

## **Love Letter to Our Family**

**Effective:**\_\_\_\_\_

Dear Loved Ones:

In an attempt to simplify matters for you, we have written this letter to provide you with information that will be necessary for you when the time arises:

**ADVISORS**

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

**Attorney:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Insurance Advisor:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Accountant:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Financial Planner:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Stockbroker:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Stockbroker:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Pension Benefits:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Mortgage Holder:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Employer:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**Other:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_

**ASSETS**

Here is a list of all stocks, bonds, and other investments, including property. Listed is a contact person and telephone number for each item, as well as the location of any documents. **We 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: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_  
  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_  
  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_  
  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Money is owed to either or both of us by:**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Amount : \_\_\_\_\_

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Amount : \_\_\_\_\_

**Money is owed to either or both of us by:**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Amount : \_\_\_\_\_

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Amount : \_\_\_\_\_

**DEPOSITS**

We **have** \_\_\_ **have not** \_\_\_ made any substantial deposits on certain accounts. If applicable the accounts are: \_\_\_\_\_

**LIABILITIES**

Here is a list of 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: \_\_\_\_\_  
\_\_\_\_\_

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Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are Located: \_\_\_\_\_  
\_\_\_\_\_

**Liability:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are Located: \_\_\_\_\_  
\_\_\_\_\_

**Liability:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are Located: \_\_\_\_\_  
\_\_\_\_\_

One (or both) of us is a guarantor of the following debt(s):

**Liability:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are Located: \_\_\_\_\_  
\_\_\_\_\_

**Liability:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are Located: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COVERAGE**

We have the following **life insurance** policies (including company-owned):

Company	Policy Number	Beneficiary	Face Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Any of the policies can be found at \_\_\_\_\_.

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

<u>Company</u>	<u>Policy Located At:</u>
_____	_____
_____	_____

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

<u>Company</u>	<u>Policy Located At:</u>
_____	_____
_____	_____

We have the following **other** policies:

<u>Type</u>	<u>Company</u>	<u>Policy Located At:</u>
Auto	_____	_____
Umbrella	_____	_____
Home	_____	_____
Long Term Care	_____	_____
_____	_____	_____

If disabled, please make sure to pay the premiums on the policies which will provide benefits.

If disabled, the life insurance policy allows \_\_\_ does not allow \_\_\_ for pre-payment of death benefits to support me/us.

If disabled, the life insurance policy allows \_\_\_ does not allow \_\_\_ you to stop making premium payments.

If disabled, the disability insurance policy allows \_\_\_ does not allow \_\_\_ you to stop making premium payments.

**EMPLOYMENT**

We have the following work-related benefits (briefly describe), including disability and/or death benefits:

- \*Retirement Plan(s): \_\_\_\_\_
- \*Life Insurance: \_\_\_\_\_
- \*Health Insurance: \_\_\_\_\_
- \*Long Term Care: \_\_\_\_\_
- \*Disability Insurance: \_\_\_\_\_
- \*Deferred Compensation: \_\_\_\_\_
- \*Stock Ownership: \_\_\_\_\_
- \*Stock Options: \_\_\_\_\_
- \*Cafeteria Plan: \_\_\_\_\_
- \*Other: \_\_\_\_\_

**ONLINE LOGIN INFORMATION**

<u>Website</u>	<u>Username</u>	<u>Password</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## DOCUMENTS

One or both of us have executed the following documents, as noted, and you can find them where indicated:

<u>Document</u>	<u>Date Signed</u>	<u>Location</u>
*Will	_____	_____
*Medical Power of Attorney	_____	_____
*Medical Directive	_____	_____
*General Power of Attorney	_____	_____
*Revocable/Living Trust	_____	_____
*Insurance Trust	_____	_____
*Charitable Trust	_____	_____
*Minor's Trust	_____	_____
*Custodial Account	_____	_____
*Pre-Nuptial Agreement	_____	_____
*Post-Nuptial Agreement	_____	_____
*Divorce Decree	_____	_____
*Citizenship Papers	_____	_____
*Burial Agreement	_____	_____

In the above documents, should one of us become disabled, each of us have respectively appointed the following to act on our behalf:

Power of Attorneys over my Assets:            1<sup>st</sup> \_\_\_\_\_            2<sup>nd</sup> \_\_\_\_\_

Power of Attorney for Medical Decisions:    1<sup>st</sup> \_\_\_\_\_            2<sup>nd</sup> \_\_\_\_\_

Guardian over my Property:                    1<sup>st</sup> \_\_\_\_\_            2<sup>nd</sup> \_\_\_\_\_

Guardian over my Person:                    1<sup>st</sup> \_\_\_\_\_            2<sup>nd</sup> \_\_\_\_\_

Each of us desire that the person(s) having our respective powers of attorney act on our 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.

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.

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**

We do \_\_\_ do not \_\_\_ have a safety deposit box. It can be found at \_\_\_\_\_ and the key can be found \_\_\_\_\_.

We do \_\_\_ do not \_\_\_ have a personal safe. The combination is \_\_\_\_\_ The safe can be found \_\_\_\_\_.

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 the persons I want to receive my personal property when I die.

I, \_\_\_\_\_, may receive an inheritance from \_\_\_\_\_.

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: \_\_\_\_\_.

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 \_\_\_ 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 \_\_\_ am not \_\_\_ a beneficiary of a trust. If I am a beneficiary, the trust document is located at:\_\_\_\_\_.

My, \_\_\_\_\_, social security number is:\_\_\_\_\_.

My, \_\_\_\_\_, social security number is:\_\_\_\_\_.

My, \_\_\_\_\_, driver's license number is:\_\_\_\_\_.

