of Birth: ______________________________
Place of Birth: ______________________________
Citizen of:__________________________________

Parents

Father’s Name: ______________________________
Stepfather’s Name: _________________________
Date of Birth: ______________________________
Mother’s Name: ______________________________
Stepmother’s Name: _________________________
Date of Birth: ______________________________

Marital Status

Married ______ Divorced ______
Widowed ______ Never Married ______

Spouse’s Name: ______________________________
Date of Marriage: ___________________________
Previous Spouse(s): (1) _____________________ (2) _____________________
Date of Marriage: (1) _____________________ (2) _____________________
Date of Divorce: (1) _____________________ (2) _____________________

Children (attach additional page if necessary)

Name: ______________________ DOB: ______________________
Social Security Number: ______________________
Address:____________________________________
Home Phone #: ___________________ Work Phone #:_________________
Cell Phone #: ___________________ Email Address: ___________________
Spouse: ___________________ # of Children: _________________

Name: ______________________ DOB: ______________________
Social Security Number: ______________________
Address:____________________________________
Home Phone #: ___________________ Work Phone #:_________________
Cell Phone #: ___________________ Email Address: ___________________
Spouse: ___________________ # of Children: _________________
Children cont. (attach additional page if necessary)

Name: ______________________  DOB: ______________________  
Social Security Number: ______________________  
Address: ________________________________________________  
Home Phone #: ______________________  Work Phone #: ______________________  
Cell Phone #: ______________________  Email Address: ______________________  
Spouse: ______________________  # of Children: ______________________  

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Social Security Number: ______________________  
Address: ________________________________________________  
Home Phone #: ______________________  Work Phone #: ______________________  
Cell Phone #: ______________________  Email Address: ______________________  
Spouse: ______________________  # of Children: ______________________  

Grandchildren (attach additional page if necessary)

Name: ______________________  DOB: ______________________  
Social Security Number: ______________________  
Address: ________________________________________________  
Home Phone #: ______________________  Work Phone #: ______________________  
Cell Phone #: ______________________  Email Address: ______________________  
Spouse: ______________________  # of Children: ______________________  

Name: ______________________  DOB: ______________________  
Social Security Number: ______________________  
Address: ________________________________________________  
Home Phone #: ______________________  Work Phone #: ______________________  
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Great-Grandchildren (attach additional page if necessary)

Name: ______________________  DOB: ______________________  Social Security Number: ______________________
Address: ______________________
Home Phone #: ______________________  Work Phone #: ______________________
Spouse: ______________________  # of Children: ______________________

Name: ______________________  DOB: ______________________  Social Security Number: ______________________
Address: ______________________
Home Phone #: ______________________  Work Phone #: ______________________
Spouse: ______________________  # of Children: ______________________

Name: ______________________  DOB: ______________________  Social Security Number: ______________________
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Spouse: ______________________  # of Children: ______________________

Name: ______________________  DOB: ______________________  Social Security Number: ______________________
Address: ______________________
Home Phone #: ______________________  Work Phone #: ______________________
Spouse: ______________________  # of Children: ______________________

Brothers and Sisters (attach additional page if necessary)

Name: ______________________  DOB: ______________________
Living or Deceased: ______________________  Social Security #: ______________________
Address: ______________________
Home Phone #: ______________________  Work Phone #: ______________________
Cell Phone #: ______________________  Email Address: ______________________
Spouse: ______________________  Living or Deceased: ______________________
Children: ______________________

Name: ______________________  DOB: ______________________
Living or Deceased: ______________________  Social Security #: ______________________
Address: ______________________
Home Phone #: ______________________  Work Phone #: ______________________
Cell Phone #: ______________________  Email Address: ______________________
Spouse: ______________________  Living or Deceased: ______________________
Children: ______________________
**Brothers and Sisters (cont.)** (attach additional page if necessary)

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**Other Next of Kin** (attach additional page if necessary)

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Friends and Neighbors

Friend: ____________________  Phone Number: ____________________
Email Address: ____________________

Friend: ____________________  Phone Number: ____________________
Email Address: ____________________

Friend: ____________________  Phone Number: ____________________
Email Address: ____________________

Friend: ____________________  Phone Number: ____________________
Email Address: ____________________

Neighbor: ____________________  Phone Number: ____________________
Email Address: ____________________

Neighbor: ____________________  Phone Number: ____________________
Email Address: ____________________

Guardian for your minor child(ren):

First Choice Guardian: ____________________
Phone Number: ____________________
Address: ________________________________________________________________
Email Address: ___________________________________________________________

Second Choice Guardian: ____________________
Phone Number: ____________________
Address: ________________________________________________________________
Email Address: ___________________________________________________________

Third Choice Guardian: ____________________
Phone Number: ____________________
Address: ____________________
Email Address: ___________________________________________________________

If appropriate, please provide factors you considered for choosing the individuals designated in your Nomination of Guardians. This is particularly helpful if you anticipate any other individuals questioning or contesting the designated guardians.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Your child’s/children’s current situation and family life:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I would like my child to be raised with the following in mind:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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<th>Private School</th>
<th>Public School</th>
<th>4 Year College</th>
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Extracurricular Activities:

________________________________________________________________________
________________________________________________________________________

Religious/Spiritual Life:

________________________________________________________________________
________________________________________________________________________

Sports/Athletics:

________________________________________________________________________
________________________________________________________________________

Travel:

________________________________________________________________________
________________________________________________________________________

**Professional Advisors**

I have utilized the services of____________________________ with HALE & GEORGE regarding my legal matters and request that he or she handle any and all legal matters relating to the probate or administration of my estate. Copies of all my important estate planning documents are on record at this office.
Accounting matters and the preparation of my income tax returns have been handled for many years by and I recommend that he or she be retained to render accounting services for my estate and to advise concerning taxation matters and return.

For a long time I have relied upon the advice of my financial planner who is an agent with for advice related to my insurance program. I have great confidence in and have discussed these matters with said agent. I think it would be an excellent idea to communicate with________________________ immediately upon my death to have my agent assist in the administration of my life insurance program.

Additional Information

Attorney: ______________________, Hales & George
Phone Number: (408) 255-6292  Email: ________________________________
Address: 19040 Cox Avenue, Suite 3, Saratoga, CA 95070

Trustee: ______________________  Phone Number: ______________________
Email: ________________________________
Address: ____________________________________________________________

Banker: ______________________  Phone Number: ______________________
Address: ____________________________________________________________

Accountant: ______________________  Phone Number: ______________________
Address: ____________________________________________________________

Education

High School: ______________________
Colleges: ______________________
Trade Schools: ______________________
Additional Education: ______________________

Personal and Business Affiliations

Church: _____________________________________________
_____________________________________________________

Service, Social, Fraternal and Union Memberships:
_____________________________________________________
_____________________________________________________
_____________________________________________________

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10/19/2011
Special Awards/Recognition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Hobbies/Interests & Activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Military Service: ___________________________ Branch: _______________
Rank: ___________________________ War/Conflict: _______________
Enlisted: ___/___/___ Discharged: ___/___/___
Additional Military Information:

________________________________________________________________________
________________________________________________________________________

Employment Information

Company Name: ___________________________
Address: ___________________________________

Phone Number: ___________________________
Date of Hire: ___________________________
Retirement Benefits: ______ Yes _____ No
Life Insurance Amount: ___________________
Pension Due:
   Lump Sum: ___________________________
   Monthly Income: ___________________

Household Care

Pets (attach additional page if necessary)

Name: ___________________________
Veterinarian: _______________________
Address: __________________________
Phone #: ___________________________
Special Needs: _______________________

Food: ___________________________
Exercise: ___________________________
I choose ___________________________ to care for this animal.
Pets (cont.) (attach additional page if necessary)

Name: ____________________________________________
Veterinarian: ______________________________________
Address: __________________________________________
Phone #: __________________________________________
Special Needs: ______________________________________

________________________________________________________________________
Food: _______________________________________________
Exercise: _____________________________________________
I choose ______________________________ to care for this animal.

Name: ____________________________________________
Veterinarian: ______________________________________
Address: __________________________________________
Phone #: __________________________________________
Special Needs: ______________________________________

________________________________________________________________________
Food: _______________________________________________
Exercise: _____________________________________________
I choose ______________________________ to care for this animal.

Mail

Local Post Office: ___________________________ Phone #: ______________________
Address: _________________________________________________________________
P.O. Number: ___________________________
Key is located: ___________________________________________________________

Computer

Password to Log On: _____________________________
Email- Username and Password: _______________________
Email- Username and Password: _______________________
Email- Username and Password: _______________________
Email- Username and Password: _______________________
Location of Important Files: __________________________
Location of Important Files: __________________________
Location of Important Files: __________________________
Location of Important Files: __________________________
Passwords and Usernames to Other Websites: i.e. Online Banking, Financial Institutions, Airlines, Member Login for Healthcare (i.e. Kaiser Permanente), Networking Sites, Library, Netflix, etc.
Security System

