**YOUR NAME**

**LETTER OF INSTRUCTION**

Date

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Executor, Agent, Trustee, Loved One, Etc.)

 I am writing this letter to provide you with important information you will need to know in the event of my incapacity or death. Please refer to this letter for assistance as you deal with my affairs.

Important People

My Healthcare Agent is:

My Financial Agent is:

My primary medical provider is:

The Temporary Guardian(s) for my minor or disabled children is/are:

The Executor of my Will (my Personal Representative) is:

The Permanent Guardian(s) for my minor or disabled children is/are:

My closest family members are (If you have pre-deceased family members of the same level of closeness, such as a predeceased sibling, include their names and any surviving descendants they left):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Date of Birth | Contact Info |
| Jane Doe | Sister (Deceased) | 12/14/1965 |  |

The beneficiaries of my Will / Trust are:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Date of Birth | Contact Info |
|  |  |  |  |

The Trustee(s) of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of Trust) is/are:

My Attorney is:

*Ryan A. Brown, Esq. / James F. Anderson, Esq.*

*Arlington Law Group*

*1739 Clarendon Boulevard*

*Arlington, Virginia 22209-2741*

[*https://www.ArlingtonLawGroup.com*](https://www.ArlingtonLawGroup.com)

*(703) 842-3205*

*clients@arlingtonlawgroup.com*

My Accountant is:

My Financial Advisor is:

My Broker is:

My Banker is:

My Insurance Agent is:

My Property Manager is:

(For Rental Property in Virginia Beach)

My Pastor / Rabbi / Imam is:

Other important people are: (physicians, close friends, employees, business associates, fellow charitable organization members, etc.)

Important Documents:

I have prepared the following documents as part of my Estate Plan:

Advance Medical Directive and Medical Power of Attorney, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Durable General Financial Power of Attorney, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Will and Testament, dated \_\_\_\_\_\_\_\_\_\_\_\_

Trust Agreement of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living Trust, dated \_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Agreement of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trust, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional HIPAA Authorizations, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation of Standby Guardian, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets

Below I have listed the assets I own personally, indirectly, or with others.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset** | **Value** | **Ownership** | **Surviving Owner, TOD or Named Beneficiary** | **Notes** |
| 1234 My Home Way, Arlington, VA 22209 | $675,000 | Tenants by the Entireties | Spouse | Mortgaged with balance of $100,000, Original Deed can be found in \_\_\_\_\_\_\_\_\_\_\_\_ |
| 567 Rental Property Lane, Virginia Beach, Virginia | $350,000 | Revocable Trust | Revocable Trust | No Mortgage, Management Agreement in place, Rental property, Original Deed can be found in \_\_\_\_\_\_\_\_\_\_\_\_ |
| Checking Account No. 12345678 at Atlantic Union Bank | $14,000 | Joint with Right of Survivorship | Spouse | Autopay for several services |
| Checking Account No. 9876543 at Atlantic Union Bank | $500 | Sole | TOD Revocable Trust |  |
| Savings Account No. 5326789 at Marcus by Goldman Sachs | $20,000 | Sole | TOD Spouse |  |
| 401(k) | $500,000 | Sole | Spouse |  |
| Life Insurance Policy  | $2,000,000 | Irrevocable Trust | Irrevocable trust |  |
| Car (Make, Model, Color, Year, VIN) | (current KBB value) | Joint with Right of Survivorship | Spouse |  |
| Certificate of Deposit AUB | $5,000 | Sole |  | Maturity Date 12/15/2022 |
| EE Bond | $10,000 | Joint with Right of Survivorship | Child | Maturity Date 9/30/2025 |
|  |  |  |  |  |

Liabilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Balance** | **Co-signer/Borrower** | **Notes** |
| American Express 1237895 | $900 | Spouse | Autopays most monthly services as noted below |
| Mortgage on 1234 My Home Way, Lender Name Account No. 515523 | $100,000 | Spouse | Set for Monthly Autopay from Checking Account x5678  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Services/Subscriptions/Recurring Expenses (Include Account Numbers, Website Addresses and Passwords to Portals if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Monthly**  | **Annual** | **Notes** |
| Home and Auto Insurance | $200 |  | Autopay from Checking Account x5678 |
| Electric Power (1234 My Home Way) | $125 (approximately) |  | Autopay from American Express x7895 |
| Water (1234 My Home Way) | $100 (approximately) |  | Autopay from American Express x7895 |
| Internet  | $60 |  | Autopay from American Express x7895 |
| Trash and Sewage 567 Rental Property |  | $300 | Autopay from American Express x7895 |
| Property Taxes (1234 My Home Way) |  | $3,000 | Autopay from American Express x7895 |
| Insurance for 567 Rental Property |  |  |  |
| Power for 567 Rental Property |  |  |  |
| Water for 567 Rental Property |  |  |  |
| Trash and Sewage 567 Rental Property |  |  |  |
| Property Taxes 567 Rental Property |  |  |  |
| Music Streaming |  |  |  |
| Cable |  |  |  |
| Video Streaming |  |  |  |
| Newspaper |  |  |  |
| Magazine |  |  |  |
| Gaming Platform |  |  |  |
| Cheese of the Month Club |  |  |  |
| Book Club |  |  |  |

Important Locations:

I have registered my original Last Will and Testament with the Probate Clerk / Registrar of Wills for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Virginia / Maryland courthouse for safekeeping.

Most of my legal documents are located in the Safe in my office at my home, 1234 My Home Way. The key / combination for the safe is in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have prepared a list of online account access information for my Agent under my Financial Power of Attorney, the Executor of my Last Will and Testament, and the Trustee of my Trust. This list can be found \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Other important documents or items are located in/with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Important Dates:

My business’s taxable year ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

There is a balloon payment due on my Mortgage on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The current Lease agreement on my rental property ends on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Guardians for Minors or Disabled Adults

My Last Will and Testament designates the guardians I wish to appoint to care for my minor children or disabled adult wards after my death. I may have also prepared a Designation of Standby Guardian naming one or more individuals to serve as temporary guardians in the event of my incapacity, debilitation, or immediately after my death until the permanent guardians can be appointed.

Trust Distributions for Beneficiaries

My estate planning documents include the provisions for trusts for my children / grandchildren, including milestones for an ultimate distribution to those children / grandchildren. Until the final payout to the children / grandchildren, my Trustee may pay for the education, living expenses, and healthcare of my children / grandchildren. My goals for my children / grandchildren are [set out general goals, like finishing college, or specific goals for specific beneficiaries].

[For disabled beneficiaries] My estate planning documents include the provisions for trusts for disabled or incapacitated beneficiaries. My Trustee may pay for expenses that are not covered by the government benefits that these beneficiaries may be receiving. My Trustee should consult at least annually with an attorney who specializes in disability benefits to ensure that the Trustee’s payments on behalf of my beneficiary will not disqualify that beneficiary from any government benefits or other aid or assistance. My goals for my [disabled beneficiaries or specific beneficiary] are [set out general goals, like finishing college, or specific goals for specific beneficiaries].

Incapacity Planning

My Advance Medical Directive outlines some of my wishes regarding my care in the event I am unable to make my own medical decisions. I have provided additional details regarding my wishes here.

My Financial Agent/Trustee has authority in my Durable General Financial Power of Attorney/Trust to continue with patterns of giving during my incapacity. I wish her to continue giving gifts for birthdays, graduations, career milestones, holidays, and other special occasions as I have done in the past.

I may have completed a Tangible Personal Property Directive as part of my Will and/or my Trust. The agent under my Financial Power of Attorney is authorized to make gifts of the items identified in that form during my incapacity. My Executor and/or Trustee are then directed to give any remaining items to the named beneficiaries upon my death, as provided in my Will and/or my Trust.

I encourage/require my Financial Agent/Trustee to consult with my accountant and attorney prior to making any gifts with a total value in excess of the annual gift tax exclusion (currently $15,000.00) to a single individual within a tax year.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date