My, \_\_\_\_\_, driver's license number is:\_\_\_\_\_.

My, \_\_\_\_\_, passport number is:\_\_\_\_\_. The passport can be found:\_\_\_\_\_.

My, \_\_\_\_\_, passport number is:\_\_\_\_\_. The passport can be found:\_\_\_\_\_.

I, \_\_\_\_\_, am \_\_\_ am not \_\_\_ entitled to military benefits. List the benefits:\_\_\_\_\_.

I, \_\_\_\_\_, am \_\_\_ am not \_\_\_ entitled to military benefits. List the benefits:\_\_\_\_\_.

I, \_\_\_\_\_, am \_\_\_ am not \_\_\_ entitled to other benefits. List the benefits:\_\_\_\_\_.

I, \_\_\_\_\_, am \_\_\_ am not \_\_\_ entitled to other benefits. List the benefits:\_\_\_\_\_.

# FUNERAL INFORMATION FOR

The following is information I have written concerning my eventual death. It is my desire that what I have written be done by my family. Immediately following my death, please notify my pastor. My pastor will be able to help my family make the necessary arrangements as well as offer God's comfort. Should the family desire a pastor, other than the one presently serving our church, to help with my funeral service, they should ask the pastor of our church to notify the pastor of their choice. My family will be responsible to pay the visiting pastor's travel expenses to conduct my service.

It is my desire to have the following funeral home/mortuary be in charge of caring for my body following my death:

Funeral Home: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The following is an expression of my desire concerning my funeral service:

Place of the service: \_\_\_\_\_  
Church Preference: \_\_\_\_\_  
Clergyman: \_\_\_\_\_  
Clothing: \_\_\_\_\_  
\_\_\_\_\_

Floral Description: \_\_\_\_\_  
\_\_\_\_\_

Glasses On: Yes \_\_\_\_\_ No \_\_\_\_\_

Visitation Prior to Funeral Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Hymns I desire to be played or sung at my service are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scripture I want read during my service are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorials may be given to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If possible, I would like for the following persons to serve as my pallbearers:

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Alternate pallbearers:

_____	Phone _____
_____	Phone _____
_____	Phone _____

Honorary pallbearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CEMETERY INSTRUCTIONS**

I hereby direct the following disposition be made of my remains:

**Earth Burial**

Name of cemetery: \_\_\_\_\_

Location: \_\_\_\_\_

Lot: No. \_\_\_\_\_ Section \_\_\_\_\_ Grave \_\_\_\_\_

Location of Deed: \_\_\_\_\_

I  do  do not want my casket placed in a vault.

If you want a vault, indicate if you want it to be concrete or metal. \_\_\_\_\_

**Cremation**

If you desire to be cremated, indicate your desire:

\_\_\_\_\_

Type of urn: \_\_\_\_\_

Niche: \_\_\_\_\_

**Mausoleum Entombment**

Name of mausoleum: \_\_\_\_\_

at \_\_\_\_\_ Section \_\_\_\_\_ Number \_\_\_\_\_

**Memorial tablet (Grave marker)**

I have already purchased a memorial tablet from: \_\_\_\_\_

of \_\_\_\_\_

It has been set in the \_\_\_\_\_ cemetery.

I have not purchased a memorial tablet. The type I desire is: \_\_\_\_\_

\_\_\_\_\_

Inscribe the following on the memorial tablet:

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Additional comments about my funeral service:

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**FUNERAL EXPENSE INFORMATION**

**Note:** Social Security pays an amount for funeral services if there is a surviving spouse. Also, many veterans have a funeral benefit that will help with their expenses. The funeral director will take care of these matters with your family while making arrangements for your service.

I have a burial policy:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Amount:     \$ \_\_\_\_\_

I desire my funeral expenses to be paid as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORICAL INFORMATION (OBITUARY)**

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your family.

Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degrees: \_\_\_\_\_  
\_\_\_\_\_

Fraternity/Honor Society: \_\_\_\_\_  
\_\_\_\_\_

Military: \_\_\_\_\_  
\_\_\_\_\_

Civic or Public Offices Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievements/Recognition: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

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Place of the service: \_\_\_\_\_  
Church Preference: \_\_\_\_\_  
Clergyman: \_\_\_\_\_  
Clothing: \_\_\_\_\_  
\_\_\_\_\_

Floral Description: \_\_\_\_\_  
\_\_\_\_\_

Glasses On: Yes \_\_\_\_\_ No \_\_\_\_\_  
Visitation Prior to Funeral Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Hymns I desire to be played or sung at my service are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Scripture I want read during my service are:

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Memorials may be given to:

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If possible, I would like for the following persons to serve as my pallbearers:

<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>

Alternate pallbearers:

<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>
<hr/>	Phone	<hr/>

Honorary pallbearers:

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**Note:** Social Security pays an amount for funeral services if there is a surviving spouse. Also, many veterans have a funeral benefit that will help with their expenses. The funeral director will take care of these matters with your family while making arrangements for your service.

I have a burial policy:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Amount:     \$ \_\_\_\_\_

I desire my funeral expenses to be paid as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HISTORICAL INFORMATION (OBITUARY)

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your family.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degrees: \_\_\_\_\_  
\_\_\_\_\_

Fraternity/Honor Society: \_\_\_\_\_  
\_\_\_\_\_

Military: \_\_\_\_\_  
\_\_\_\_\_

Civic or Public Offices Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievements/Recognition: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

We have signed this family love letter this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_. This document is not intended to replace our wills or other estate planning documents signed by us. However, it is our express desire that each family member, Executor, Trustee and Guardian will use this love letter and the other documents signed by us in making any discretionary decisions for us and our family.

\_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

**Copies of this document were delivered to:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_