

CONTINUUMLIFEPLAN



LETTER OF INSTRUCTION WORKBOOK



Schluter & Hughes
LAW FIRM PLLC

TABLE OF CONTENTS



LETTER OF INSTRUCTION WORKBOOK

SECTION A PERSONAL INFORMATION & CONTACTS **PAGE 3**

SECTION B CLIENT INTAKE FORM & DOCTORS LIST **PAGE 4-7**

SECTION C LOCATION OF PAPERS & SAFE DEPOSIT BOXES **PAGE 8**

SECTION D FINANCIAL ACCOUNTS **PAGE 9**

CREDIT CARDS **PAGE 10**

LIABILITY | LOANS & DEBTS **PAGE 11**

INVESTMENTS **PAGE 12**

SECTION E DIGITAL DATA | COMPUTER & PASSWORDS **PAGE 13**

SECTION F INSURANCE **PAGE 14 -15**

SECTION G MORTGAGE & HOUSING **PAGE 16-19**

SECTION H AUTO **PAGE 20**

SECTION I TAX RETURNS **PAGE 21**

SECTION J MEMBERSHIPS & SUBSCRIPTIONS **PAGE 21**

SECTION K PETS **PAGE 22**

SECTION L PERSONAL EFFECTS **PAGE 23**

SECTION M CEMETERY & FUNERAL **PAGE 24**

SECTION N SPECIAL WISHES **PAGE 25**

SECTION A

PERSONAL INFORMATION



NAME _____
CITY/STATE/ZIP _____
DOB/AGE _____
EMAIL _____
PHONE _____ PHONE 2 _____
SOCIAL SECURITY NUMBER _____
MARITAL STATUS _____
DATE _____

IMPORTANT CONTACTS

CHILDREN

NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____

CLOSE FRIENDS AND NEIGHBORS

NAME _____	PHONE _____
NAME _____	PHONE _____

TRUSTEE / PERSONAL REPRESENTATIVE(S)

NAME _____	PHONE _____
NAME _____	PHONE _____

SPIRITUAL MINISTER

NAME _____	PHONE _____
------------	-------------

CARE COORDINATOR

NAME _____	PHONE _____
------------	-------------

SECTION B INTAKE FORM



EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

POA HEALTH YES _____ NO _____ POA FINANCES YES _____ NO _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

POA HEALTH YES _____ NO _____ POA FINANCES YES _____ NO _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

POA HEALTH YES _____ NO _____ POA FINANCES YES _____ NO _____

SECTION B INTAKE FORM



MEDICAL CONDITIONS & ALLERGIES

SURGERIES/RECENT HOSPITALIZATIONS

HOSPITAL PREFERENCE _____

DOCTOR NAME _____

SPECIALTY _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

DOCTOR NAME _____

SPECIALTY _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

SECTION B INTAKE FORM



DOCTOR NAME _____
SPECIALTY/VISION _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

DOCTOR NAME _____
SPECIALTY /HEARING _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

DOCTOR NAME _____
SPECIALTY /DENTAL _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

DOCTOR NAME _____
SPECIALTY _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

DOCTOR NAME _____
SPECIALTY _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

SECTION B INTAKE FORM



PHARMACY _____
 ADDRESS _____
 RETAIL _____ MAIL _____ PHONE _____

PHARMACY _____
 ADDRESS _____
 RETAIL _____ MAIL _____ PHONE _____

MEDICATIONS

LIST RXS, VITAMINS, SUPPLEMENTS AND OVER THE COUNTER MEDICATIONS

MEDICATION	DOSE/FORM	FREQ/ROUTE	DOCTOR	REASON

PREVENTATIVE PRACTICES

- ___ FLU VACCINE (YEARLY)
- ___ PNEUMOCOCCAL VACCINE
- ___ TETANUS BOOSTER date _____
- ___ SHINGLES VACCINE
- ___ BONE DENSITY (MD'S RECOMMENDATION)
- ___ COVID SERIES dates _____
- ___ COVID BOOSTERS dates _____
- ___ LAST EYE EXAM date _____
- ___ LAST HEARING EXAM date _____

SECTION C



LOCATION OF PAPERS

Write in the locations of the following personal papers. Cross out the items that do not apply to you.

BIRTH AND BAPTISMAL CERTIFICATES _____

DIVORCE DECREE _____

DURABLE POWER OF ATTORNEY _____

INVENTORY OF PERSONAL PROPERTY _____

CONTENTS OF SAFE DEPOSIT BOX _____

LAST WILL AND TESTAMENT _____

LIVING WILL _____

MARRIAGE CERTIFICATE _____

MILITARY RECORDS _____

NATURALIZATION PAPERS _____

SCHOOL DIPLOMAS _____

PASSPORT _____

OTHER (ADOPTION PAPERS, ETC.) _____

POST OFFICE BOX _____

Location

_____ PO Number _____ Combination _____ Location of Key

SAFE DEPOSIT BOX _____

Institution

_____ Location _____ Combination _____ Location of Key

SECURED STORAGE

_____ Storage Unit Location _____ Combination _____ Location of Key

_____ Personal Safe Location _____ Combination _____ Location of Key

SECTION D

FINANCIAL INSTITUTIONS & BANK ACCOUNTS

Fill in the following information for each account



BANK _____

ADDRESS _____

TYPE OF ACCOUNT _____

NAME(S) ON ACCOUNT _____

TYPE OF OWNERSHIP _____

ACCOUNT NUMBER _____

LOCATION OF CHECKBOOK _____

ANY SPECIAL INSTRUCTIONS _____

BANK _____

ADDRESS _____

TYPE OF ACCOUNT _____

NAME(S) ON ACCOUNT _____

TYPE OF OWNERSHIP _____

ACCOUNT NUMBER _____

LOCATION OF CHECKBOOK _____

ANY SPECIAL INSTRUCTIONS _____

BANK _____

ADDRESS _____

TYPE OF ACCOUNT _____

NAME(S) ON ACCOUNT _____

TYPE OF OWNERSHIP _____

ACCOUNT NUMBER _____

LOCATION OF CHECKBOOK _____

ANY SPECIAL INSTRUCTIONS _____

SECTION D

FINANCIAL INSTITUTIONS & BANK ACCOUNTS

Fill in the following information for each account



CREDIT CARDS Location of cards _____

Company _____

Phone _____

Name(s) on card _____

Account number _____

Company _____

Phone _____

Name(s) on card _____

Account number _____

Company _____

Phone _____

Name(s) on card _____

Account number _____

Company _____

Phone _____

Name(s) on card _____

Account number _____

Company _____

Phone _____

Name(s) on card _____

Account number _____



SECTION D

LOANS

Fill in the following information for each account

BANK / HOLDING COMPANY

ADDRESS

NAME(S) ON LOAN

ACCOUNT NUMBER

MONTHLY PAYMENT

LOCATION OF PAPERS

COLLATERAL, IF ANY

LIFE INSURANCE ON LOAN

_____ YES _____ NO

BANK / HOLDING COMPANY

ADDRESS

NAME(S) ON LOAN

ACCOUNT NUMBER

MONTHLY PAYMENT

LOCATION OF PAPERS

COLLATERAL, IF ANY

LIFE INSURANCE ON LOAN

_____ YES _____ NO

BANK / HOLDING COMPANY

ADDRESS

NAME(S) ON LOAN

ACCOUNT NUMBER

MONTHLY PAYMENT

LOCATION OF PAPERS

COLLATERAL, IF ANY

LIFE INSURANCE ON LOAN

_____ YES _____ NO

SECTION D INVESTMENTS



STOCKS

COMPANY _____

NAME ON CERTIFICATE(S) _____

NUMBER OF SHARES _____

CERTIFICATE NUMBER(S) _____

