



AMERICAN RIVER

WEALTH MANAGEMENT

THE FAMILY LOVE LETTER

THE SINGLE WEALTHIEST GENERATION TO EVER LIVE ON THE FACE OF THE EARTH IS GETTING READY TO PASS ITS WEALTH.

IN MANY CASES, ITS MEMBERS ARE JUST BEGINNING TO THINK ABOUT THE LEGACY THEIR WEALTH WILL CREATE FOR FUTURE GENERATIONS. TO HELP IN THIS TRANSITION, AMERICAN RIVER WEALTH MANAGEMENT WOULD LIKE TO PROVIDE TO OUR CLIENTS A VERY SIMPLE YET OFTEN OVERLOOKED IDEA, THE FAMILY LOVE LETTER, WHICH WILL HELP THEM PLAN THEIR FUTURE. THIS LETTER WILL HELP THEM ORGANIZE THEIR FINANCIAL ASSETS ALL IN ONE AREA.

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: _____

STOCKBROKER:

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

STOCKBROKER:

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: _____

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: _____

NAME: _____

ADDRESS: _____

PHONE: _____

AMOUNT: _____

NAME: _____

ADDRESS: _____

PHONE: _____

AMOUNT: _____

INVESTMENT: _____

CONTACT: _____

PHONE: _____

DOCUMENTS

ARE

LOCATED: _____

INVESTMENT: _____

CONTACT: _____

PHONE: _____

DOCUMENTS

ARE

LOCATED: _____

INVESTMENT: _____

CONTACT: _____

PHONE: _____

DOCUMENTS

ARE

LOCATED: _____

NAME: _____

ADDRESS: _____

PHONE: _____

AMOUNT: _____

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: _____

I AM ALSO A GUARANTOR OF THE FOLLOWING DEBT

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) ON MY LIFE:

<u>TYPE</u>	<u>OWNER</u>	<u>BENEFICIARY</u>	<u>FACE AMOUNT</u>	<u>EXISTING LOANS</u>	<u>CASH VALUE</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

ANY OF THE POLICIES CAN BE FOUND AT _____

I HAVE THE FOLLOWING DISABILITY INSURANCE POLICIES:

<u>COMPANY</u>	<u>POLICY LOCATED AT:</u>
_____	_____
_____	_____
_____	_____

I HAVE THE FOLLOWING LONG TERM CARE INSURANCE POLICIES:

<u>COMPANY</u>	<u>POLICY LOCATED AT:</u>
_____	_____
_____	_____
_____	_____

I HAVE THE FOLLOWING HEALTH INSURANCE POLICIES:

<u>COMPANY</u>	<u>POLICY LOCATED AT:</u>
_____	_____
_____	_____
_____	_____

I HAVE THE FOLLOWING OTHER POLICIES:

<u>TYPE</u>	<u>COMPANY</u>	<u>POLICY LOCATED AT</u>
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 PREPAYMENT 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 OR WORKED (BRIEFLY DESCRIBE):

- └ RETIREMENT PLAN(S):
- └ LIFE INSURANCE:
- └ HEALTH INSURANCE:
- └ LONG TERM CARE INSURANCE:
- └ DISABILITY INSURANCE:
- └ DEFERRED COMPENSATION:
- └ STOCK OWNERSHIP:
- └ STOCK OPTIONS:
- └ CAFETERIA PLAN:
- └ OTHER:

DOCUMENTS

I HAVE EXECUTED EACH OF THE FOLLOWING DOCUMENTS AND YOU CAN FIND THEM WHERE NOTED:

<u>DOCUMENT</u>	<u>DATE SIGNED</u>	<u>LOCATION</u>
Δ WILL	_____	_____
Δ LIVING WILL	_____	_____
Δ MEDICAL POWER OF ATTORNEY	_____	_____
Δ MEDICAL DIRECTIVE	_____	_____
Δ GENERAL POWER OF ATTORNEY	_____	_____
Δ LIVING TRUST	_____	_____
Δ INSURANCE TRUST	_____	_____
Δ CHARITABLE TRUST	_____	_____
Δ MINOR'S TRUST	_____	_____
Δ CUSTODIAL ACCOUNT	_____	_____
Δ ORGAN DONATION	_____	_____
Δ PRE-NUPTIAL AGREEMENT	_____	_____
Δ POST-NUPTIAL AGREEMENT	_____	_____
Δ DIVORCE DECREE	_____	_____
Δ CITIZENSHIP PAPERS	_____	_____
Δ BURIAL AGREEMENT	_____	_____
Δ RETIREMENT PLAN BENEFICIARY	_____	_____
Δ DESIGNATION INSURANCE BENEFICIARY	_____	_____

DESIGNATION _____

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 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 BY 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 _____.

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 ___ 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 BENEFITS. LIST THE BENEFITS:

I AM ___ AM NOT ___ ENTITLED TO OTHER BENEFITS. LIST THE BENEFITS:

I AM A MEMBER OF THE FOLLOWING RELIGIOUS GROUP: _____.

I AM A MEMBER OF THE FOLLOWING FRATERNAL GROUPS: _____.

I PRESENTLY CARRY THE FOLLOWING CREDIT CARDS:

IN THE EVENT OF MY DEATH

I HAVE THE FOLLOWING FINAL WISHES:

FUNERAL HOME: _____

CEMETERY: _____

PLOT/DRAWER #: _____

I HAVE _____ HAVE NOT _____ PREPAID FOR MY BURIAL COSTS _____, FOR MY BURIAL PLOT _____, FOR MY CASKET _____.

INFORMATION CAN BE FOUND AT:

I HAVE A DECEASED SPOUSE _____ PARENT _____ CHILD _____ WHO IS BURIED AT _____
_____ AND I WISH TO BE BURIED NEXT TO SUCH PERSON IF I CHECK
HERE _____.

I DO DO NOT _____ HAVE THE RIGHT TO BE BURIED IN A MILITARY CEMETERY.

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: _____

OTHER SPECIAL REQUESTS:

I HAVE SIGNED THIS FAMILY LOVE LETTER THIS _____ 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, 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.

PRINT NAME: _____

COPIES OF THIS DOCUMENT WERE DELIVERED TO:

