

# 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: \_\_\_\_\_