

# Letter to My Loved Ones

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FROM: \_\_\_\_\_

(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: \_\_\_\_\_

### Pension Benefits:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Mortgage Holder:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Employer:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Other:

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 us by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

### Money is owed to us by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

### Money is owed to us by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

### Money is owed to us 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 our 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:  
\_\_\_\_\_

**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:  
\_\_\_\_\_

## Insurance Coverage:

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

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

Any of the policies can be found at \_\_\_\_\_.

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

Company	Policy Located at:
_____	_____
_____	_____
_____	_____

I have the following **long-term care** policies:

Company	Policy Located at:
_____	_____
_____	_____
_____	_____

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

Company	Policy Located at:
_____	_____
_____	_____
_____	_____

I have the following other policies:

Type	Company	Policy Located at:
Auto	_____	_____
Umbrella	_____	_____
Home	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 disability and/or death benefits where I work (briefly describe):

- Retirement Plans: \_\_\_\_\_
- Life Insurance: \_\_\_\_\_
- Health Insurance: \_\_\_\_\_
- Long Term Care Insurance: \_\_\_\_\_
- Disability Insurance: \_\_\_\_\_
- Deferred Compensations: \_\_\_\_\_
- Stock Ownership: \_\_\_\_\_
- Stock Options: \_\_\_\_\_
- Cafeteria Plan: \_\_\_\_\_
- Other: \_\_\_\_\_

## Documents:

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

Document	Date Signed	Location
Will	_____	_____
Living Will	_____	_____
Medical Power of Attorney	_____	_____
Medical Directive	_____	_____
General Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Organ Donation	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Divorce Decree	_____	_____
Citizenship Papers	_____	_____
Burial Agreement	_____	_____
Retirement Plan Beneficiary	_____	_____
Designation	_____	_____
Insurance Beneficiary	_____	_____
Date Signed Location	_____	_____

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

Power of Attorney over my Assets    1<sup>st</sup>: \_\_\_\_\_    2<sup>nd</sup>: \_\_\_\_\_

Power of Attorney- Medical:    1<sup>st</sup>: \_\_\_\_\_    2<sup>nd</sup>: \_\_\_\_\_

Guardian over my Property:    1<sup>st</sup>: \_\_\_\_\_    2<sup>nd</sup>: \_\_\_\_\_

Guardian over my Person:    1<sup>st</sup>: \_\_\_\_\_    2<sup>nd</sup>: \_\_\_\_\_

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 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:

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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:

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I am \_\_\_\_\_ am not \_\_\_\_\_ a beneficiary of a trust. If I am a beneficiary, the trust document is located at:

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My social security number is: \_\_\_\_\_

My driver's license number is: \_\_\_\_\_

My passport number is: \_\_\_\_\_

I am \_\_\_\_\_ am not \_\_\_\_\_ entitled to military benefits. List the benefits:

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I am \_\_\_\_ am not \_\_\_\_ entitled to other benefits. List the benefits:

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**In the Event of My Death:**

I have the following wishes:

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Plot/Drawer#: \_\_\_\_\_

I have \_\_\_\_ have not \_\_\_\_ prepaid my burial cost \_\_\_\_\_ , for my burial plot \_\_\_\_\_ ,  
for my casket \_\_\_\_\_.

Information can be found at: \_\_\_\_\_.

I do \_\_\_\_ do \_\_\_\_ not want to be cremated. Crematory: \_\_\_\_\_

Minister/Rabbi to perform service: \_\_\_\_\_

Pallbearers:

_____	_____
_____	_____
_____	_____

**Special Requests:**

Obituary Reading: \_\_\_\_\_

Tombstone Engraving: \_\_\_\_\_

Organs for Donation: \_\_\_\_\_

In lieu of flowers, please ask for donations to: \_\_\_\_\_

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Other special requests:

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I have signed this family love letter this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (yr).

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.

\_\_\_\_\_ (sign)

\_\_\_\_\_ (print)

Copies of this document were delivered to:

_____	_____
_____	_____
_____	_____
_____	_____