Security System: _______________________
Phone #: _______________________
Password: _______________________
Password to turn alarm off over the telephone: _______________________

Garbage

Garbage Pick Up: _______________________
Phone #: _______________________
Day of Service: _______________________

Newspaper Delivery

Paper: _______________________
Carrier: _______________________
Phone Number: _______________________

Paper: _______________________
Carrier: _______________________
Phone Number: _______________________

Dry Cleaners

Name: _______________________
Phone #: _______________________

Yard Care

Name: _______________________
Phone #: _______________________

Cleaning Service

Name: _______________________
Phone #: _______________________

Plumber

Name: _______________________
Phone #: _______________________

Heating/Air Conditioning

Name: _______________________
Phone #: _______________________

Magazine Subscriptions

________________________________
________________________________
________________________________
________________________________
Memberships

Name: ________________________________ Phone #: ______________________
Address: ______________________________ Email Address: _________________
ID Number: ___________ Monthly Payments: _____________

Name: ________________________________ Phone #: ______________________
Address: ______________________________ Email Address: _________________
ID Number: ___________ Monthly Payments: _____________

Name: ________________________________ Phone #: ______________________
Address: ______________________________ Email Address: _________________
ID Number: ___________ Monthly Payments: _____________

Name: ________________________________ Phone #: ______________________
Address: ______________________________ Email Address: _________________
ID Number: ___________ Monthly Payments: _____________

Extra House Keys (Location) ________________________________
Extra Car Keys (Location) ________________________________

Financial Information (see Exhibit A for a detailed list of Accounts etc.)

Bank Accounts

Authorized Signatures on these accounts ________________________________.

Bank: ____________________________ Phone #: ______________________
Address: ___________________________________________________________
Account Number: ____________________________
Type of Account: ____________________________

Bank: ____________________________ Phone #: ______________________
Address: ___________________________________________________________
Account Number: ____________________________
Type of Account: ____________________________

Bank: ____________________________ Phone #: ______________________
Address: ___________________________________________________________
Account Number: ____________________________
Type of Account: ____________________________

Bank: ____________________________ Phone #: ______________________
Address: ___________________________________________________________
Account Number: ____________________________
Type of Account: ____________________________

Debts (attach additional page)

17
10/19/2011
### Credit Cards

<table>
<thead>
<tr>
<th>Name</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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</tbody>
</table>

### Loans

<table>
<thead>
<tr>
<th>Name</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mortgages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Automobile 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Automobile 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes Payable to Banks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accounts and Notes Payable to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credit Card Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Premiums Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Total Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Business Ownership

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>---------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>__________________________________</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>__________________________________</td>
</tr>
<tr>
<td>Date Established:</td>
<td>___________________</td>
</tr>
<tr>
<td>Date of Ownership:</td>
<td>___________________</td>
</tr>
<tr>
<td>Sole Proprietorship:</td>
<td>_____</td>
</tr>
<tr>
<td>S-Corp:</td>
<td>_____</td>
</tr>
<tr>
<td>C-Corp:</td>
<td>_____</td>
</tr>
<tr>
<td>Professional Corp.:</td>
<td>_____</td>
</tr>
<tr>
<td>LLC:</td>
<td>_____</td>
</tr>
<tr>
<td>Partnership:</td>
<td>_____</td>
</tr>
</tbody>
</table>

<p>| Percentage Owned by you: | _____% |</p>
<table>
<thead>
<tr>
<th>By others:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____%</td>
</tr>
<tr>
<td></td>
<td>_____%</td>
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<tr>
<td></td>
<td>_____%</td>
</tr>
<tr>
<td></td>
<td>_____%</td>
</tr>
</tbody>
</table>
I have planned for the disposition of my business in case of disability, death or retirement:  
_____ Yes  _____ No

I have a Buy-Sell Agreement:  _____ Yes  _____ No  
Dated: ____________________________
Located: ____________________________
Funded by Insurance: ____________________________
Other: ____________________________

Buy-Sell Agreement includes business valuation formula:  _____ Yes  _____ No

Business Attorney: ____________________________
Address: ____________________________
Phone #: ____________________________

Business Accountant: ____________________________
Address: ____________________________
Phone #: ____________________________
Contact Person at the business: ____________________________

