

Love Letter to My Family

Effective: _____

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 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 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.**

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 me by:

Name : _____
Address : _____
Phone : _____
Amount : _____

Money is owed to me 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 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: _____

I am also a guarantor of the following debts:

Liability: _____
Contact: _____
Phone: _____
Documents are Located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are Located: _____

INSURANCE COVERAGE

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

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

Any of the policies can be found at _____.

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

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

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

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

I have the following **other** policies:

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

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

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.

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

EMPLOYMENT

I have the following benefits where I work (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

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

<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	_____	_____

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

Power of Attorneys 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 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 safety deposit box. It can be found at _____ and the key can be found _____.

I 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 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 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 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 my church, to help with my funeral service, they should ask the pastor of my 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: _____

Passages of 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 _____
_____	Phone _____
_____	Phone _____

Honorary pallbearers:

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

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 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:

Additional comments about my funeral service:

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: _____

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, 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.

Printed Name: _____

Copies of this document were delivered to:

