JUST-IN-CASE INSTRUCTIONS

I, _____, wrote these instructions for my family and the people I trust, to use if I die, become seriously ill, or cannot manage my own affairs for a while. They say where my important papers are, who to call, and how to keep things running in the meantime.

Purpose and Effect. This letter is not a will. It does not transfer any property, name an executor, appoint a guardian, or give anyone authority to act for me, and nothing in it changes my will, any trust, my beneficiary designations or my powers of attorney. If anything in this letter conflicts with any of them, follow them instead of this letter.

1. ABOUT THIS LETTER

Written by: _____

Date: _____

2. IMPORTANT PAPERS

Will: _____

Living trust: _____

Powers of attorney and health care directives: _____

Life insurance policies: _____

Home, auto and health insurance policies: _____

Deeds and mortgage papers: _____

Vehicle titles: _____

Tax returns: _____

Birth, marriage and divorce records: _____

Other papers: _____

Safe deposit box (bank and where the key is): _____

My will names _____ as executor.

3. PEOPLE TO NOTIFY

Name: _____ Relationship: _____ Phone or email: _____

Name: _____ Relationship: _____ Phone or email: _____

Name: _____ Relationship: _____ Phone or email: _____

Name: _____ Relationship: _____ Phone or email: _____

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

4. FINANCIAL ACCOUNTS

I have not written any account numbers or passwords in this letter.

Institution: _____ Type: _____ Where details are kept: _____

Institution: _____ Type: _____ Where details are kept: _____

Institution: _____ Type: _____ Where details are kept: _____

Institution: _____ Type: _____ Where details are kept: _____

5. BILLS AND RECURRING PAYMENTS

Bill or payment, and how it is paid: _____

_____

_____

_____

6. INSURANCE

Policy, company and contact: _____

_____

_____

7. CARE OF MY DEPENDENTS (IF ANY)

People who depend on me: _____

I would like _____ to look after them in the first days, if that person is able to.

Care notes (school, doctors, routines, medicines): _____

[ ] My will names the person I would like as guardian. On that choice, please follow my will, not this letter.

This letter does not appoint a guardian or give anyone legal custody.

8. CARE OF MY PETS (IF ANY)

My pets: _____

I would like _____ to care for them, if that person agrees.

Veterinarian: _____

Care notes: _____

This letter does not transfer ownership of my pets or set aside money for their care.

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9. MY HOME

Spare keys: _____

Alarm company, and where the code is kept: _____

Utilities: _____

Other home matters: _____

10. DEVICES AND ONLINE ACCOUNTS

Devices, and where unlock details are kept: _____

My passwords are not written in this letter. They are kept here: _____

Social media (check one): [ ] memorialize my accounts where the service allows it [ ] close or delete them [ ] my family may decide

Online accounts that matter: _____

Services where I named a legacy contact: _____

Photos and files, and who should get copies: _____

11. MY BUSINESS (IF ANY)

Business name and my role: _____

First person to call: _____

Business records and agreements: _____

What needs attention right away: _____

This letter does not transfer my ownership interest in the business or give anyone authority to act for it.

12. FUNERAL AND MEMORIAL WISHES

_____

_____

13. PERSONAL MESSAGES

_____

_____

_____

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14. KEEPING THIS LETTER CURRENT

I intend to update this letter when my papers, accounts or wishes change. If there is more than one version, follow the one with the latest date.

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