

# *My Family Love Letter*



*Knowledge, Trust, Service, Integrity.*



## *The Family Love Letter*

As advisory representatives, we constantly admonish our clients to make sure they have properly planned for their incapacity and death. Unfortunately, our focus often begins and ends with the execution of proper documents and the titling of assets. We often fail to make sure the client's family and decision makers will have adequate information about the client's assets, liabilities, and intents. For example, how many children know where a parent wants to be buried, or who the pallbearers should be? While many clients are reluctant to discuss the tragedy of their death or disability with family members, they have less concern about leaving written information behind. This is the purpose of the Family Love Letter. The incapacity or death of family members is always a traumatic event. But the emotional turmoil and family pain is often magnified by the resulting confusion over the plans, assets, and desires of an incapacitated or deceased family member. The mental foggiess that accompanies the family's trauma is exaggerated by the inability to make basic decisions - because of the lack of basic information.

A few examples may help:

- In August of 1997, my father was committed to a long-term nursing facility because of Alzheimer's. I spent four days going through his papers (and making endless phone calls) trying to locate basic information about his life, long term care, health, and disability insurance policies, determining whether he had filed his income tax returns, and discerning his assets, debts, and benefits from military service. Even after going through the process, I was never quite sure I had a full grasp of all the things I should know. The Family Love Letter is designed to substantially minimize this lingering worry.
- Years ago, I had a client who carried a significant life insurance policy. The premium was automatically paid from his bank account. The policy had long since been lost in a clutter of papers, but the automatic debiting of the account kept the policy alive. When the man was no longer able to handle his own affairs, his children terminated his bank account and transferred the father and his assets to the city of one of the sons. They had no idea that they had also inadvertently terminated (for non-payment) a significant life insurance policy on their father, until after he died a year later. If there had been a Family Love Letter, they might have kept over a half million dollars in life insurance coverage - lost as a result of the inadvertent mistake of caring children.
- Recently a widowed client came to our office for a consultation. He had no children. No one had any knowledge of his personal assets or liabilities. In his documents he appointed an old friend as his executor. We provided him with a copy of the Family Love Letter and encouraged him to create a notebook of all is important documents. When he died, his friend was able to pull out his notebook, which included the Family Love Letter and see that he was to be buried next to a deceased wife who died twenty years before. He knew who his pallbearers were, and what the memorial should read. After death, the letter gave the executor and our firm the basic information about his estate, including the ownership of several vacant tracts of land in other states - assets we might have had a difficult time locating without the list.



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 recommend that clients complete the document, keep a copy with important records and, perhaps, provide a copy to family member(s) and/or professional advisor(s). In many cases, clients have provided a copy of The Family Love Letter and their other estate planning documents to their heirs. The client may call a family meeting where the advisors and heirs can discuss both the documents and the desires the client has for his or her family using a Family Mission Statement as the catalyst. This meeting assures that those who will be making decisions upon the client’s death or disability know what the client wanted to see happen. These meetings encourage a broad range of discussion on topics - including areas of potential conflict (e.g., choice of trustees) which the client might not have anticipated. It also allows the advisors to gain a greater understanding of the family dynamics which may impact the client’s plans.

Because the information in The Family Love Letter is only one part of the larger estate plan, we have also provided in the form basic information on other documents the client should consider signing.



## *Planning Considerations*

Planning for transition of your estate consists of two principal elements: the execution of documents that properly provide for your incapacity and death, and detailed facts about your assets, liabilities, and desires upon either event. We recommend that every client review creating each of the following documents:

- A Will or Will substitute (e.g., a living trust) which disposes of your assets. Your will is your final declaration of how your assets and family (e.g., guardianship of minors) should be treated after your death.
- A Personal Property Disposal List is critically important. We have seen more family conflict over insubstantial personal property than over any other issue. Ask your children what assets they would want if you are gone and then prepare a detailed list (perhaps with pictures) directing how the assets should pass.
- The Family Love Letter is designed to provide basic information to your family about your assets, liabilities, and personal desires upon your death or incapacity. A copy of the form is attached to the end of this article.
- A Living Will is your declaration that you do not desire life sustaining treatment if there is no significant hope of recovery.
- A Medical Power of Attorney (otherwise, called a Durable Healthcare Power of Attorney) may also be necessary. While a living will is simply your declaration not to use life sustaining measures, a medical power of attorney is designed to grant someone the power to make any medical decisions for you upon your incapacity. Although a living will also deals with life sustaining issues, we generally recommend signing both a medical power of attorney and a living will.
- A Durable General Power of Attorney provides for who will manage your assets upon your incapacity. In some states, such a document has to specifically provide that it survives your incapacity and so it is always wise to make sure such language is in the document.

