

Genealogical Materials Directive

Owner / Researcher Name: _____

Address: _____

Directive Date: _____

Primary Recipient & Caretaker of Your Materials: _____

Address: _____

Phone Number: _____

MATERIALS DESCRIPTION

Description of Genealogical Materials (Overview): _____

Specific Descriptions (*if applicable*):

Photographs: _____

Computer Files: _____

Binders: _____

Paper Files: _____

Family Objects: _____

Research / Reference Books: _____

Yearbooks / ScrapBooks: _____

Audio / Visual Materials: _____

DISTRIBUTION OF MATERIALS

Distributions to be made to family members and / or other researchers:

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Do you have more than three? ____ YES ____ NO
(If yes, list additional distributions on separate page and attach.)

**DONATIONS
(DEED OF GIFT)**

Are Donations to be Made? ____ YES ____ NO

If YES, List Deed(s) of Gift below.

(Attach Deeds to this Document to be included with your will. Clearly mark materials as Deed of Gift #1, etc. for ease of distribution)

Deed of Gift #1 –

Institution: _____

Primary Contact: _____

Phone Number: _____

Deed of Gift #2 –

Institution: _____

Primary Contact: _____

Phone Number: _____

Deed of Gift #3 –

Institution: _____

Primary Contact: _____

Phone Number: _____

Do you have more than three? ____ YES ____ NO
(If yes, list additional Deeds of Gift on separate page and attach.)

Additional Notes: _____

I agree to be the primary recipient and caretaker of the materials listed in this Directive, and accept the responsibility for executing the wishes of _____ as outlined in this Directive.

Signature

Date

This Directive represents my wishes for the distribution and preservation of my genealogical materials.

Signature of Owner / Researcher

Date

Witness Signature

Date

**Note: This Directive is for planning purposes only.
Have this document reviewed and approved by your attorney to ensure legal compliance.**

**DISTRIBUTION OF MATERIALS
ADDENDUM**

Distributions to be made to family members and / or other researchers:

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____

Item(s): _____

Recipient: _____

Phone Number: _____

Address: _____