LOVE LETTER TO MY FAMILY

FROM

(Effective                        , 20       )

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:

# SECTION ONE - Advisors & Financial Information

## MY ADVISORS

Having the right advisors is a critical part of my planning. Some of the people you will need to contact are listed below:

### ACCOUNTANT

Name:

Address:

Phone:

Fax:

Email:

### ATTORNEY

Name:

Address:

Phone:

Fax:

Email:

### EMPLOYER

Name:

Address:

Phone:

Fax:

Email:

### FINANCIAL PLANNER

Name:

Address:

Phone:

Fax:

Email:

### LIFE, HEALTH, AND DISABILITY INSURANCE ADVISOR

Name:

Address:

Phone:

Fax:

Email:

### MORTGAGE HOLDER

Name:

Address:

Phone:

Fax:

Email:

### PENSION BENEFITS

Name:

Address:

Phone:

Fax:

Email:

### PROPERTY AND CASUALTY INSURANCE ADVISOR

Name:

Address:

Phone:

Fax:

Email:

### STOCKBROKER

Name:

Address:

Phone:

Fax:

Email:

### OTHER

Name:

Address:

Phone:

Fax:

Email:

# MY ASSETS

Here is a list of all my stock, bonds, and other investments, including real 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:

This Loan is in a Signed Writing ❑ Yes ❑No

Money is owed to us by:

Name:

Address:

Phone:

Amount:

This Loan is in a Signed Writing ❑ Yes ❑No

Money is owed to us by:

Name:

Address:

Phone:

Amount:

This Loan is in a Signed Writing ❑ Yes ❑No

Money is owed to us by:

Name:

Address:

Phone:

Amount:

This Loan is in a Signed Writing ❑ Yes ❑No

I want the following loan(s) forgiven at the time of my death (NOTE: Your will or the promissory note should be changed to reflect this forgiveness and make it legally enforceable.):

|  |
| --- |
|  |
|  |
|  |
|  |

I want the following loan(s) forgiven as a part of the bequest I am leaving to the borrower at the time of my death (i.e., The debt will be one of the assets used to satisfy my bequest to such heir in my will.):

|  |
| --- |
|  |
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I ❑ have ❑ have not made any substantial deposits on certain accounts.

If applicable, the accounts are:

|  |
| --- |
|  |
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# LOANED AND STORED ASSETS

I have assets stored at the following locations:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

The key to the storage facility is at:

I have loaned the following personal property (furniture, art, collectibles, etc.):

|  |  |
| --- | --- |
| Objects | Person Holding Them |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

(If the loan of the assets are subject to a written agreement, I have attached a copy to this Family Love Letter.)

# MY LIABILITIES

Here is a list of my 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:

Liability:

Contact:

Phone:

Documents are located:

I am also guarantor of the following debt:

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

I presently carry the following credit cards:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit Card | Acct Number | Web Site | Access Name | Password |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I lease the following assets:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset | Location | Payment | Lessor | Phone Number |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

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| --- |
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# SECTION TWO - Insurance & Benefits

## MY INSURANCE COVERAGE

Please make sure the premiums on these policies continue to be paid if I become disabled. Please note that premiums may be paid on a monthly, quarterly, semi-annual basis.

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type | Owner | Beneficiary | Face Value | Loans | Cash Value | Carrier | Policy Number | Annual Premium |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

These life insurance policies can be found at:

I ❑ have ❑ have not attached a policy in force statement for the above life insurance policies.

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.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carrier | Policy Located | Policy Number | Annual Premium | Premium Paid by Employer |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carrier | Policy Located | Policy Number | Annual Premium | Premium Paid by Employer |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carrier | Policy Located | Policy Number | Annual Premium | Premium Paid by Employer |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |
|  |  |  |  | ❑ Yes ❑ No |

I have the following other policies:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Carrier | Policy Located | Policy Number | Annual Premium |
| Auto |  |  |  |  |
| Umbrella |  |  |  |  |
| Home |  |  |  |  |
| Boat/Airplane |  |  |  |  |
| Overhead Expenses |  |  |  |  |
| Jewelry |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The following insurance premiums are paid automatically from my bank account. (Please make sure you do not close my account without making sure the premiums are still being paid.):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## MY EMPLOYMENT BENEFITS

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

|  |  |
| --- | --- |
| Retirement Plan(s): |  |
| Military Retirement Benefits: |  |
| Military Survivor Benefits: |  |
| Life Insurance: |  |
| Health Insurance: |  |
| Long-Term Care Insurance: |  |
| Disability Insurance: |  |
| Deferred Compensations: |  |
| Stock Ownership: |  |
| Stock Options: |  |
| Cafeteria Plan: |  |
| Flexible Spending Accounts: |  |
| Other: |  |

I ❑ am ❑ am not entitled to military and/or governmental benefits. List the benefits:

|  |
| --- |
|  |
|  |
|  |

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

|  |
| --- |
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With regard to my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know:

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# SECTION THREE - Documents & Other Information

## MY DOCUMENTS

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

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Date Signed | Location | N/A |
| 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 |  |  | ❑ |
| Children Adoption Papers |  |  | ❑ |
| Section 529 Education Plan |  |  | ❑ |
| Pre-Nuptial Agreement |  |  | ❑ |
| Post-Nuptial Agreement |  |  | ❑ |
| Divorce Decree or Settlement |  |  | ❑ |
| Citizenship Papers |  |  | ❑ |
| Burial Agreement |  |  | ❑ |
| Retirement Plan Beneficiary Designation |  |  | ❑ |
| Insurance Beneficiary Designation |  |  | ❑ |
| Military Discharge Papers (DD214) |  |  | ❑ |
| Employment or Independent Contractor |  |  | ❑ |
| Contract |  |  | ❑ |
| General Power of Attorney |  |  | ❑ |
| Other |  |  | ❑ |
| Other |  |  | ❑ |

My important records can generally be found at:

❑ my home filing cabinet

❑ my safety deposit box

❑ my home safe

❑ my attorney's office

❑ my accountant's office

❑ my financial planner's office

❑ other

My most recent personal and any business tax returns can be found at:

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

I may receive an inheritance from:

The amount of the inheritance may be as much as $

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:

I am currently Legal Guardian for the following person(s):

Documents appointing me can be found at:

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

|  |  |  |  |
| --- | --- | --- | --- |
| Business | Date Signed | Location | Partner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# MY GENERAL INFORMATION

I ❑ do ❑ do not have a safe deposit box.

It can be found at:

The key can be found at:

The following people have signature authority over the box:

|  |
| --- |
|  |
|  |

I ❑ do ❑ do not have a personal safe.

The combination is:

The safe can be found:

Important Passwords

|  |  |  |
| --- | --- | --- |
| Item, Program or Bank | Access Name | Password |
| Computer |  |  |
| Email |  |  |
| Cell phone |  |  |
|  |  |  |
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I ❑ have ❑ have not attached a list of the persons I want to receive my personal property when I die.

I ❑ have ❑ have not attached a list of important personal property which I own.

|  |  |
| --- | --- |
| My Social Security number is: |  |
| My driver’s license number is: |  |
| My Medicare number is: |  |
| My passport number is: |  |
| The passport can be found: |  |

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

I have provided the following for the education of my family in the following manner:

|  |
| --- |
|  |
|  |

I have a special needs family member or friend who I take care of:

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Nature of disability: |  |
| Special services they receive: |  |
| Primary Physician & Phone Number: |  |
| Is there a Trust for such person? |  |
| Trust documents are at: |  |
| I have been Appointed Legal Guardian for such person: |  |
| I believe the following person should take over this responsibility: |  |

Information on any accounts I handle for this person:

|  |
| --- |
|  |
|  |

With regard to my general information, the following is additional information which I think is important for my family and advisors to know:

|  |
| --- |
|  |
|  |

## IN THE EVENT OF MY INCAPACITY

I have appointed (in the attached 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 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 at home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

|  |
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## IN THE EVENT OF MY DEATH

I have the following final wishes:

|  |
| --- |
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|  |
|  |

|  |  |
| --- | --- |
| Funeral Home: |  |
| Location: |  |
| Cemetery: |  |
| Plot/Drawer Number: |  |

I ❑ have ❑ have not prepaid

❑my burial costs

❑for my burial plot

❑for my casket

Information can be found at:

I have a deceased:

|  |  |
| --- | --- |
| Spouse, buried at: |  |
| Parent, buried at: |  |
| Child, buried at: |  |
| I wish to be buried next to: |  |

I ❑ do ❑ do not wish to be cremated.

Crematory:

I currently have the following pets:

|  |
| --- |
|  |
|  |

I ask that                                                                       take care of my pets and receive as a debt of my estate the sum of $                           for taking care of those pets for the rest of their lives.

Funeral Service

Minister/Rabbi to Perform Service:

Pallbearers:

|  |
| --- |
|  |
|  |
|  |

Obituary Reading:

|  |
| --- |
|  |
|  |
|  |

Tombstone Engraving:

|  |
| --- |
|  |
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|  |

Organs for Donation:

|  |
| --- |
|  |
|  |
|  |

In lieu of flowers, please ask for donations to:

|  |
| --- |
|  |
|  |
|  |

Other special requests:

|  |
| --- |
|  |
|  |
|  |

I would like the following songs, music, poetry, etc. at my funeral:

|  |
| --- |
|  |
|  |
|  |

In the event of my death, the following is additional information which I think is important for my family and advisors to know:

|  |
| --- |
|  |
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# SECTION FOUR - Family History & Ethical Will

## MY FAMILY HISTORY

I was born in                                                                                     on

|  |  |  |  |
| --- | --- | --- | --- |
| My parents |  | and |  |
| My maternal grandparents |  | and |  |
| My paternal grandparents |  | and |  |

I was adopted and my birth mother and father are/were:

I have the following brothers and sisters (including step and half-siblings):

|  |  |
| --- | --- |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |

My children are:

|  |  |
| --- | --- |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |
|  | Born: |

❑ I have no children

I ❑ have ❑ do not have detailed information on my family’s history. If I do, it’s located at:

Some important facts about my family history:

|  |
| --- |
|  |
|  |
|  |
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|  |

## MY ETHICAL WILL

I ❑ have ❑ have not attached a more comprehensive Ethical Will.

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:

|  |
| --- |
|  |
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|  |

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:

|  |
| --- |
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|  |
|  |

I have attached to this Family Love Letter my favorite ❑ quote ❑ poem ❑ story ❑ scripture.

I have signed this Family Love Letter this               day of                                                    .

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each heir, family member, Power Holder, Executor, Trustee and Guardian will use this Family 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:

|  |
| --- |
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|  |
|  |
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I have attached the following documents to my Family Love Letter:

❑ my current financial statement

❑ a copy of my current life insurance

❑ a personal property ownership list

❑ a personal property disposition list

❑ a more detailed ethical will

❑ personal property agreements

❑ a policy in force statement for my life