PURCHASE PRICE AND DATE _____

LOCATION OF CERTIFICATES _____

COMPANY _____

NAME ON CERTIFICATE(S) _____

NUMBER OF SHARES _____

CERTIFICATE NUMBER(S) _____

PURCHASE PRICE AND DATE _____

LOCATION OF CERTIFICATES _____



**STATEMENTS
ATTACHED**

BONDS/NOTES/BILLS

ISSUER _____

ISSUED TO _____

FACE AMOUNT _____

BOND NUMBER _____

PURCHASE PRICE AND DATE _____

MATURITY DATE _____

LOCATION OF CERTIFICATE _____

ISSUER _____

ISSUED TO _____

FACE AMOUNT _____

BOND NUMBER _____

PURCHASE PRICE AND DATE _____

MATURITY DATE _____

LOCATION OF CERTIFICATE _____



SECTION E

DIGITAL DATA

COMPUTER & PASSWORDS

Fill in the following information for each account

EMAIL

Email	Username	Password
Email	Username	Password
Email	Username	Password

ELECTRONIC DEVICES

Device	Username	Password
Device	Username	Password
Device	Username	Password
Device	Username	Password
Device	Username	Password
Device	Username	Password
Device	Username	Password



SECTION F

INSURANCE

To collect benefits,

a certified copy of the death certificate may be required by each company.

LIFE INSURANCE

POLICY NUMBER _____

WHOSE LIFE IS INSURED _____

COMPANY _____

COMPANY ADDRESS _____

NAME OF AGENT _____

KIND OF POLICY _____

BENEFICIARY _____

CASH VALUE _____

ISSUE DATE _____

MATURITY DATE _____

HOW IT IS PAID OUT _____

OTHER PAYOUT OPTIONS _____

LOCATION OF POLICY _____

LONG TERM CARE POLICY

YES _____ NO _____

COMPANY _____

ADDRESS _____

POLICY NUMBER _____

BENEFICIARY _____

LOCATION OF POLICY _____

AGENT, IF ANY _____

AUTO INSURANCE

COVERAGE _____

COMPANY _____

ADDRESS _____

POLICY NUMBER _____

BENEFICIARY _____

LOCATION OF POLICY _____

AGENT, IF ANY _____

HOMEOWNER'S INSURANCE

COVERAGE _____

COMPANY _____

ADDRESS _____

POLICY NUMBER _____

BENEFICIARY _____

LOCATION OF POLICY _____

AGENT, IF ANY _____

SECTION F CONTINUED

INSURANCE To collect benefits,
a certified copy of the death certificate may be required by each company.



MEDICAL INSURANCE

COVERAGE _____
COMPANY _____
ADDRESS _____
POLICY NUMBER _____
TERM - WHEN TO RENEW _____
LOCATION OF POLICY _____
PRIMARY POLICY HOLDER _____
AGENT, IF ANY _____

2ND MEDICAL INSURANCE

COVERAGE _____
COMPANY _____
ADDRESS _____
POLICY NUMBER _____
TERM - WHEN TO RENEW _____
LOCATION OF POLICY _____
PRIMARY POLICY HOLDER _____
AGENT, IF ANY _____

VETERANS BENEFITS

YES _____ NO _____

BENEFIT ID NUMBER _____
LOCATION OF POLICY _____

ACCIDENT INSURANCE

COVERAGE _____
COMPANY _____
ADDRESS _____
POLICY NUMBER _____
BENEFICIARY _____
LOCATION OF POLICY _____
AGENT, IF ANY _____

