

Love Letter to My Family

From: _____ Date: _____

Dear Family:

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

My Social Security No. is: _____

My Drivers License No. is: _____

My Passport No. is: _____

The Passport can be found: _____

Records

My important records can be found at: _____

Advisors

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

Attorney:

Name _____
Address _____
Phone _____
Email _____

Insurance Agent:

Name _____
Address _____
Phone _____
Email _____

Accountant:

Name _____
Address _____
Phone _____
Email _____

Mortgage Holder:

Name _____
Address _____
Phone _____
Email _____

Financial Planner:

Name _____
Address _____
Phone _____
Email _____

Other:

Name _____
Address _____
Phone _____
Email _____

Income

I work at:

Company Name _____
Contact Name _____
Phone Number _____

I have the following benefits where I work or worked (briefly describe)

Deferred compensation _____
Stock Ownership _____
Stock Options _____
Cafeteria Plan _____
Other _____

I am the owner of the following business:

Business Name: _____
Ownership % _____
Other Owner(s) Name: _____ Phone _____
Name: _____ Phone _____

I have the following benefits through my business (briefly describe)

Deferred compensation _____
Stock Ownership _____
Stock Options _____
Cafeteria Plan _____
Other _____

I am retired, and have the following pension income:

Company	Contact Phone	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____

Other Income:

I receive monthly income from the following annuity

Company	_____	Company	_____
Policy No.	_____	Policy No.	_____
Monthly Income	_____	Monthly Income	_____
Phone	_____	Phone	_____

I am entitled to veterans benefits due to the following military service:

Description of military service _____
Years of service - From _____ To _____
Contact the Veterans Administration at: _____

Assets

Here is a list of all my investment accounts. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Custodian:	_____	Custodian	_____
Account No.	_____	Account No.	_____
Title of Account	_____	Title of Account	_____
Custodian Phone	_____	Custodian Phone	_____
Statements located	_____	Statements located	_____

Custodian:	_____	Custodian	_____
Account No.	_____	Account No.	_____
Title of Account	_____	Title of Account	_____
Custodian Phone	_____	Custodian Phone	_____
Statements located	_____	Statements located	_____

Custodian:	_____	Custodian	_____
Account No.	_____	Account No.	_____
Title of Account	_____	Title of Account	_____
Custodian Phone	_____	Custodian Phone	_____
Statements located	_____	Statements located	_____

Investment		Investment	
Contact:	_____	Contact:	_____
Phone	_____	Phone	_____
Documents located	_____	Documents Located	_____

Money is owed to us by:		Money is owed to us by:	
Name	_____	Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
Amount	_____	Amount	_____

Liabilities

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

Liability:	_____	Liability:	_____
Contact	_____	Contact	_____
Phone	_____	Phone	_____
Documents are located	_____	Documents are located	_____
	_____		_____

Liability: _____
 Contact _____
 Phone _____
 Documents are located _____

Liability: _____
 Contact _____
 Phone _____
 Documents are located _____

I presently carry the following credit cards:

Company _____
 Card No. _____

Company _____
 Card No. _____

Company _____
 Card No. _____

Company _____
 Card No. _____

Company _____
 Card No. _____

Company _____
 Card No. _____

Insurance Coverage

I have the following Life Insurance policies. Please check with each company and determine if:
 The policy allows for pre-payment of death benefits in the case of disability
 The policy allows you to stop making premium payments in the case of disability

Type	Owner	Beneficiary	Face Amount	Company/Location of Policy
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have the following other Insurance Policies

Type of Insurance	Company	Policy No.	Location of Policy
Disability	_____	_____	_____
Long Term Care	_____	_____	_____
Health Insurance	_____	_____	_____
Umbrella	_____	_____	_____
Homeowners	_____	_____	_____
Auto	_____	_____	_____
Other	_____	_____	_____

Documents

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

Document	Date Signed	Location
Will	_____	_____
Medical Power of Attorney	_____	_____
Medical Directive	_____	_____
General Power of Attorney	_____	_____

Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Citizenship Papers	_____	_____
Retirement Plan 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	_____
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.

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

My Medical Directive states that 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. This document is located _____

General Information

My Safe Deposit Box can be found at: _____
 and the key can be found at: _____
 The following people have signature authority on the box: _____

My Personal Safe/Firebox can be found at: _____
 The combination/key is: _____

The Password to my computer is _____
 My Email Address is _____
 Email Password is _____
 Other Passwords _____

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 instrument was created by: _____
 The trust can be found: _____

I am currently the Trustee for a trust. If I am a Trustee, the trust document is located at:

I am a beneficiary of a trust. If I am a beneficiary, the trust document is located at:

I am entitled to military and/or government benefits. The benefits are:

I am entitled to other benefits. The benefits are:

I am a member of the following religious group:

I am a member of the following fraternal group:

I have provided the following for the education of my family

In the Event of My Death

Funeral Parlor:

Name _____
Address _____
Phone _____
Email _____

Prepaid Cemetary Plot

Cemetary _____
Address _____
Plot/Drawer No _____
Information can be found _____

I am an organ donor. My donor information is located

I have a deceased _____ spouse, _____ parent, _____ child who is bured at _____ and I _____ wish _____ do not wish to be buried next to such person.

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

Minister/Rabbi to perform Service: _____

Pallbearers: _____

Special Request: _____

Obituary Reading: _____

Tombstone Engraving _____

Organs for Donation _____

In lieu of flowers please ask for donations to _____

Other special requests:

Family History

I was born in _____ on _____

My parents were _____

My maternal grandparents were _____

My paternal grandparents were _____

My children are _____ Born _____

----- I have no children

I have detailed information on my family's history. It is located at: _____

Desires for my Family

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

I believe that the most important things in life are: _____

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

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered: _____

I have signed this Family Love Letter this _____ day of _____, 20____. 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, Power Holder, Executor, Trustee and Guardian will use the Family Love Letter and other documents signed by me in making any discretionary decisions for me and my family.

Printed Name

Signature

Copies of this document were delivered to:

