



Love Letter to My Family

From _____
(Effective _____, 20____)

Dear Family,

This letter is an attempt to make things easier for you when the need arises. It is not intended to replace any of my legal or other estate planning documents. This information is just for you and those you trust.

➤ **These are important people in my financial life:**

Accountant:

Name: _____

Address: _____

Email: _____

Phone: _____

Insurance Agent:

Name: _____

Address: _____

Email: _____

Phone: _____

Financial Advisor:

Name: _____

Address: _____

Email: _____

Phone: _____

Estate Attorney:

Name: _____

Address: _____

Email: _____

Phone: _____

Other Attorney:

Name: _____

Address: _____

Email: _____

Phone: _____

Trustee/Executor:

Name: _____

Address: _____

Email: _____

Phone: _____

Banker (or other):

Name: _____

Address: _____

Email: _____

Phone: _____

Attorney-in-Fact (agent):

Name: _____

Address: _____

Email: _____

Phone: _____

My current or last employer:

Company Name: _____

Contact Name: _____

Phone Number: _____

I have the following benefits at work or at previous employers:

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Other Benefits: _____

I have ownership interests in the following businesses:

Name: _____ %

Name: _____ %

I receive (or am eligible for) a pension from:

Company	Phone	Monthly Benefit	Survivor Benefit
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

I receive (or am eligible to receive) annuity income from:

Company	Contract #	Phone	Monthly Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

I am entitled to veteran's benefits from military service:

Branch: _____ Rank: _____

Years of service From: _____ To: _____

Service ID # _____

➤ Insurance Coverage

I have the following life insurance policies (including employer group coverage):

<u>Carrier</u>	<u>Policy #</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

I have the following health or other insurance policies:

<u>Type</u>	<u>Carrier</u>	<u>Policy #</u>	<u>Contact</u>
Long-term Care	_____	_____	_____
Health	_____	_____	_____
Umbrella	_____	_____	_____
Homeowner's	_____	_____	_____
Auto	_____	_____	_____
Other	_____	_____	_____

Document Locator

Type	Date Signed	A	B	C	D	E
Last Will and Testament	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Trust	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durable POA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare POA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Deeds	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Tax Bills	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-share Deeds	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promissory Notes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Certificates	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Agreements	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Papers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Papers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Arrangements	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Paperwork	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Papers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Papers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receivables	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obligations	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Statements	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Notes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Document Locations:

- A _____
- B _____
- C _____
- D _____
- E Don't know or don't have.

 **Obligations**

Type	Owed to	Balance	Contact
Home Mortgage	_____	_____	_____
2 nd Mortgage	_____	_____	_____
Business Loan	_____	_____	_____
Other	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____

Money is owed to us by:

_____ \$ _____
_____ \$ _____

Responsibilities

I am the guardian or custodian or trustee for:

Name: _____ Location: _____

Name: _____ Location: _____

Name: _____ Location: _____

I voluntarily assist these people:

Name: _____ \$ _____ every _____

Name: _____ \$ _____ every _____

General Information

My Safe Deposit box can be found at: _____

The key can be found at: _____

The following people are authorized to access the box:

My personal safe can be found at: _____

The key or combination can be found at: _____

I have property stored at: _____

I may receive an inheritance from: _____

My heirs may receive benefits from a trust of which I am not the trustee

Yes No Trust: _____ Contact: _____

I am a member of the following religious group: _____

My spiritual advisor is: _____

My medical directives state that if I am incapacitated, I ____do ____do not want to be kept at home as long as possible.

 **When I die**

Funeral Home: _____ Prepaid Cemetery Plot: _____
Phone: _____ Cemetery: _____
Website: _____ Location: _____

I wish to be buried near: _____
I do not wish to be buried near: _____

I wish to be ____buried ____cremated

Minister/Rabbi/Other to perform service: _____

Pallbearers:

Tombstone engraving: _____

Obituary Reading: _____

Donations in lieu of flowers: _____

Other: _____

 **Family History**

I was born in _____ on _____, 19____

My parents were _____ and _____

My spouse is _____

My children are _____ born _____

_____ born _____

_____ born _____

_____ born _____

I have genealogical records at: _____

 **Ethical Will**

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

I believe the most important things in life are:

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

I hope my family will use their legacy to accomplish the following goals in their lives:

How I would like to be remembered:

Signed _____ on _____, 20____

Copies of this document have been given to:

Helms Wealth Management, LLC provides this document to help you keep your family and trusted advisors informed about your situation. We cannot guarantee the accuracy or completeness of your responses. This supplements but does not replace any of your formal legal or accounting documents.

Please be very careful with whom you share this information. sh