

Letter to My Loved Ones

Use the following pages to record your personal data and provide a copy to the appropriate person(s) in the event of your death or incapacitation. Remember, this information is confidential and should be kept in a secure location! (This document should be part of your estate plan.) In an attempt to simplify matters for you, I have written this letter to provide you with information that will be some of the people you will need to contact.

Your Full Legal Name: _____

Date of Birth : ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Executive Summary: (Who to call first, what to do first..)

Things to Do First: (List any tasks that should be completed as soon as possible (usually done by your spouse, personal representative or other person)

Personal Information:

It is my desire that the persons having the above powers 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 I have ___ do not have ___ a divorce decree which may require that certain payments be made after I am incapacitated or no longer living.

I have ___ have not ___ attached a list of the persons I want to receive my personal property when I die (if not included in my will):

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:

I am ___ am not ___ entitled to military benefits. List the benefits:

I am ___ am not ___ entitled to other benefits. List the benefits (pension, etc):

Address:_____

Telephone:_____ - _____ Cell:_____ - _____

Place of Birth:_____

Former Address 1:_____

Former Address 2:_____

Other Information:

Medication Name/Dosage: _____

Medication Name/Dosage: _____
Medication Name/Dosage: _____
Medication Name/Dosage: _____
Pharmacy Name: _____
Pharmacy Address: _____
Identifying Marks/Scars/Tatoos: _____

Blood Type: _____

Allergies: _____

Spouse:

Full Legal Name: _____ DOB: _____ SSN: _____

Maiden Name: _____

Date of Marriage: _____ Place of Marriage: _____

Address: _____

Telephone: _____ Cell Phone: _____

Place of Birth: _____

Former Spouse(s):

Full Legal Name: _____ DOB: _____ SSN: _____

Date of Divorce: _____ Place of Divorce: _____

Address: _____

Telephone: _____ Cell: _____

Place of Birth: _____

Military Service:

Branch: _____ Dates Served: _____ Discharge Date: _____

Discharge Status: _____ Other Information: _____

Family Member: (List members of your immediate family here.)

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Family Member:

Full Legal Name: _____

Address: _____

Telephone: _____ Cell: _____

Relationship: _____

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance Advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant/Tax Preparer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Financial Planner/Advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker 1:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker 2:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Benefits 1:

Employer Name: _____ Date Established: ____/____/____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Monthly Amount: \$ _____

Spousal Benefits? ☐ Additional information: _____

Pension Benefits 2:

Employer Name: _____ Date Established: ____/____/____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Monthly Amount: \$ _____

Spousal Benefits? ☐ Additional information: _____

Physician (Primary Care):

Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Physician (Specialist: _____):

Name: _____

Address: _____

Phone: _____

Eye:

Name: _____

Address: _____

Phone: _____

Spiritual Advisor:

Name: _____

Church or Temple: _____

Address: _____

Phone: _____

Fax: _____

Dentist:

Name: _____

Address: _____

Phone: _____

Other:

Name: _____

Address: _____

Phone: _____

Employment Information:

Employer Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Web Address: _____

Immediate Supervisor's Name: _____

Fringe Benefits/HR Coordinator: _____

Types of Benefits: _____

Security Access Documents: _____

Computer Login/Password: _____

Additional information concerning your employment/employer:

I have the **following death benefits where I work** (briefly describe; list work-related insurance policies above):

Compensation due at death (if any): _____

Ownership (Stock Options, etc.): _____

Other: _____

Financial Information:

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. (If you are keeping your financial records electronically, you may want to attach a financial statement (balance sheet) to this document that lists all accounts held.)

Checking Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Checking Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Checking Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Savings Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Savings Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Savings Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Savings Account:

Bank Name: _____ Account Number: _____

Bank Address: _____

Name(s) on Account: _____ Statement Closing Date: _____

Brokerage Account (1):

Institution: _____ Account Number: _____

Phone: _____ Fax: _____

Website Address: _____

Brokerage Account (2):

Institution: _____ Account Number: _____

Phone: _____ Fax: _____

Website Address: _____

U.S. Savings Bonds:

Type: _____ Face: _____ Serial: _____

Registered To: _____

Type: _____ Face: _____ Serial: _____

Registered To: _____

Type: _____ Face: _____ Serial: _____

Registered To: _____

Type: _____ Face: _____ Serial: _____

Registered To: _____

Certificates of Deposit:

Institution/Location: _____ Duration: _____

Certificate/Account Number: _____ Face Amount: _____

Institution/Location: _____ Duration: _____

Certificate/Account Number: _____ Face Amount: _____

Institution/Location: _____ Duration: _____

Certificate/Account Number: _____ Face Amount: _____

Institution/Location: _____ Duration: _____

Certificate/Account Number: _____ Face Amount: _____

IRA-Regular (1)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

IRA-Regular (2)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

IRA Roth (1)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

IRA Roth (2)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

Retirement Plan-401(K), SEP, ROTH-401(K) (List pension benefit information above.)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

Retirement Plan-401(K), SEP, ROTH-401(K)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

Retirement Plan-401(K), SEP, ROTH-401(K)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

Retirement Plan-401(K), SEP, ROTH-401(K)

Institution Name: _____ Location: _____

Account Number: _____

Primary Beneficiary Name: _____

Secondary Beneficiary Name: _____

Stocks (Held individually by you and NOT in any brokerage account):

Company Name: _____ Shares Held: _____

Company Name: _____ Shares Held: _____

Company Name: _____ Shares Held: _____

Company Name: _____ Shares Held: _____

Other Assets Owned:

Real Estate:

Type: _____

Location: _____

Titled: _____

Date of Purchase: _____ Purchase Price: _____

Description: _____

Real Estate:

Type: _____

Location: _____

Titled: _____

Date of Purchase: _____ Purchase Price: _____

Description: _____

Real Estate:

Type: _____

Location: _____

Titled: _____

Date of Purchase: _____ Purchase Price: _____

Description: _____

Real Estate:

Type: _____

Location: _____

Titled: _____

Date of Purchase: _____ Purchase Price: _____

Description: _____

Jewelry, Artwork, Antiques, Collectibles (e.g. stamps, coins, dolls, trains, etc.)

Description(s), Purchase Date, Purchase Price, Locations: (use separate sheet or inventory list, if available)

LIABILITIES:**Money is owed to us by:**

Contact: _____

Address: _____

Phone: _____

Amount: _____

Comments: _____

Money is owed to us by:

Contact: _____

Address: _____

Phone: _____

Amount: _____

Comments: _____

Money is owed to us by:

Contact: _____

Address: _____

Phone: _____

Amount: _____

Comments: _____

Money is owed to us by:

Contact: _____

Address: _____

Phone: _____

Amount: _____

Comments: _____

Credit Card (1)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (2)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (3)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (4)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (5)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (6)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (7)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (8)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Credit Card (9)

Issuing Bank: _____ Account Number: _____

Name(s) on the Account: _____ Location of Card: _____

Statement Closing Date: _____ Telephone # _____ - _____ - _____ Expires ____/____

Mortgage Loan (1)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # _____ - _____ - _____

Mortgage Loan (2)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # _____ - _____ - _____

Mortgage Loan (3)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # ____ - ____ - _____

Loan (1)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # ____ - ____ - _____

Loan (2)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # ____ - ____ - _____

Loan (3)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # ____ - ____ - _____

Loan (4)

Type: _____ Account Number: _____

Name(s) on the Account: _____

Statement Closing Date: ____/____/____ Property: _____

Telephone # ____ - ____ - _____

INSURANCE INFORMATION:I have the following **life insurance policies** (including company owned):**Policy #1:**

Insurance Company Name: _____ Face Amount: \$ _____

Policy #: _____ Telephone # ____ - ____ - _____ Fax # ____ - ____ - _____

Policy Owner: _____ Policy Location: _____.

Beneficiary 1 : _____ %

Beneficiary 2: _____ %

Beneficiary 3: _____ %

Policy #2:

Insurance Company Name: _____ Face Amount: \$ _____

Policy #: _____ Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____

Policy Owner: _____ Policy Location: _____.

Beneficiary 1 : _____ %

Beneficiary 2: _____ %

Beneficiary 3: _____ %

Policy #3:

Insurance Company Name: _____ Face Amount: \$ _____

Policy #: _____ Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____

Policy Owner: _____ Policy Location: _____.

Beneficiary 1 : _____ %

Beneficiary 2: _____ %

Beneficiary 3: _____ %

I have the following **disability insurance policies** (including company owned, short-term & long-term):**Policy #1:**

Insurance Company Name: _____ Coverage Amount: \$ _____ *

Policy #: _____ Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____

Policy Owner: _____ Policy Location: _____.

* _____

Policy #2:

Insurance Company Name: _____ Coverage Amount: \$ _____ *

Policy #: _____ Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____

Policy Owner: _____ Policy Location: _____.

* _____

I have the following **other insurance policy(ies)/coverage(s)**:

<u>Type of Insurance</u>	<u>Company</u>	<u>Items Covered</u>	<u>Policy #</u>	<u>Policy Location</u>
Auto				
Homeowners				
Renters				
Umbrella				

Check the appropriate box next to each statement:

☐ Yes ☐ No: If I become disabled, please make sure to pay the premiums on the policies, which will provide me or my family continued protection.

☐ Yes ☐ No: If I am disabled, my life insurance policy allows ___ does not allow ___ for prepayment of death benefits to:_____

☐ Yes ☐ No: If I am disabled, my life insurance policy allows ___ does not allow ___ you to stop making premium payments.

☐ Yes ☐ No: If I am disabled, my disability insurance policy allows ___ does not allow ___ you to stop making premium

Funeral Instructions:

Funeral Home:_____ City/State/Zip_____

Burial Location:_____ Cemetery:_____

Plot/Drawer#:_____

I have___ have not___ prepaid my burial cost.

I have___ have not___ prepaid for my burial plot.

I have___ have not___ for my casket.

Information can be found at:_____

I do___ do not___ want to be cremated. Crematory:_____

☐ Open Casket ☐ Closed Casket ☐ Other:_____

Burial Clothes:_____

Minister/Rabbi to perform service:_____ Telephone:_____

Other Speakers:_____ Telephone:_____

_____ Telephone:_____

_____ Telephone:_____

_____ Telephone:_____

_____ Telephone:_____

(List other contact information on the back of this sheet.)

Obituary Reading: (write on separate page.)

Music Selections:

_____ Soloist (if any):_____

_____ Soloist (if any):_____

_____ Soloist (if any):_____

_____ Soloist (if any):_____

Scripture Reading: _____ Read by: _____

Scripture Reading: _____ Read by: _____

Scripture Reading: _____ Read by: _____

Tombstone Engraving (if any): _____

Organs for Donation (describe): _____

In lieu of flowers, please ask for donations to (if applicable):

Safe or Safe Deposit Box:

I do ___ do not ___ have a safety deposit box. It can be found at _____ and the key can be found at _____.

I do ___ do not ___ have a personal safe. The combination is _____.

The safe can be found: _____.

Other Instructions for access: _____.

<u>Item</u>	<u>Date Added to Box</u>	<u>Date Removed from Box</u>	<u>Notes</u>

<u>Item</u>	<u>Date Added to Box</u>	<u>Date Removed from Box</u>	<u>Notes</u>

Passwords and Combinations:

Item (website, bank, safe, email, account, etc.)	<u>Username</u>	<u>Password/Combination</u>	<u>URL/Location</u>

Item (website, bank, safe, email, account, etc.)	<u>Username</u>	<u>Password/Combination</u>	<u>URL/Location</u>

Important Documents:

I have the following documents prepared as part of my estate plan:

<u>Document</u>	<u>Document #/Date Signed</u>	<u>Location</u>	<u>Other</u>
Birth Certificate			
Marriage Certificate			
Military Discharge			
Passport			
Drivers License			
Adoption Papers			

Vehicle Title #1			
Vehicle Title #2			
Vehicle Title #3			
Vehicle Title #4			
Tax Returns			
Financial Plan			
Will (a)			
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Trust			
Organ Donation			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Divorce Decree			
Citizenship Papers			
Burial Agreement			
Cemetery Plot Deed			
Real Estate Deed #1			
Real Estate Deed #2			
Real Estate Deed #3			
Real Estate Deed #4			

Rental Property Summary:

Property 1:

Name (as appears on deed): _____
Address: _____ City/State/Zip: _____
Lease Location: _____ Current Value: \$ _____
Management Company: _____ Telephone: _____
Tenant Name: _____ Telephone: _____

Property 2:

Name (as appears on deed): _____
Address: _____ City/State/Zip: _____
Lease Location: _____ Current Value: \$ _____
Management Company: _____ Telephone: _____
Tenant Name: _____ Telephone: _____

Property 3:

Name (as appears on deed): _____
Address: _____ City/State/Zip: _____
Lease Location: _____ Current Value: \$ _____
Management Company: _____ Telephone: _____
Tenant Name: _____ Telephone: _____

Property 4:

Name (as appears on deed): _____
Address: _____ City/State/Zip: _____
Lease Location: _____ Current Value: \$ _____
Management Company: _____ Telephone: _____
Tenant Name: _____ Telephone: _____

I have signed this family love letter this _____ day of _____, _____ (year).

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:

