

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

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

INVESTMENT ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

PENSION BENEFITS

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

EMPLOYER

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

LIFE, HEALTH and DISABILITY INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

PROPERTY AND CASUALTY INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

ACCOUNTANT

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

FINANCIAL PLANNER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

MORTGAGE HOLDER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

OTHER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

OTHER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

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

Investments: _____
Contact: _____
Phone: _____
Documents are located: _____

Investments: _____
Contact: _____
Phone: _____
Documents are located: _____

Investments: _____
Contact: _____
Phone: _____
Documents are located: _____

Investments: _____
Contact: _____
Phone: _____
Documents are located: _____

Investments: _____
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: _____

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: _____
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:

COMPANY	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 NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

I have the following long-term care insurance policies:

COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

I have the following health insurance policies:

COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

I have the following other policies:

TYPE	COMPANY	POLICY NUMBER	POLICY LOCATED AT
Auto			
Umbrella			
Home			
Overhead Disability			

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

If I become 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 Plans(s):

Life Insurance:

Health Insurance:

Long-Term Care Insurance:

Disability Insurance:

Deferred Compensation:

Stock Ownership:

Stock Options:

Cafeteria Plan:

Flexible Spending Account:

Other:

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		
Military Discharge Papers		
Buy Out Agreement Paperwork		

DOCUMENTS

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

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 Medicare number is: _____

My passport can be found: _____

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

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

I presently carry the following credit card(s):

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 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

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.

Regarding children from a previous marriage, I would like my current spouse to:

I have do not 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:

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:
