



Love Letter to My Family

From _____
(Effective _____, 20 _____)

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 Driver's License No. is: _____

My Passport No. is: _____

The passport can be found at: _____

■ 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 an owner of the following business:

Business Name: _____
Ownership Percentage: _____
Other owner(s): Name: _____ Contact No.: _____
Name: _____ Contact No.: _____

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

Deferred Compensation: _____
Buy/Sell Agreement: _____
Stock Ownership: _____
Stock Options: _____
Cafeteria Plan: _____
Other: _____

I am retired, and have the following pension income:

Company	Contact Phone No.	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: _____
Account No.: _____
Title of Account: _____
Custodian Phone: _____
Statements are located: _____

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

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

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

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

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

Here is a list of other investments I own:

Investment: _____
Contact: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Phone: _____
Documents are located: _____

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

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

■ 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 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	Phone	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 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.

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 can be found at: _____
The combination 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 trust 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 groups: _____

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 buried 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 _____, 19 _____

My parents were _____ and _____

My maternal grandparents were _____ and _____

My paternal grandparents were _____ and _____

My children are _____ Born _____

_____ Born _____

_____ Born _____

_____ 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 this Family Love Letter and the 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:
