

Letter to My Loved Ones

FROM: _____

(effective: _____)

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 for you when the time arises:

ADVISORS:

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

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance Advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Fax: _____

Financial Planner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Benefits:

Name: _____

Address: _____

Phone: _____

Fax: _____

Mortgage Holder:

Name: _____

Address: _____

Phone: _____

Fax: _____

Employer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Other:

Name: _____

Address: _____
Phone: _____
Fax: _____

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:

Investment:

Contact: _____
Phone: _____
Documents are located:

Investment:

Contact: _____
Phone: _____
Documents are located:

Investment:

Contact: _____
Phone: _____
Documents are located:

Money is owed to us by:

Contact: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:

Contact: _____
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:

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: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Liability: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Liability: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Liability: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Liability: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Liability: _____

Liability: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Documents are located:

Documents are located:

Insurance Coverage:

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

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Existing Loans</u>	<u>Cash Value</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

Any of the policies can be found at _____.

I have the following **disability insurance** policies:

<u>Company</u>	<u>Policy Located at:</u>
_____	_____
_____	_____
_____	_____

I have the following **long-term care** policies:

<u>Company</u>	<u>Policy Located at:</u>
_____	_____
_____	_____
_____	_____

I have the following **health insurance** policies:

<u>Company</u>	<u>Policy Located at:</u>
----------------	---------------------------

_____	_____
_____	_____
_____	_____

I have the following other policies:

<u>Type</u>	<u>Company</u>	<u>Policy Located at:</u>
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 Plans: _____
- Life Insurance: _____
- Health Insurance: _____
- Long Term Care Insurance: _____
- Disability Insurance: _____
- Deferred Compensations: _____
- Stock Ownership: _____
- Stock Options: _____
- Cafeteria Plan: _____
- Other: _____

Documents:

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

<u>Document</u>	<u>Date Signed</u>	<u>Location</u>
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 Plan Beneficiary Designation	_____	_____
Insurance Beneficiary Designation	_____	_____

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

Power of Attorney over my Assets:	1 st .: _____	2 nd .: _____
Power of Attorney – Medical:	1 st .: _____	2 nd .: _____
Guardian over my Property:	1 st .: _____	2 nd .: _____
Guardian over my Person:	1 st .: _____	2 nd .: _____

It is my desire that the persons having the above powers 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 _____.

I do ___ do not ___ have a personal safe. The combination is _____.

The safe can be found:_____.

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 number is: _____

My driver's license number is: _____

My passport number is: _____

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

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

In the Event of My Death:

I have the following wishes:

Funeral Home:_____

Cemetery:_____

Plot/Drawer#:_____

I have___ have not___ prepaid my burial cost _____, for my burial plot _____, for 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 _____, _____(yr). 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.

_____(sign)

_____(print)

Copies of this document were delivered to:

