

Dear Loved Ones:

In an attempt to simplify matters for you, I have written this letter to provide you with information that will be necessary when the time arises:

Effective date: \_\_\_\_\_

## ADVISORS

Some of the people you will need to contact are listed below:

### ATTORNEY

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### STOCKBROKER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PENSION BENEFITS

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### EMPLOYER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### INSURANCE ADVISOR

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

ACCOUNTANT

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

FINANCIAL PLANNER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

MORTGAGE HOLDER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

ASSETS

Here is a list of all my stocks, bonds and other investments, including property. I have listed a contact person and telephone number for each item, as well as the location of any documents. I  have  have not attached a financial statement.

Investment: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

## DEPOSITS

I  have  have not made any substantial deposits on certain accounts.

If applicable, the accounts are:

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## LIABILITIES

Here is a list of our liabilities, including a contact name and phone number of each, as well as the location of any related documents.

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

I am also a guarantor of the following debt:

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

## INSURANCE COVERAGE

I have the following life insurance policies (including company-owned) on my life:

TYPE	OWNER	BENEFICIARY	FACE AMOUNT	EXISTING LOANS	CASH VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of the policies can be found at: \_\_\_\_\_

I have the following disability insurance policies:

COMPANY	POLICY LOCATED AT

I have the following long-term care insurance policies:

COMPANY	POLICY LOCATED AT

I have the following health insurance policies:

COMPANY	POLICY LOCATED AT

I have the following other policies:

TYPE	COMPANY	POLICY LOCATED AT
Auto		
Umbrella		
Home		

If I become disabled, please make sure to pay the premiums on the policies, which will provide me or my family benefits.

If I am disabled, my life insurance policy  does allow  does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy  does allow  does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy  does allow  does not allow you to stop making premium payments.

## EMPLOYMENT

I have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plan(s): \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Long-Term Care Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Deferred Compensation: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

Other: \_\_\_\_\_

## DOCUMENTS

I have executed each of the following documents and you can find them where noted:

DOCUMENT	DATE SIGNED	LOCATION
Will		
Living Will		
Medical Power of Attorney		
Medical Directive		
General Power of Attorney		
Living Trust		
Insurance Trust		
Charitable Trust		
Minor's Trust		
Custodial Account		
Organ Donation		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Divorce Decree		
Citizenship Papers		
Burial Agreement		
Retirement Beneficiary Designation		
Insurance Beneficiary Designation		

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

Power of Attorney over my Assets: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Power of Attorney for Medical: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Decisions: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Property: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Person: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I  do  do not want to be kept home as long as possible, taking into account the cost.

I  have  do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

## GENERAL INFORMATION

I  do  do not have a safe deposit box.

It can be found: \_\_\_\_\_

The key can be found: \_\_\_\_\_

The following people have signature authority on the box:

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

I  do  do not have a personal safe.

The combination is: \_\_\_\_\_

The safe can be found: \_\_\_\_\_

I  have  do not have attached a list of the persons I want to receive my personal property when I die.

I may receive an inheritance from: \_\_\_\_\_

Upon my death, my heirs  will  will not receive a distribution or benefits from a trust.

If yes, the trust instrument was created by: \_\_\_\_\_

The trust instrument can be found: \_\_\_\_\_

I  am  am not currently the trustee for a trust.

If I am a trustee, the trust document is located at: \_\_\_\_\_

I  am  am not a beneficiary of a trust.

If I am a beneficiary, the trust document is located at: \_\_\_\_\_



My Social Security number is: \_\_\_\_\_

My driver's license number is: \_\_\_\_\_

My passport number is: \_\_\_\_\_

My passport can be found: \_\_\_\_\_

I  am  am not entitled to military benefits. List the benefits:

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I  am  am not entitled to other benefits. List the benefits:

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I am a member of the following religious group(s):

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I am a member of the following fraternal group(s):

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I presently carry the following credit card(s):

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My important records can be found:

my home filing cabinet

my safe deposit box

my home safe

my attorney's office

my financial planner's office

other: \_\_\_\_\_

## IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Crematory: \_\_\_\_\_

Plot/Drawer #: \_\_\_\_\_

Minister/Rabbi: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

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

I  have  have not prepaid my burial costs for my burial plot.

I  have  have not prepaid my burial costs for my casket.

Information can be found at: \_\_\_\_\_

I have a deceased  spouse  parent  child who is buried at: \_\_\_\_\_

I  do  do not wish to be buried next to such person.

I  do  do not have the right to be buried in a military cemetery.

I  do  do not want to be cremated.

### SPECIAL REQUESTS:

Obituary Reading: \_\_\_\_\_

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

Tombstone Engraving: \_\_\_\_\_

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

Organs for Donation: \_\_\_\_\_

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

In lieu of flowers, please ask for donations to: \_\_\_\_\_

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

Other special requests: \_\_\_\_\_

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

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

FAMILY HISTORY

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I was born in \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_\_.  
*City, State* *Month, Day*

My parents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

My maternal grandparents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

My paternal grandparents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

My children are:

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

I have no children.

I  have  do not have detailed information on my family's history. It is located at:

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

DESIRES FOR MY FAMILY

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When I am gone, I hope my family will learn from my experiences:

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

The most important thing I have done in my life is:

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

How I would like to be remembered:

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

I have signed this Family Love Letter this \_\_\_\_\_ day of \_\_\_\_\_.

This document is not intended to replace my will or other estate planning documents signed by me. However, it is my express desire that each family member, Executor, Trustee and Guardian will use this love letter and the other documents signed by me in making any discretionary decisions for me and my family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Copies of this document were delivered to:

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