How often should you review your documents? We generally advise clients to review their documents at least every 2-3 years or when a significant change occurs, such as marriage, divorce, birth of a child or grandchild, or receipt of a significant inheritance. Your documents will continue to change and evolve as your personal and family situations change. Remember that you are the only one who can leave this information and your failure to make adjustments as your life changes is potentially creating major turmoil for your family. Your death or incapacity is enough of a family tragedy, without adding to it by not updating your information and plans. Reviewing these documents every decade or so is not remotely advisable.



## *Tax and Planning Related Websites*

### **Tax Information:**

All States Taxes: [www.taxesites.com/State-Links.html](http://www.taxesites.com/State-Links.html)

National Tax Association: [www.ntanet.org](http://www.ntanet.org)

Tax Foundation: [www.taxfoundation.org](http://www.taxfoundation.org)

Tax Analysts: [www.tax.com](http://www.tax.com)

Tax Lists: Providing for links to tax related web sites

[www.taxesites.com](http://www.taxesites.com)

[www.taxresources.com](http://www.taxresources.com)

### **Planning Related Sites:**

[www.nafep.com](http://www.nafep.com)

[www.tepa.com](http://www.tepa.com)

[www.dtonline.com](http://www.dtonline.com)

[www.estateplanninglinks.com](http://www.estateplanninglinks.com)

### **Tax Forms:**

<http://www.irs.ustreas.gov/Forms-&-Pubs>

<http://www.taxesites.com/Forms.html>

### **Federal Rates:**

[www.pmstax.com/afr](http://www.pmstax.com/afr)

### **Federal Tax Tables:**

<http://www.irs.gov/pub/irs-pdf/i1040tt.pdf>



## Love Letter to My Family

### FROM:

(Effective \_\_\_\_\_, 20\_\_\_\_)

### 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 may need to contact are listed below:

### Attorney:

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

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

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

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

Fax: \_\_\_\_\_

### Insurance Advisor:

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

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

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

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

Fax: \_\_\_\_\_

### Accountant:

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

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

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

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

Fax: \_\_\_\_\_

### Financial Planner:

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

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

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

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

Fax: \_\_\_\_\_

### Stockbroker:

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

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

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

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

Fax: \_\_\_\_\_

### Stockbroker:

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

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

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

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

Fax: \_\_\_\_\_

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**Pension Benefits:**

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

**Mortgage Holder:**

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

**Employer:**

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

**Other:**

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

**Other:**

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

**Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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:** \_\_\_\_\_ **Investment:** \_\_\_\_\_

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

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Documents: \_\_\_\_\_ Documents: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Documents: \_\_\_\_\_ Documents: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Documents: \_\_\_\_\_ Documents: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Documents: \_\_\_\_\_ Documents: \_\_\_\_\_

My important records can be found: ☐ home office filing cabinet, ☐ safety deposit box, ☐ home safe,  
☐ attorney's office, ☐ accountant's office, ☐ financial planner's office, ☐ other

Please list other and/or address for offices below:

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## **Bank Accounts**

| Bank Name | Address | Account Type | Account Number |
|-----------|---------|--------------|----------------|
|           |         |              |                |
|           |         |              |                |
|           |         |              |                |
|           |         |              |                |

## **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: | _____ | Liability: | _____ |
| Contact:   | _____ | Contact:   | _____ |
| Phone:     | _____ | Phone:     | _____ |
| Documents: | _____ | Documents: | _____ |
| Liability: | _____ | Liability: | _____ |
| Contact:   | _____ | Contact:   | _____ |
| Phone:     | _____ | Phone:     | _____ |
| Documents: | _____ | Documents: | _____ |
| Liability: | _____ | Liability: | _____ |
| Contact:   | _____ | Contact:   | _____ |
| Phone:     | _____ | Phone:     | _____ |
| Documents: | _____ | Documents: | _____ |

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**I also am a guarantor of the debts listed below:**

|            |       |            |       |
|------------|-------|------------|-------|
| Liability: | _____ | Liability: | _____ |
| Contact:   | _____ | Contact:   | _____ |
| Phone:     | _____ | Phone:     | _____ |
| Documents: | _____ | Documents: | _____ |
|            |       |            |       |
| Liability: | _____ | Liability: | _____ |
| Contact:   | _____ | Contact:   | _____ |
| Phone:     | _____ | Phone:     | _____ |
| Documents: | _____ | Documents: | _____ |

**I presently carry the following credit cards:**

| Card Name | Account Number |
|-----------|----------------|
|           |                |
|           |                |
|           |                |
|           |                |
|           |                |



## **Insurance Coverage**

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

| Type: | Owner: | Beneficiary: | Face Value: | Amount: | Existing Loan: | Cash Value: |
|-------|--------|--------------|-------------|---------|----------------|-------------|
|       |        |              |             |         |                |             |
|       |        |              |             |         |                |             |
|       |        |              |             |         |                |             |
|       |        |              |             |         |                |             |
|       |        |              |             |         |                |             |

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

| Company: | Policy Located at: | Policy Number: |
|----------|--------------------|----------------|
|          |                    |                |
|          |                    |                |
|          |                    |                |
|          |                    |                |

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

| Company: | Policy Located at: | Policy Number: |
|----------|--------------------|----------------|
|          |                    |                |
|          |                    |                |
|          |                    |                |
|          |                    |                |

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

| Company: | Policy Located at: | Policy Number: |
|----------|--------------------|----------------|
|          |                    |                |
|          |                    |                |
|          |                    |                |
|          |                    |                |

**I have the following other policies:**

| Company:  | Policy Located at: | Policy Number: |
|-----------|--------------------|----------------|
| Auto:     |                    |                |
| Home:     |                    |                |
| Umbrella: |                    |                |
| Boat:     |                    |                |
|           |                    |                |
|           |                    |                |
|           |                    |                |

**If I become disabled, please make sure to pay the premiums on the policies which will provide me and/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.

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## **Employment**

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

| Type of Insurance        | Company of Employment | Policy Number |
|--------------------------|-----------------------|---------------|
| Retirement Plan(s)       |                       |               |
| Life Insurance           |                       |               |
| Health Insurance         |                       |               |
| Long Term Care Insurance |                       |               |
| Disability Insurance     |                       |               |
| Deferred Compensation    |                       |               |
| Stock Ownership          |                       |               |
| Stock Options            |                       |               |
| Cafeteria Plan           |                       |               |
| Other:                   |                       |               |

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## **Documents**

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

| Document                                | Date Signed | Location |
|---|-------------|----------|
| Will                                    |             |          |
| Living Will                             |             |          |
| General Power of Attorney               |             |          |
| Medical Power of Attorney               |             |          |
| Medical Directive                       |             |          |
| Living Trust                            |             |          |
| Insurance Trust                         |             |          |
| Charitable Trust                        |             |          |
| Minor's Trust                           |             |          |
| Custodial Account                       |             |          |
| Organ Donation                          |             |          |
| Prenuptial Agreement                    |             |          |
| Postnuptial Agreement                   |             |          |
| Divorce Decree or Settlement            |             |          |
| Citizenship Papers                      |             |          |
| Burial Agreement                        |             |          |
| Retirement Plan Beneficiary Designation |             |          |
| Insurance Beneficiary Designation       |             |          |
| Other:                                  |             |          |

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**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: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Power of Attorney for 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 that have 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 \_\_\_\_ do \_\_\_\_ 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. 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 at: \_\_\_\_\_.

The Password to my Computer is: \_\_\_\_\_

My Email Address is: \_\_\_\_\_ Password: \_\_\_\_\_

Other Passwords: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_.

My social security # is: \_\_\_\_\_. My Driver's License # is: \_\_\_\_\_.

My passport # is: \_\_\_\_\_. The passport can be found: \_\_\_\_\_.

I \_\_\_ am \_\_\_ am not entitled to military and/or governmental benefits. List the benefits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I am a member of the following religious group:

---

I am a member of the following fraternal groups:

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I have provided the following for the education of my family:

---

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## In the event of my death:

I have the following final wishes:

---

---

---

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

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

I \_\_\_\_ have \_\_\_\_ have not prepaid for the following burial costs:

☐ Burial Plot ☐ Casket ☐ Ceremony ☐ Service

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

I have a deceased:

☐ Spouse Buried at: \_\_\_\_\_

☐ Child Buried at: \_\_\_\_\_

☐ Parent Buried at: \_\_\_\_\_

I wish to be buried next to: \_\_\_\_\_

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

Minister/Rabbi to Perform Service: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

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Special Requests: \_\_\_\_\_

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

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

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

In lieu of flowers, donate to: \_\_\_\_\_

Other Requests: \_\_\_\_\_

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## Family History:

I was born in \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_.

My parents were \_\_\_\_\_ and \_\_\_\_\_.

My material grandparents were \_\_\_\_\_ and \_\_\_\_\_.

My paternal grandparents were \_\_\_\_\_ and \_\_\_\_\_.

My children are:

Name:

Born:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

\_\_\_ I have no children.

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

\_\_\_\_\_

Some important facts about my family history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Desires for My Family:**

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

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---

---

I believe that the most important things in life are:

---

---

---

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

---

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It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

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How I would like to be remembered:

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I have signed this Family Love Letter, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**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, power holder, executor, trustee, and/or guardian use this Family Love Letter, along with any 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:**

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