

A Family Love Letter

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 when the time arises:

(Note: Please remember to keep this information in a very secure and safe place.)

Advisors:*Financial Advisor*

Name: _____

Address: _____

Telephone: _____

Attorney

Name: _____

Address: _____

Telephone: _____

Insurance Agent

Name: _____

Address: _____

Telephone: _____

Pension Benefits

Name: _____

Address: _____

Telephone: _____

Employer

Name: _____

Address: _____

Telephone: _____

Accountant

Name: _____

Address: _____

Telephone: _____

Mortgage Holder

Name: _____

Address: _____

Telephone: _____

Other

Name: _____

Address: _____

Telephone: _____

Assets

Here is a list of my investments, including property. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Investment: _____

Contact: _____ Phone: _____

Documents are located: _____

Investment: _____

Contact: _____ Phone: _____

Documents are located: _____

Investment: _____

Contact: _____ Phone: _____

Documents are located: _____

Money is owed to us by: _____

Amount: _____ Phone: _____

Documents are located: _____

Deposits

I have made deposits on certain accounts. The accounts are:

Institution holding deposit: _____

Amount: _____ Phone: _____

Documents are located: _____

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: _____

Insurance Coverage

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

Type: _____ Owner: _____ Beneficiary: _____
Face Amount: _____ Existing Loans: _____ Cash Value: _____
Documents can be found at: _____

Type: _____ Owner: _____ Beneficiary: _____
Face Amount: _____ Existing Loans: _____ Cash Value: _____
Documents can be found at: _____

Type: _____ Owner: _____ Beneficiary: _____
Face Amount: _____ Existing Loans: _____ Cash Value: _____
Documents can be found at: _____

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

Company: _____ Policy located at _____

Company: _____ Policy located at _____

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

Company: _____ Policy located at _____

Company: _____ Policy located at _____

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

Company: _____ Policy located at _____

Company: _____ Policy located at _____

I have the following other policies:

Auto Company: _____ Policy located at _____

Umbrella Company: _____ Policy located at _____

Home Company: _____ Policy located at _____

Other Company: _____ Policy located at _____

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 _____ does allow _____ does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy _____ does allow _____ does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy _____ does allow _____ does not allow you to stop making premium payments.

Employment

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

Retirement Plan: _____

Life Insurance: _____

Health Insurance: _____

Long-Term Care: _____

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:

Document	Date Signed	Location of document
Will		
Living Will		
Medical Power of Attorney		
Medical Directive		
General Power of Attorney		
Loving 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 Beneficiary 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 powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes that guardianship is necessary.

In the event of incapacity, I ___DO ___DO NOT want to be kept at home for 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 safe deposit box.

It can be found: _____

The key can be found: _____

The following people have signature authority on the box:

Name: _____ Phone: _____

Name: _____ Phone: _____

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 inheritance from: _____

Upon my death, my heirs Will Will Not receive a distribution 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 yes, the trust document is located at _____

I Am Am Not a beneficiary of a trust.

If yes, the trust document is located at: _____

My Social Security Number is _____

My Driver's License Number is _____

My Passport Number is _____

My 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 (s)

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

I presently carry the following credit card (s)

My important records can be found:

- My home filing cabinet
- My safe deposit box
- My home safe
- My attorney's office
- My financial advisor office
- Other: _____
- T. Jackson & Company Document Vault

In the event of my death

I have the following wishes:

Funeral Home _____

Cemetery _____

Crematory _____

Plot/Drawer # _____

Minister _____

Pallbearers _____

I Have Have not prepaid my burial costs for 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 be buried in a military cemetery.

I ___ Do ___ Do Not want to be cremated.

Special Requests

Obituary Reading:

Tombstone Engraving:

Organs for Donation: _____

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

Other special requests: _____

Family History

I was born in City: _____ State: _____ on Date: _____

My parents are/were _____ and _____

My maternal grandparents were _____ and _____

My paternal grandparents were _____ and _____

My children are:

_____ Born: _____

_____ Born: _____

_____ Born: _____

___ I have no children

I ____ Have ____ Do not have detailed information on my family’s history. Location: _____

Desires for My Family

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

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

How I would like to be remembered:

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, Guardian will use this family love letter and the other documents signed by me in making any discretionary decisions for me and my family.

Signature _____ Date _____

Print Name _____

(Note: Please remember to keep this information in a very secure and safe place.)

This document provided by T. Jackson & Company, P.C.

Supplemental Information

Digital Assets

(Example: Itunes (www.apple.com))

Site: _____ Web Address: _____

User Name: _____ Password: _____

Site: _____ Web Address: _____

User Name: _____ Password: _____

Site: _____ Web Address: _____

User Name: _____ Password: _____

Site: _____ Web Address: _____

User Name: _____ Password: _____

Site: _____ Web Address: _____

User Name: _____ Password: _____