

The Family Love Note

“The most important document you will ever own.”

Provided by:



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Please feel free to forward the BLANK version of The Family Love Note to anyone who could benefit from it.

Once you have completed the letter, make copies of it and give it to your loved ones to keep in a secure location. For your protection and security, DO NOT email unencrypted private and confidential information to anyone.

Dear Loved Ones:

In an attempt to simplify matters for you, I have written this letter to provide you with information which may be necessary when the time arises:

ADVISORS

FINANCIAL PLANNER

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

ATTORNEY

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

ACCOUNTANT

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

INSURANCE ADVISOR

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

EMPLOYER

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

HR/PENSION BENEFITS

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

MORTGAGE HOLDER

Name: _____
Address _____
Phone _____ Fax _____
Email: _____

OTHER

Name: _____

Address _____

Phone _____ Fax _____

Email: _____

Name: _____

Address _____

Phone _____ Fax _____

Email: _____

ASSETS- Things We Own

INVESTMENTS-Brokerage Accounts _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

INVESTMENTS - IRA/401(k)/Retirement _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

INVESTMENTS - Annuities _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

INVESTMENTS – Banking Products _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

INVESTMENTS - Life Insurance Cash Value _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

INVESTMENTS - Other _____

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

REAL ESTATE- Residence

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

REAL ESTATE- Other

Contact _____

Phone _____ Approx. Value _____

Documents are located _____

MONEY OWED TO US

Name _____

Address _____

Phone _____ Approx. Value _____

Amount _____ Interest Rate _____

LIABILITIES-Money We Owe

LIABILITY 1 _____

Contact _____

Phone _____

Documents are located _____

LIABILITY 2 _____

Contact _____

Phone _____

Documents are located _____

LIABILITY 3 _____

Contact _____

Phone _____

Documents are located _____

LIABILITY 4 _____

Contact _____

Phone _____

Documents are located _____

INSURANCE COVERAGE

LIFE INSURANCE- Company _____ Policy # _____

Contact _____

Phone _____

Type _____ Owner _____ Death Benefit \$ _____

Date Purchased _____ Term Ends _____

Beneficiary(ies) _____

Cash Value \$ _____ Documents are located _____

LIFE INSURANCE - Company _____ Policy # _____

Contact _____

Phone _____

Type _____ Owner _____ Death Benefit \$ _____

Date Purchased _____ Term Ends _____

Beneficiary(ies) _____

Cash Value \$ _____ Documents are located _____

LIFE INSURANCE - Company _____ Policy # _____

Contact _____

Phone _____

Type _____ Owner _____ Death Benefit \$ _____

Date Purchased _____ Term Ends _____

Beneficiary(ies) _____

Cash Value \$ _____ Documents are located _____

LONG-TERM CARE INSURANCE

LTC INSURANCE - Company _____ Policy # _____

Contact _____

Phone _____

Person covered _____

Daily Benefit \$ _____ Benefit period _____ Elimination period _____

Documents are located _____

PROPERTY AND CASUALTY INSURANCE

AUTO- Company _____ Policy # _____

Contact _____

Phone _____

HOME- Company _____ Policy # _____

Contact _____

Phone _____

UMBRELLA- Company _____ Policy # _____

Contact _____

Phone _____

EMPLOYMENT

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

Retirement Plan(s):

Life Insurance:

Health Insurance:

Long-Term Care Insurance:

Disability Insurance:

Deferred Compensation:

DOCUMENTS

I have executed the following documents:

DOCUMENT	DATE SIGNED	LOCATION
Will	___/___/___	_____
Living Will	___/___/___	_____
Medical Power of Attorney	___/___/___	_____
Medical Directive	___/___/___	_____
General Power of Attorney	___/___/___	_____
Living Trust	___/___/___	_____
Irrevocable Trust	___/___/___	_____
Organ Donation	___/___/___	_____
Pre-Nuptial Agreement	___/___/___	_____
Divorce Decree	___/___/___	_____
Citizenship Papers	___/___/___	_____
POA- Financial	___/___/___	_____
POA- Medical	___/___/___	_____
OTHER		
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

PERSONAL INFORMATION- Please keep in a secure location

I do (), do not () have a safe deposit box.

Location _____

Location of key _____

The following people have signature authority on the box:

I do (), do not () have a personal safe.

Location _____

Location of key/combination _____

My social security number is: _____

My driver's license number is: _____

My passport number is: _____

Location of Passport: _____

Personal computer and other log-in info

Account	User Name	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am entitled to the following military benefits:

I am entitled to other benefits:

I am a member of the following religious group(s):

I am a member of the following fraternal group(s):

I presently carry the following credit card(s):

Other 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 final wishes:

Church Service: _____

Minister/Rabbi: _____

Funeral Home: _____

Cemetery: _____

Crematory: _____

Plot/Drawer#: _____

Pallbearers: _____

Music I would like to be played at my service:

I have () have not () prepaid my burial plot.

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

Information can be found at: _____

I have a deceased spouse () parent () child () who is buried at:

I do (), do not () wish to be buried next to such person.

I do (), do not () have the right to a military service.

I do (), do not () want to be cremated.

I have () have not () written my obituary.

Location _____

Tombstone Engraving: _____

Organs for Donation: _____

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

Other special requests: _____

FAMILY HISTORY

I was born in _____ on ____/____/_____,

My parents are/were _____ and _____

My maternal grandparents are/were _____ and _____

My paternal grandparents are/were _____ and _____

My spouse is: _____ Born ____/____/____

We were married on ____/____/____

My children are:

_____ Born ____/____/____

_____ Born ____/____/____

_____ Born ____/____/____

_____ Born ____/____/____

_____ Born ____/____/____

_____ Born ____/____/____

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

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

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

How I would like to be remembered:

Some of my favorite songs:

Song

Artist

Some of my favorite books:

Book

Author

Signature _____ Date ____/____/_____

Printed Name _____

Copies of this document were delivered to:

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