



## **The Love Letter**

*Updated February 2019*

Under current estate tax law, Americans enjoy relatively generous exclusions from estate, gift, and generation-skipping taxes. In fact, approximately 99.8% of estates owe no tax at all thanks to these high exclusions.

Despite current law providing respite from the tax issues of estate planning for many Americans, we think it is critical that complacency not set in for the other aspects of estate planning. In fact, we think this is a great opportunity to examine some of the other vital aspects of proper planning. As a firm, we spend a great deal of time ensuring that our clients' estate plans are current and continue to reflect their wishes.

In keeping with this initiative, one of the greatest gifts you can give the loved ones who will be asked to handle the business affairs at your passing is a "Love Letter." We have included one for your use.

The "Love Letter" is not a legal document, but it does contain basic information that can be equally as important as that contained in other estate planning documents. Unfortunately, the information contained within is often not included in other formal estate planning documents and searching for it can mean hours of arduous work in what is already a trying time for loved ones. The "Love Letter" has been designed with the input of many who have been called upon to administer the affairs of deceased love ones.

While we recognize that planning for such a situation is not pleasant, we ask that you take some time to complete the "Love letter." In a time of shock, grief, and sorrow, this document can significantly reduce the stress placed on your loved ones.

Please call us at 404-874-6244 with any questions or concerns as you complete your love letter or as you contemplate your estate plans.

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:

<b>ATTORNEY</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>INVESTMENT ADVISOR</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>PENSION BENEFITS</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>EMPLOYER</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>INSURANCE ADVISOR</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>PROPERTY and CASUALTY INSURANCE ADVISOR</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>ACCOUNTANT</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>FINANCIAL PLANNER</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>MORTGAGE HOLDER</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>OTHER</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

<b>OTHER</b>	Name	
	Address	
	Phone	
	Fax	
	Email	

**DEPOSITS**

- I **have not** made any substantial deposits on certain accounts.
- I **have** made substantial deposits on certain accounts, these accounts are listed below:

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**ASSETS**

Here is a list of my stocks, bonds and other investments, including property. I have listed a contact person, telephone number and the location of any documents for each item.

- I **have not** attached a financial statement.
- I **have** attached a financial statement.

<b>INVESTMENTS</b>	Investment	
	Contact	
	Phone	
	Documents' location	

<b>INVESTMENTS</b>	Investment	
	Contact	
	Phone	
	Documents' location	

<b>INVESTMENTS</b>	Investment	
	Contact	
	Phone	
	Documents' location	

<b>INVESTMENTS</b>	Investment	
	Contact	
	Phone	
	Documents' location	

<b>INVESTMENTS</b>	Investment	
	Contact	
	Phone	
	Documents' location	

<b>MONEY IS OWED TO US BY</b>	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>MONEY IS OWED TO US BY</b>	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>MONEY IS OWED TO US BY</b>	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DEBTS & LIABILITIES**

Here is a list of my liabilities. I have listed a contact person, telephone number and the location of any documents for each item.

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

I am also a **guarantor** of the following debt:

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	

<b>LIABILITY</b>	Liability	
	Contact	
	Phone	
	Documents' location	



271 17th Street, N.W. Suite 1600 Atlanta, Georgia 30363 404.874.6244 Fax 404.874.1658

**INSURANCE COVERAGE**

I have the following <b>life insurance</b> policies (including company-owned) on my life:					
COMPANY	OWNER	BENEFICIARY	FACE AMOUNT	EXISTING LOANS	CASH VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of these policies can be found at: \_\_\_\_\_

I have the following <b>disability insurance</b> policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: \_\_\_\_\_

I have the following <b>long-term care insurance</b> policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: \_\_\_\_\_

I have the following <b>health insurance</b> policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: \_\_\_\_\_

I have the following <b>other</b> policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

I have the following <b>other</b> policies:			
TYPE	COMPANY	POLICY NUMBER	POLICY LOCATED AT
Auto			
Umbrella			
Home			
Overhead Disability			
Other			
Other			

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	<b>does allow</b> <input type="checkbox"/>	<b>does not allow</b> <input type="checkbox"/>	for pre-payment of death benefits to support me.
If I am disabled, my life insurance policy	<b>does allow</b> <input type="checkbox"/>	<b>does not allow</b> <input type="checkbox"/>	you to stop making premium payments.
If I am disabled, my disability insurance policy	<b>does allow</b> <input type="checkbox"/>	<b>does not allow</b> <input type="checkbox"/>	you to stop making premium payments.

**EMPLOYMENT**

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

Retirement Plan(s)

Life Insurance



Health Insurance

Long-Term Care Insurance

Disability Insurance

Deferred Compensation

Stock Ownership

Stock Options

Cafeteria Plan

Flexible Spending Account

Other

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		
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		

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

	1st	2nd
Power of Attorney over my Assets		
Power of Attorney for Medical Decisions		
Guardian over my Property		
Guardian over me Person		

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 necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the event of my incapacity I want to be kept home as long as possible, taking into account the cost.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have a divorce decree which may require that certain payments be made after I am disabled or after my death.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**ONLINE ACCOUNTS**

Website / Online Service	Type of Information Stored (i.e. photos, documents, etc.)

Login Information	
I <b>do</b> maintain a list of login credentials <input type="checkbox"/>	I <b>do not</b> maintain a list of login credentials <input type="checkbox"/>
It can be found here:	

**GENERAL INFORMATION**

Safe Deposit Box	
I <b>do</b> have a safe deposit box <input type="checkbox"/>	I <b>do not</b> have a safe deposit box <input type="checkbox"/>
It can be found here:	
The key can be found here:	

The following people have signature authority on the safe deposit box:

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Personal Safe	
I <b>do</b> have a personal safe <input type="checkbox"/>	I <b>do not</b> have a personal safe <input type="checkbox"/>
It can be found here:	
The combination is:	
The safe contains:	

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

I may receive an inheritance from:

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- Upon my death, my heirs **will not** receive a distribution or benefits from a trust.
- Upon my death, my heirs **will** receive a distribution or benefits from a trust.

If my heirs will receive a distribution or benefits from a trust, the trust instrument was created by:

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The trust instrument can be found:

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- I **am not** currently the trustee for a trust.
- I **am** currently the trustee for a trust.

If I am a trustee, the trust document is located at:

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- I **am not** the beneficiary of a trust.
- I **am** the 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 not** entitled to military benefits.

I **am** entitled to military benefits.

If I am entitled to military benefits they are listed below:

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I **am not** entitled to other benefits.

I **am** entitled to other benefits.

If I am entitled to other benefits, they are listed below:

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I presently carry the following credit card(s):

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My important records can be found in:	
<input type="checkbox"/>	My home filing cabinet
<input type="checkbox"/>	My safe deposit box
<input type="checkbox"/>	My home safe
<input type="checkbox"/>	My attorney's office
<input type="checkbox"/>	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 not** prepaid my burial costs for my burial plot.

I **have** prepaid my burial costs for my burial plot.

Information regarding this can be found in:

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I **have not** prepaid my burial costs for my casket.

I **have** prepaid my burial costs for my casket.

Information regarding this can be found in:

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I have a deceased:     Spouse         Parent         Child  
who is buried here:

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I **do** wish to be buried next to such person.

I **do not** wish to be buried next to such person.

I **do** have the right to be buried in a military cemetery.

I **do not** have the right to be buried in a military cemetery.

I **do** want to be cremated.

I **do not** want to be cremated.

Special Requests:

Obituary Reading:

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Tombstone Engraving:

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Organs for Donation:

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In lieu of flowers, please ask for donations to:

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Other special requests:

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**FAMILY HISTORY**

I was born in	
	<i>(city, state)</i>
I was born on	
	<i>(month, day, year)</i>

My parents are/were		
	<i>(Full name)</i>	<i>(Full Name)</i>
My maternal grandparents are/were		
	<i>(Full Name)</i>	<i>(Full Name)</i>
My paternal grandparents are/were		
	<i>(Full Name)</i>	<i>(Full Name)</i>

My Children	
Name	Born

I have no children.

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

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I **do not** have detailed information on my family's history.

I **do** have detailed information on my family's history.



If I do have detailed information on my family's history, it is located:

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**DESIRES FOR MY FAMILY**

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

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

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How I would like to be remembered:

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271 17th Street, N.W. Suite 1600 Atlanta, Georgia 30363 404.874.6244 Fax 404.874.1658

I have signed this Family Love Letter this \_\_\_\_\_ day of \_\_\_\_\_.  
*(Day)* *(Year)*

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.

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Signature

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Print Name

Copies of this document were delivered to:

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