**Important Documents**

**Location:**

Original Revocable Trust Agreement: ____________________________
Original Exhibit A: ____________________________
Original Will: ____________________________
Original Durable Power of Attorney: ____________________________
Original Advance Health Care Directive: ____________________________
Original Agreement as to the Status of Property: ____________________________
Original Nomination of Guardians: ____________________________
Original Trust Transfer Deeds: ____________________________
Irrevocable Trust Documents:  
  Trustee(s): ____________________________
  Phone #: ____________________________
Other Miscellaneous Trust documents: ____________________________
Birth Certificates: ____________________________
College Diplomas: ____________________________
Prenuptial Agreement: ____________________________
Postnuptial Agreement: ____________________________
Marriage Licenses: ____________________________
Divorce Documents: ____________________________
Military Documents: ____________________________
Citizenship Papers: ____________________________
Passport: ____________________________
Vehicle Registrations: ____________________________
Litigation Pending: ____________________________
Prepaid Funeral Plan: ____________________________

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10/19/2011
Location (cont.):
Other: ____________________________________________
Other: ____________________________________________

Safe Deposit Box/ or Safe Box Location- (Your Trustee and/or Executor should have access to the box)
Bank: ____________________________________________
Address: __________________________________________
Phone #: __________________________________________
Location of Safe Deposit Keys: ____________________________
Box Inventory: _______________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Location: ____________________________________________
Location of Safe box Keys: ________________________________
Combination: ________________________________
Box Inventory: _______________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Life Decisions

If there is no reasonable expectation of my recovery from physical or mental disability, I request that action should not be taken to keep me alive continuously by artificial or heroic means. However, to avoid burdening members of my family or loved ones in making this decision, it is my desire, in the event of a grave illness and under the appropriate circumstances, that the physician or physicians in attendance be appraised of the request contained in the first sentence of this paragraph, and that the recommendations of the physician or physicians be followed.

Please add any personal directions here:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

20
10/19/2011
Funeral Arrangements

In the event of my death, it is my desire that my remains be interred in the plot described below. It is further my desire that any services connected with my burial be economical, extremely simple, and of as brief duration as possible. Frankly, I would prefer only a short grave side service attended by my immediate family and a few persons chosen by them.

Person responsible for making final arrangements:

Name: _________________________________
Address:  
Phone #: _________________________________

ALTERNATE

Name: _________________________________
Address:  
Phone #: _________________________________

Clergy or Person Officiating: _________________________________
Phone #: _________________________________

Funeral Home Preference: _________________________________
Phone #: _________________________________

Location of Service: _________________________________
Type of Service:
___ Traditional
___ Direct Burial
___ Same Day
___ Cremation with Memorial Service
___ Cremation with Service
___ Direct Cremation

___ I have purchased a cemetery plot in _________________________________.
Cemetery Name: _________________________________
Address:  
Phone #: _________________________________
Lot #: ________ Block #: ________ Section #: ________
Location of Deed:  
Marker: ____ Yes ______ No
___ I have a prepaid funeral plan # _________________________________

Music:
______________________________________________
______________________________________________

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10/19/2011
Viewing Wishes:  _____ Open Casket  _____ Closed Casket
Special Requests

_____________________________________________________________________
_____________________________________________________________________

In lieu of flowers, please make contributions to:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Pallbearers

1. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

2. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

3. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

4. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

5. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

6. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

7. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________

8. Name: _________________________________
   Address: __________________________________________________________
   Phone #: _________________________________
Distribution of Personal Items (see attachment)

I have attached to this letter a list that includes certain personal properties or belongings that are not of the type of property which should be probated in my estate nor included in any trust which I have created. This list has two columns, the first column being an identification of the property, and the second column showing a name to whom I desire that property be given and their relationship to me. In the absence of any problems concerning these matters or any disagreement, it is my desire that my wishes be performed as described in said schedule. I desire to state that if there is any dispute concerning these items, the provisions of my will pertaining to my personal belongings shall be controlling.

Some examples may be:
Antiques
Furniture
Jewelry
Guns
Automobiles
Clothing
Collectibles
Family heirlooms

Finally, I should like to state that although, in the foregoing letter, I have referred to numerous professional people and companies from whom advice or services may be obtained, one should not forget that the family members themselves should at all times exercise a deep concern, interest and involvement in the administration of all estate and management properties. Involvement by the owners of properties, whether they are prospective or future owners, outright owners or trust beneficiaries, is the most important ingredient for a good result. Not only is involvement by family members desirable from the standpoint of an economic result, but it will produce understanding and a great amount of satisfaction and enjoyment.

This Letter of Intent was completed with considerable effort, much love and respect for those who will be picking up the pieces of my life. Thank you for honoring my trust.

Sincerely,

_________________________________

Dated this _____ day of __________________, 20__.
Distribution of Personal Items (example)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NAME &amp; RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wedding China</td>
<td>John Doe, son</td>
</tr>
</tbody>
</table>