MORTGAGE INSURANCE

COMPANY _____
ADDRESS _____
POLICY NUMBER _____
LOCATION OF POLICY _____
AGENT, IF ANY _____

SECTION G

MORTGAGE & HOUSING

Fill in the following information for each house, condominium, cooperative



IN WHOSE NAME(S) _____

ADDRESS _____

LOT _____ BLOCK _____ ON MAP CALLED _____

OTHER DESCRIPTIONS _____

ATTORNEY AT CLOSING _____

LOCATION OF PAPERS _____

MORTGAGE

HELD BY _____

AMOUNT OF ORIGINAL MORTGAGE _____

DATE MORTGAGE TAKEN OUT _____

AMOUNT OWED NOW _____

METHOD OF PAYMENT _____

LOCATION OF PAYMENT _____

LIFE INSURANCE ON MORTGAGE ____ YES ____ NO

IN WHOSE NAME(S) _____

ADDRESS _____

LOT _____ BLOCK _____ ON MAP CALLED _____

OTHER DESCRIPTIONS _____

ATTORNEY AT CLOSING _____

LOCATION OF PAPERS _____

MORTGAGE

HELD BY _____

AMOUNT OF ORIGINAL MORTGAGE _____

DATE MORTGAGE TAKEN OUT _____

AMOUNT OWED NOW _____

METHOD OF PAYMENT _____

LOCATION OF PAYMENT _____

LIFE INSURANCE ON MORTGAGE ____ YES ____ NO

SECTION G CONTINUED

MORTGAGE & HOUSING

Fill in the following information for each House, condominium, cooperative



IN WHOSE NAME(S) _____

ADDRESS _____

LOT _____ BLOCK _____ ON MAP CALLED _____

OTHER DESCRIPTIONS _____

ATTORNEY AT CLOSING _____

LOCATION OF PAPERS _____

MORTGAGE

HELD BY _____

AMOUNT OF ORIGINAL MORTGAGE _____

DATE MORTGAGE TAKEN OUT _____

AMOUNT OWED NOW _____

METHOD OF PAYMENT _____

LOCATION OF PAYMENT _____

LIFE INSURANCE ON MORTGAGE ____ YES ____ NO

VETERANS' EXEMPTION CLAIM

LOCATION OF DOCUMENTATION PAPERS _____

ANNUAL AMOUNT _____

CONTACT LOCAL TAX ASSESSOR FOR DOCUMENTATION/INFORMATION

PROPERTY TAXES AMOUNT _____

LOCATION OF RECEIPTS _____

COST OF HOUSE

INITIAL BUYING PRICE _____

PURCHASE CLOSING FEE _____

OTHER COSTS TO BUY (REAL ESTATE AGENT, LEGAL FEES, ETC.) _____

IMPROVEMENTS AS OF _____ TOTAL \$ _____

ITEMIZED HOUSE IMPROVEMENTS

IMPROVEMENT _____

COST _____

LOCATION OF BILLS _____

IF RENTING ____ YES ____ NO LEASE EXPIRES (DATE) _____

LANDLORD'S NAME _____ PHONE NUMBER _____

SECTION G

MORTGAGE & HOUSING

Fill in the following information for each House, condominium, cooperative



IN WHOSE NAME(S) _____

ADDRESS _____

LOT _____ BLOCK _____ ON MAP CALLED _____

OTHER DESCRIPTIONS _____

ATTORNEY AT CLOSING _____

LOCATION OF PAPERS _____

MORTGAGE

HELD BY _____

AMOUNT OF ORIGINAL MORTGAGE _____

DATE MORTGAGE TAKEN OUT _____

AMOUNT OWED NOW _____

METHOD OF PAYMENT _____

LOCATION OF PAYMENT _____

LIFE INSURANCE ON MORTGAGE ____ YES ____ NO

VETERANS' EXEMPTION CLAIM

LOCATION OF DOCUMENTATION PAPERS _____

ANNUAL AMOUNT _____

CONTACT LOCAL TAX ASSESSOR FOR DOCUMENTATION/INFORMATION

PROPERTY TAXES AMOUNT _____

LOCATION OF RECEIPTS _____

COST OF HOUSE

INITIAL BUYING PRICE _____

PURCHASE CLOSING FEE _____

OTHER COSTS TO BUY (REAL ESTATE AGENT, LEGAL FEES, ETC.) _____

IMPROVEMENTS AS OF _____ TOTAL \$ _____

ITEMIZED HOUSE IMPROVEMENTS

