

IMPORTANT

As all of us know, when a death occurs to a spouse or a loved one, there is shock, sorrow and a lot of confusion. Unfortunately, most people do not take the time to communicate to their spouse what advisors should be contacted in the event of death and where all of the assets are kept and documented.

We have designed this Family Love Letter to provide “INFORMATION IN A TIME OF CONFUSION” and help minimize the types of inadvertent mistakes which often occur in these times of turmoil. While the document certainly will help save time, that is not its primary purpose. The primary purpose is to reduce the confusion and stress which almost always accompanies the death or disability of a loved one.

We have designed this form with the assistance of many people who have had to deal with reorganizing a loved one’s assets and documents. Over the years, we have worked jointly to design this simplified form. **This form will only work if you fill it out.** I assure you, your spouse and family will greatly appreciate the thoughtfulness of your letter.

Please feel free to copy this form and hand it out to your family, friends and business associates to help with a problem we all need to deal with.

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 due to death or disability:

Effective Date: _____

ADVISORS

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

ATTORNEY

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

PROPERTY & CASUALTY INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

STOCKBROKER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

MORTGAGE HOLDER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

PENSION BENEFITS

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

LIFE, LONG TERM CARE and DISABILITY INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

EMPLOYER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

FINANCIAL PLANNER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

HEALTH INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

INVESTMENT ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

ACCOUNTANT

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

OTHER

Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail Address: _____

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.

	Directions on investment include when made, how much put in, who knows most about it, expect to see when, should be profit or loss, if includes a call to put in additional money or not, and are investments liquid or not. If liquid, show with a check mark.
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____

Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____

Loans Receivable: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Loans Receivable: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Real Estate Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Real Estate Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____
Real Estate Investments: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-In _____ Password _____	_____ _____ _____ _____ _____

Profit Sharing Investment: _____
Contact: _____
Phone: _____
Documents are located: _____
Log-In _____ Password _____

IRAs: _____
Contact: _____
Phone: _____
Documents are located: _____
Log-In _____ Password _____

ROTH IRAs: _____
Contact: _____
Phone: _____
Documents are located: _____
Log-In _____ Password _____

IRAs: _____
Contact: _____
Phone: _____
Documents are located: _____
Log-In _____ Password _____

LIABILITIES – Including loans, mortgages and credit cards.

Here is a list of our liabilities, including contact name and phone number of each, as well as the location of any related documents.

Directions

Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____
Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____
Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____
Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____
Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____
Liability: _____ Contact: _____ Phone: _____ Documents are located: _____ Log-in _____ Password _____	_____ _____ _____ _____

INSURANCE COVERAGE

I have the following life insurance policies on my life:

Company	Term or permanent insurance	If term, level premiums to what year?	Owner	Beneficiary	Existing loan on cash value Policies

You may want to ask yourself if you still want life insurance. If so, why, how much, and for how long do you want it. Also, if you have group life, would individual life be a better buy or fit?

I have the following business succession, buy-sell and key man insurance policies:

COMPANY	Term or Universal	OWNER	BENEFICIARY	FACE AMOUNT	EXISTING LOANS
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

I have the following disability insurance policies:

COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS?

I have the following long-term care insurance policies:

COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS?

I have the following health insurance policies:

COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS?

I have the following other policies:

TYPE	COMPANY	POLICY NUMBER	POLICY LOCATED AT
Auto			
Umbrella			
Home			
Overhead Disability			

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 diagnosed with a terminal illness, my life insurance policy does allow does not allow for pre-payment of death benefits to support me.

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

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

If I go on claim for long term care insurance, my policy does allow does not allow you to stop making premium payments.

MILITARY SERVICE

Service Dates: _____

Benefits: _____

EMPLOYMENT

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

Retirement Plans(s): _____

Group or Voluntary Life Insurance: _____

Group or Voluntary Health Insurance: _____

Group or Voluntary Long-Term Care Insurance: _____

Group or Voluntary Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options/Warrants: _____

Other: _____

DOCUMENTS

Document	Date Signed	Location
Will		
Codicil		
Living Will		
Medical Power of Attorney		
Medical Directive		
General Power of Attorney		
Financial Power of Attorney		
Revocable Living Trust		
Insurance Trust		
Charitable Trust		
Minor's Trust		
Custodial Account		
Organ Donation		
Pre-Nuptial Agreement		
Divorce Decree		
Citizenship Papers		
Burial Agreement		
Retirement Beneficiary Designation		
Military Discharge Papers		
Buy Out Agreement Paperwork		
Lease Agreement		
Automobile Titles		

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

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: 1st _____ 2nd _____

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.

If you are divorced with children and are remarried, what do you want your current spouse to do financially for your children? _____

I have life insurance for the purpose of leaving to my children from a previous marriage:

GENERAL INFORMATION

I do do not have a safe deposit box. Do your children or executor have consent to access if there is a common disaster?

It can be found: _____

The key can be found: _____

The following people have signature authority on the box:

I do do not have a personal safe.

The combination is: _____

The safe can be found: _____

I have do not have 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: _____

Personal items that are not hard assets to leave to each child:

Personal items that are not hard assets to leave to each grandchild:

Assets to leave to each charity. How much, if cash or securities:

My important records can be found:

- my home filing cabinet
- my safe deposit box
- my home safe
- my attorney's office
- my financial planner's office
- other: _____

IN THE EVENT OF MY DEATH

I have the following wishes:

Funeral Home: _____

Cemetery: _____

Crematory: _____

Disposition of ashes: _____

Plot/Drawer #: _____

Minister/Rabbi: _____

Pallbearers: _____

I have have not prepaid my burial costs for my burial plot.

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

Information can be found at: _____

I do do not wish to be buried next to _____.

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

I do do not want to be cremated.

Special Requests:

Obituary Reading: _____

Tombstone Engraving: _____

Organs for Donation: _____

In lieu of flowers, please ask for donations to: _____

Other special requests: _____

Family History

My children are:

_____	Born _____
_____	Born _____
_____	Born _____
_____	Born _____
_____	Born _____

I have no children.

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

I have do not have detailed information on my family's history. It is located at

Helpful hints from life experiences:

What I learned from high school and college that I applied later in life: _____

What my parents taught me that helped me through life: _____

What qualities did I look for and find in my spouse in being a wife/husband, mother/father, grandparent:

What qualities, visions and dreams I have found in each child: _____

What qualities, visions and dreams I have found in each grandchild: _____

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

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

How I would like to be remembered:

I have signed this Family Love Letter this _____ day of _____

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.

Signature

Print Name

Copies of this document were delivered to:
