

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 No.: _____ Email: _____

Accountant:

Name: _____

Address: _____

Phone No.: _____ Email: _____

Employer (or Former Employer):

Name: _____

Address: _____

Phone No.: _____ Email: _____

Insurance Agent:

Name: _____

Address: _____

Phone No.: _____ Email: _____

Financial Advisor:

Name: _____

Address: _____

Phone No.: _____ Email: _____

Other:

Name: _____

Address: _____

Phone No.: _____ Email: _____

Other:

Name: _____

Address: _____

Phone No.: _____ Email: _____

ASSETS

We have the following annuities and/or retirement account(s) (i.e. IRA, 401(k), Profit Sharing):

1. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (___ / ___ / ___): _____

2. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (___ / ___ / ___): _____

3. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (___ / ___ / ___): _____

4. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (___ / ___ / ___): _____

ASSETS
(continued)

5. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

6. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

7. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

8. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

ASSETS
(continued)

We have the following brokerage account(s):

1. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

2. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

3. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

4. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

ASSETS
(continued)

We have the following individual stock account(s):

1. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

2. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

3. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

4. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

ASSETS
(continued)

We have the following bank account(s) or other financial account(s):

1. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

2. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

3. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

4. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

Assets
(continued)

We have the following Credit Card Rewards, Frequent Flyer Miles, etc.:

1. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

2. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

3. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

4. Financial Institution Name: _____

Address: _____

Phone No.: _____ Account No.: _____

Website: _____

User Name: _____ Password: _____

Account Balance as of (____/____/____): _____

Other Financial Information

Money is owed to one or both of us by:

1. Name: _____

Address: _____

Phone No.: _____ Email: _____

In Writing: ___ Yes ___ No Forgiven At My Death: ___ Yes ___ No

Date of Loan: ___/___/___ Amount Loaned: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

2. Name: _____

Address: _____

Phone No.: _____ Email: _____

In Writing: ___ Yes ___ No Forgiven At My Death: ___ Yes ___ No

Date of Loan: ___/___/___ Amount Loaned: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

3. Name: _____

Address: _____

Phone No.: _____ Email: _____

In Writing: ___ Yes ___ No Forgiven At My Death: ___ Yes ___ No

Date of Loan: ___/___/___ Amount Loaned: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

Other Financial Information
(continued)

We have the following liabilities (mortgages, loans, or other borrowed money):

1. Type: Mortgage Auto Loan Personal or Other

Creditor: _____

Address: _____

Phone No.: _____ Date of Loan: ___/___/___

Amount Borrowed: _____ Balance Due: _____ (as of ___/___/___)

Website or Email: _____

User Name: _____ Password: _____

Add'l Details: _____

2. Type: Mortgage Auto Loan Personal or Other

Creditor: _____

Address: _____

Phone No.: _____ Date of Loan: ___/___/___

Amount Borrowed: _____ Balance Due: _____ (as of ___/___/___)

Website or Email: _____

User Name: _____ Password: _____

Add'l Details: _____

3. Type: Mortgage Auto Loan Personal or Other

Creditor: _____

Address: _____

Phone No.: _____ Date of Loan: ___/___/___

Amount Borrowed: _____ Balance Due: _____ (as of ___/___/___)

Website or Email: _____

User Name: _____ Password: _____

Add'l Details: _____

Other Financial Information
(continued)

We have the following credit cards:

1. Name: _____

Address: _____

Phone No.: _____ Website: _____

Account No.: _____ Credit Limit: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

2. Name: _____

Address: _____

Phone No.: _____ Website: _____

Account No.: _____ Credit Limit: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

3. Name: _____

Address: _____

Phone No.: _____ Website: _____

Account No.: _____ Credit Limit: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

4. Name: _____

Address: _____

Phone No.: _____ Website: _____

Account No.: _____ Credit Limit: _____

Balance Due (as of ___/___/___): _____

Add'l Details: _____

Other
(continued)

One or both of us is/are entitled to receive military benefits.

1. Veteran's Name: _____

Type of Military Benefit: _____

Contact Person: _____

Address: _____

Phone No.: _____ Email: _____

Military Branch(es): _____

Start Date of Service: _____ End Date of Service: _____

Additional Information: _____

2. Veteran's Name: _____

Type of Military Benefit: _____

Contact Person: _____

Address: _____

Phone No.: _____ Email: _____

Military Branch(es): _____

Start Date of Service: _____ End Date of Service: _____

Additional Information: _____

3. Veteran's Name: _____

Type of Military Benefit: _____

Contact Person: _____

Address: _____

Phone No.: _____ Email: _____

Military Branch(es): _____

Start Date of Service: _____ End Date of Service: _____

Additional Information: _____

Insurance Policies

We have the following life insurance policy/policies:

1. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

2. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

3. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

Insurance Policies

(continued)

4. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

5. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

6. Type of Policy: ___ Whole Life ___ Universal Life ___ Term Life ___ AD&D ___ Other

Insured's Name: _____

Policy Insurer Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Website: _____

User Name: _____ Password: _____

Death Benefit as of (___/___/___): _____

Insurance Policies

(continued)

One or both of us has a long term care policy:

1. Policy Owner's Name: _____

Waiting Period: ____ Days Term of Benefit: ____ Daily Benefit: _____

Home Care Provided: ____ Yes ____ No If yes, how much may be used: ____%

Inflation Rider: ____% ____ simple ____ compounded to ____ maximum

My policy has an indemnity feature: ____ Yes ____ No

My policy ____ does ____ does not provide a spousal discount and premium waiver provisions.

When I pass away, my spouse ____ will ____ will not have special premium considerations

Unused benefits ____ can ____ cannot be transferred to a surviving spouse.

2. Policy Owner's Name: _____

Waiting Period: ____ Days Term of Benefit: ____ Daily Benefit: _____

Home Care Provided: ____ Yes ____ No If yes, how much may be used: ____%

Inflation Rider: ____% ____ simple ____ compounded to ____ maximum

My policy has an indemnity feature: ____ Yes ____ No

My policy ____ does ____ does not provide a spousal discount and premium waiver provisions.

When I pass away, my spouse ____ will ____ will not have special premium considerations

Unused benefits ____ can ____ cannot be transferred to a surviving spouse.

Insurance Policies

(continued)

One or both of us has the following Medicare Insurance:

1. Policy Owner's Name: _____

Type of Medicare Insurance: _____

Part A: _____ Part B: _____ Part C: _____ Part D: _____

Policy No.: _____

The premium for Part D is deducted from my Social Security Benefit: _____ Yes _____ No

If no, it is automatically withdrawn from bank account no.: _____

2. Policy Owner's Name: _____

Type of Medicare Insurance: _____

Part A: _____ Part B: _____ Part C: _____ Part D: _____

Policy No.: _____

The premium for Part D is deducted from my Social Security Benefit: _____ Yes _____ No

If no, it is automatically withdrawn from bank account no.: _____

One or both of us has the following medigap/supplement insurance policy:

1. Policy Owner's Name: _____

Name of Insurance Company: _____

Policy No.: _____

Premiums are automatically withdrawn from bank account no.: _____

2. Policy Owner's Name: _____

Name of Insurance Company: _____

Policy No.: _____

Premiums are automatically withdrawn from bank account no.: _____

Insurance Policies

(continued)

We have the following medical, dental, vision, and/or prescription coverage:

1. Type of Policy: ___ Medical ___ Dental ___ Vision ___ Prescription ___ Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

2. Type of Policy: ___ Medical ___ Dental ___ Vision ___ Prescription ___ Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

3. Type of Policy: ___ Medical ___ Dental ___ Vision ___ Prescription ___ Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

Insurance Policies

(continued)

4. Type of Policy: Medical Dental Vision Prescription Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

5. Type of Policy: Medical Dental Vision Prescription Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

6. Type of Policy: Medical Dental Vision Prescription Other

Insured's Name: _____

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

Insurance Policies

(continued)

We have the following additional insurance policies:

1. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

2. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

3. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

Insurance Policies

(continued)

4. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

5. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

6. Type of Policy: Auto Home Umbrella Other

Policy Carrier Name: _____

Address: _____

Phone No.: _____ Policy No.: _____

Premium: _____ Deductible: _____

Website: _____

User Name: _____ Password: _____

ONLINE LOGIN INFORMATION

1. Website: _____

User Name: _____ Password: _____

2. Website: _____

User Name: _____ Password: _____

3. Website: _____

User Name: _____ Password: _____

4. Website: _____

User Name: _____ Password: _____

5. Website: _____

User Name: _____ Password: _____

6. Website: _____

User Name: _____ Password: _____

7. Website: _____

User Name: _____ Password: _____

8. Website: _____

User Name: _____ Password: _____

9. Website: _____

User Name: _____ Password: _____

10. Website: _____

User Name: _____ Password: _____

11. Website: _____

User Name: _____ Password: _____

12. Website: _____

User Name: _____ Password: _____

LEGAL DOCUMENTS FOR:

(Name)

<u>Document</u>	<u>Date Signed</u>	<u>Location of Original Document</u>
Last Will & Testament	_____	_____
Financial Power of Attorney	_____	_____
Healthcare Power of Attorney	_____	_____
Revocable/Living Trust	_____	_____
Irrevocable Trust	_____	_____
Life Insurance Trust	_____	_____
Charitable Trust	_____	_____
Children's Trust	_____	_____
Guardianship Papers	_____	_____
Adoption Papers	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Divorce Decree	_____	_____
Citizenship Papers	_____	_____
Business Entity Papers	_____	_____
Business Entity Papers	_____	_____

LEGAL DOCUMENTS FOR:

_____ (Name)

<u>Document</u>	<u>Date Signed</u>	<u>Location of Original Document</u>
Last Will & Testament	_____	_____
Financial Power of Attorney	_____	_____
Healthcare Power of Attorney	_____	_____
Revocable/Living Trust	_____	_____
Irrevocable Trust	_____	_____
Life Insurance Trust	_____	_____
Charitable Trust	_____	_____
Children's Trust	_____	_____
Guardianship Papers	_____	_____
Adoption Papers	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Divorce Decree	_____	_____
Citizenship Papers	_____	_____
Business Entity Papers	_____	_____
Business Entity Papers	_____	_____

GENERAL INFORMATION

1. Name: _____

Social Security No.: _____ Driver's License No.: _____

Passport No.: _____ Other : _____

2. Name: _____

Social Security No.: _____ Driver's License No.: _____

Passport No.: _____ Other : _____

We have a safety deposit box: ____ Yes ____ No

It can be found at the following bank: _____

The key can be found at: _____

We have a personal safe or gun safe: ____ Yes ____ No

It can be found at: _____

The combination is: _____

OR

The key can be found at: _____

1. _____ is currently the Trustee for a trust.

The name of the trust is: _____

Location of the trust: _____

2. _____ is currently the Trustee for a trust.

The name of the trust is: _____

Location of the trust: _____

1. _____ is currently the beneficiary of a trust:

The name of the trust is: _____

Location of the trust: _____

2. _____ is currently the beneficiary of a trust:

The name of the trust is: _____

Location of the trust: _____

FUNERAL INFORMATION FOR:

(Name)

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.

Desired Funeral Home: _____

Address: _____

Phone No.: _____ Pre-paid: ___ Yes ___ No

Desired Location of Service: _____

Address: _____

Phone No.: _____ Pre-paid: ___ Yes ___ No

Clergyman or Other Desired Speaker(s): _____

Preferred Clothing: _____

Glasses On: ___ Yes ___ No

Visitation Prior to Funeral Services: ___ Yes ___ No

Hymns or other music I desire to be played or sung at my service are: _____

Passages of scripture or other readings I want read during my service are: _____

Desired Flowers or Other Details: _____

FUNERAL INFORMATION
(continued)

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

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

Alternate pallbearers:

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

Honorary pallbearers:

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

FUNERAL INFORMATION
(continued)

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

Burial Cremation Other (explain) _____

Name of cemetery or other final resting place: _____

Address: _____

Lot No.: _____ Section: _____ Grave: _____

Location of Additional Information: _____

Type of casket: _____

Type of urn or niche: _____

I have already purchased a headstone or other memorial plaque: Yes No

It has already been set/placed at my desired final resting place: Yes No

If I have not purchased a headstone or other memorial plaque tablet, the type I desire is: _____

Inscribe the following on the headstone or other memorial plaque tablet: _____

Additional comments about my funeral/burial wishes: _____

FUNERAL INFORMATION
(continued)

I have a burial policy:

Company: _____

Address: _____

Phone No.: _____ Amount: _____

Additional 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.

FUNERAL INFORMATION

(continued)

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: _____

Military: _____

Achievements/Recognition: _____

Other: _____

FUNERAL INFORMATION FOR:

(Name)

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.

Desired Funeral Home: _____

Address: _____

Phone No.: _____ Pre-paid: ___ Yes ___ No

Desired Location of Service: _____

Address: _____

Phone No.: _____ Pre-paid: ___ Yes ___ No

Clergyman or Other Desired Speaker(s): _____

Preferred Clothing: _____

Glasses On: ___ Yes ___ No

Visitation Prior to Funeral Services: ___ Yes ___ No

Hymns or other music I desire to be played or sung at my service are: _____

Passages of scripture or other readings I want read during my service are: _____

Desired Flowers or Other Details: _____

FUNERAL INFORMATION
(continued)

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

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

Alternate pallbearers:

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

Honorary pallbearers:

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

_____ Phone No.: _____

FUNERAL INFORMATION
(continued)

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

Burial Cremation Other (explain) _____

Name of cemetery or other final resting place: _____

Address: _____

Lot No.: _____ Section: _____ Grave: _____

Location of Additional Information: _____

Type of casket: _____

Type of urn or niche: _____

I have already purchased a headstone or other memorial plaque: Yes No

It has already been set/placed at my desired final resting place: Yes No

If I have not purchased a headstone or other memorial plaque tablet, the type I desire is: _____

Inscribe the following on the headstone or other memorial plaque tablet: _____

Additional comments about my funeral/burial wishes: _____

FUNERAL INFORMATION
(continued)

I have a burial policy:

Company: _____

Address: _____

Phone No.: _____ Amount: _____

Additional 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.

FUNERAL INFORMATION

(continued)

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: _____

Military: _____

Achievements/Recognition: _____

Other: _____

We have signed this family love letter this ____ day of _____ 20____.
This document is not intended to replace our will or other estate planning documents signed by either of 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 one or both of us and our family.

Printed Name: _____

Printed Name: _____