IMPROVEMENT _____

COST _____

LOCATION OF BILLS _____

IF RENTING ____ YES ____ NO LEASE EXPIRES (DATE) _____

LANDLORD'S NAME _____ PHONE NUMBER _____

SECTION G CONTINUED

MORTGAGE & HOUSING

Fill in the following information for each House, condominium, cooperative



IN WHOSE NAME(S) _____

ADDRESS _____

LOT _____ BLOCK _____ ON MAP CALLED _____

OTHER DESCRIPTIONS _____

ATTORNEY AT CLOSING _____

LOCATION OF PAPERS _____

MORTGAGE

HELD BY _____

AMOUNT OF ORIGINAL MORTGAGE _____

DATE MORTGAGE TAKEN OUT _____

AMOUNT OWED NOW _____

METHOD OF PAYMENT _____

LOCATION OF PAYMENT _____

LIFE INSURANCE ON MORTGAGE ____ YES ____ NO

VETERANS' EXEMPTION CLAIM

LOCATION OF DOCUMENTATION PAPERS _____

ANNUAL AMOUNT _____

CONTACT LOCAL TAX ASSESSOR FOR DOCUMENTATION/INFORMATION

PROPERTY TAXES AMOUNT _____

LOCATION OF RECEIPTS _____

COST OF HOUSE

INITIAL BUYING PRICE _____

PURCHASE CLOSING FEE _____

OTHER COSTS TO BUY (REAL ESTATE AGENT, LEGAL FEES, ETC.) _____

IMPROVEMENTS AS OF _____ TOTAL \$ _____

ITEMIZED HOUSE IMPROVEMENTS

IMPROVEMENT _____

COST _____

LOCATION OF BILLS _____

IF RENTING ____ YES ____ NO LEASE EXPIRES (DATE) _____

LANDLORD'S NAME _____ PHONE NUMBER _____

SECTION H

AUTO

Fill in the following information for each vehicle



YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

YEAR, MAKE, AND MODEL _____

BODY TYPE _____

LICENSE NUMBER _____

IDENTIFICATION NUMBER _____

LOCATION OF TITLE _____

SECTION I TAX RETURNS



LOCATION OF ALL PREVIOUS RETURNS (FEDERAL, STATE, LOCAL) _____

NAME OF TAX PREPARER _____

ADDRESS _____

PHONE _____

SECTION J MEMBERSHIPS & SUBSCRIPTIONS

HOME MAINTENANCE _____ PHONE _____

LAWN _____ PHONE _____

HOUSEKEEPING _____ PHONE _____

SECURITY _____ PHONE _____

GYM _____ PHONE _____

MEDIA _____ PHONE _____

MEDIA _____ PHONE _____

PUBLICATION _____ PHONE _____

PUBLICATION _____ PHONE _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

SECTION K

PETS



VETERINARIAN NAME

ADDRESS

PHONE

PET NAME

PET NAME

PET NAME

PET NAME

PERSON(S) WHO WILL CARE FOR PET(S)

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

SPECIAL CARE INSTRUCTIONS ATTACHED _____

SECTION L

PERSONAL EFFECTS



Items of emotional value

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

ITEM _____
LOCATION _____
PASS DOWN TO _____

SECTION M FUNERAL



MY CHOICE OF FUNERAL HOME (IF ANY) _____
TYPE OF FUNERAL PREFERRED _____
OTHER (CREMATION OR OTHER INSTRUCTIONS) _____

CEMETERY PLOT

LOCATION _____
WHEN PURCHASED _____
DEED NUMBER _____
LOCATION OF DEED _____
CHOICE OF LOCATION TO BE BURIED _____

FACTS FOR FUNERAL DIRECTOR | INFORMATION AND CEMETERY PLOT DEED

MY FULL NAME _____
RESIDENCE _____
MARITAL STATUS _____
SPOUSE _____
DATE OF BIRTH _____
BIRTHPLACE _____
FATHER'S NAME AND BIRTHPLACE _____
MOTHER'S MAIDEN NAME _____
MILITARY SERVICE YES _____ NO _____ DATE _____
SOCIAL SECURITY NUMBER _____

