LOVE LETTER TO MY FAMILY

EFFECTIVE_____

Dear Loved Ones:

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

ADVISORS

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

Attorney:

Name _____

Address _____

_____

Phone _____

Email _____

Insurance Advisor:

Name _____

Address _____

_____

Phone _____

Email _____

Accountant:

Name _____

Address _____

_____

Phone _____

Email _____

Financial Planner:

Name _____

Address _____

_____

Phone _____

Email _____

Investment Advisor:

Name _____

Address _____

_____

Phone _____

Email _____

Stockbroker:

Name _____

Address _____

_____

Phone _____

Email _____

Pension Benefits:

Name _____

Address _____

_____

Phone _____

Email _____

Mortgage Holder:

Name _____

Address _____

_____

Phone _____

Email _____

Employer:

Name _____

Address _____

_____

Phone _____

Email _____

Other:

Name _____

Address _____

_____

Phone _____

Email _____

Other:

Name _____

Address _____

_____

Phone _____

Email _____

Other:

Name _____

Address _____

_____

Phone _____

Email _____

Other:

Name _____

Address _____

_____

Phone _____

Email _____

ONLINE ACCOUNTS/SUBSCRIPTIONS:

Name:_____

Login:_____

Password:_____

Name:_____

Login:_____

Password:_____

Name:_____

Login:_____

Password:_____

Name:_____

Login:_____

Password:_____

Name:_____

Login:_____

Password:_____

Name:_____

Login:_____

Password:_____

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/email_____

Documents are located _____

_____

Investment:

Contact _____

Phone/email_____

Documents are located _____

_____

Investment:

Contact _____

Phone/email_____

Documents are located _____

_____

Investment:

Contact _____

Phone/email_____

Documents are located _____

_____

Investment:

Contact _____

Phone/email_____

Documents are located _____

_____

Investment:

Contact _____

Phone/email_____

Documents are located _____

_____

Money is owed to me (us) by:

Name _____

Address _____

_____

Phone/email_____

Amount _____

Money is owed to me (us) by:

Name _____

Address _____

_____

Phone/email_____

Amount _____

DEPOSITS

I have ___ have not ____ made any substantial deposits on certain accounts. If applicable, the accounts are:_____

_____

Checking Accounts:

Name _____ Name _____

Account Number:_____ Account Number:_____

Login/Password_____ Login/Password_____

HOUSEHOLD SERVICE ACCOUNTS

Gas Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Phone/Internet Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Electric Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Cellular Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Lawn Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Other Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Pest Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

Other Service:

Name _____

Phone/email_____

Account Number:_____

Bill paid with:_____

Login/Password_____

LIABILITIES

Here is a list of our liabilities, including loans and credit cards, as well as the location of any related documents:

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

Login/Password_____

_____

I am also a guarantor of the following debt:

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

_____

Liability: _____

Contact _____

Phone/email_____

Documents are located _____

_____

INSURANCE COVERAGE

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

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:

	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 allows __ does not allow ___ for pre-payment of death benefits to support me.

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

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

EMPLOYMENT

I have the following disability and/or death benefits where I work (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	_____	

Document	Date Signed	Location
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 Plan 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: Phone/email

1st_____

2nd _____

Power of Attorney for Medical Decisions: Phone/email

1st_____

2nd _____

Guardian over my Property: Phone/email

1st_____

2nd _____

Guardian over my Person: Phone/email

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 safety deposit box. It can be found at _____ and the key can be found at _____ .

I do ___ do not ___ have a personal safe. The combination is _____ . The safe can be found at _____.

I have ___ have not ____ 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# is: _____. My driver's license# is: _____.
My passport# is: _____. The passport can be found: _____.

I am ___ am not ___ entitled to military benefits. List the benefits if applicable: _____
_____.

I am ___ am not ____ entitled to other benefits. List the benefits if applicable: _____
_____.

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: _____

Cemetery: _____ Plot/Drawer #: _____

I have ___ have not __ prepaid my burial costs ___, my burial plot ____, my casket ___.

Information can be found at: _____

I do ___ do not ___ want to be cremated. Crematory: _____

Minister/Rabbi to Perform Service: _____

Pallbearers:

_____ _____

_____ _____

_____ _____

Special Requests:

Obituary Reading: _____

Tombstone Engraving: _____

Organs for Donation: _____

In lieu of flowers, please ask for donations to: _____

Other special requests: _____

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.

Signed: _____

Print Name: _____