



Steele Financial Services, Inc.

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Love Letter to My Family

(Make sure you keep this up to date and that your family or loved ones also know where to find it.)

Love Letter to My Family

Dear Family:

In an attempt to make things easier for you, I have written this letter to provide you with information that will be necessary for you when the time arises:

Date: _____

Personal Information

Self

Full legal name _____

Other names used _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

Social Security # _____

Birthday _____

Driver's license # _____

Passport # _____ Passport location _____

Allergies _____

Medications and dosage _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Employer & address _____

HR contact name & phone _____

Supervisor name & phone _____

Previous spouse(s) – list name, SSN, birthday, and contact number:

Spouse

Full legal name _____

Other names used _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

Social Security # _____

Birthday _____

Driver's license # _____

Passport # _____ Passport location _____

Allergies _____

Medications and dosage _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Employer & address _____

HR contact name & phone _____

Supervisor name & phone _____

Previous spouse(s) – list name, SSN, birthday, and contact number:

Emergency Contacts

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Children

Name _____ Birthday _____ Social security # _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

Name _____ Birthday _____ Social security # _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

Name _____ Birthday _____ Social security # _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

Name _____ Birthday _____ Social security # _____

Address _____

Cell phone _____ Home phone _____

Email(s) _____

_____ I have no children

Pets

Veterinarian name & phone _____

Pet name _____

Special considerations _____

Pet name _____

Special considerations _____

Documents & Records

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> |
|---------------------------|--------------------|-----------------|
| 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 | _____ | _____ |

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: 1st _____ 2nd _____
Power of Attorney – medical: 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 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 _____ or do not have _____ a divorce decree which may require that certain payments be made after I am disabled or after my death. This document is located _____

General Information:

I have the following benefits where I work or worked (briefly describe):

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

Other: _____

I am an owner of the following business:

Business Name: _____

Ownership percentage: _____

Other Owner(s): Name: _____ Phone # _____

Name: _____ Phone # _____

I have the following benefits through my business:

Deferred Compensation: _____

Buy/Sell Agreement: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

Other: _____

I am retired, and have the following pension income:

| Company | Phone # | Monthly Income | Survivor Benefit |
|---------|---------|----------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I receive monthly income from the following annuity(ies):

Company _____ Phone # _____

Policy # _____ Monthly Income _____

Company _____ Phone # _____

Policy # _____ Monthly Income _____

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 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:

_____.

I am _____ am not _____ entitled to military benefits. Veterans Administration phone # _____

Description of military service: _____

Years of service – From _____ To _____

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 group: _____

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

In the event of my death:

Funeral Home: _____ Phone _____

Cemetery: _____

Plot/Drawer #: _____

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

Information can be found at _____. Phone # _____

I do _____ do not _____ want to be cremated. Crematory: _____.

Minister/Rabbi to perform service: _____

Pallbearers:

I have a deceased _____ spouse, _____ parent, _____ child who is buried at _____
and I _____ wish _____ do not wish to be buried next to such person.

I am an organ donor. My donor information is located: _____

I have _____ have not _____ attached a list of the persons I want to receive my personal property when I die.

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 _____ on _____, year _____

My parents were _____ and _____

I have detailed information on my family's history. It is located at: _____

Advisors

Some of the people you may need to contact:

Insurance company name _____ Agent _____
Address _____ Phone _____
Homeowner policy # _____ Auto policy # _____
Umbrella policy # _____ Other _____

Financial advisor name _____ Phone _____
Firm name & address _____
Account 1 _____ Account 2 _____
Account 3 _____ Account 4 _____

Financial advisor name _____ Phone _____
Firm name & address _____
Account 1 _____ Account 2 _____
Account 3 _____ Account 4 _____

Tax professional name _____ Phone _____
Firm name & address _____

Accountant name _____ Phone _____
Firm name & address _____

Attorney name _____ Phone _____
Firm name & address _____

Insurance Coverage

I have the following life insurance policies. Please check with each company and determine if:

The policy allows for pre-payment of death benefits in the case of disability

The policy allows you to stop making premium payments in the case of disability

Life Insurance Company _____ Phone _____

Type _____ Face Amount _____ Location of Policy _____

Owner _____ Beneficiary _____

Life Insurance Company _____ Phone _____

Type _____ Face Amount _____ Location of Policy _____

Owner _____ Beneficiary _____

Disability Insurance Company _____ Phone _____

Location of Policy _____

Long-Term Care Insurance Company _____ Phone _____

Location of Policy _____

Other Insurance _____ Phone _____

Type _____ Amount _____ Location of Policy _____

Account Information

Bank name _____ **Phone** _____

Branch address _____

Checking # _____ Checking # _____

Savings # _____ Savings # _____

ATM card # _____ ATM card # _____

Bank name _____ **Phone** _____

Branch address _____

Checking # _____ Checking # _____

Savings # _____ Savings # _____

ATM card # _____ ATM card # _____

Mortgage holder _____ **Account #** _____

Address _____ **Phone** _____

Second mortgage holder _____ **Account #** _____

Address _____ **Phone** _____

Home equity loan holder _____ **Account #** _____

Address _____ **Phone** _____

Car loan holder _____ **Account #** _____

Address _____ **Phone** _____

Credit card _____ **Account #** _____

Address _____ **Phone** _____

Credit card _____ **Account #** _____

Address _____ **Phone** _____

Credit card _____ **Account #** _____

Address _____ **Phone** _____

Credit card _____ **Account #** _____

Address _____ **Phone** _____

Miscellaneous loan holder _____ **Account #** _____

Address _____ **Phone** _____

Other _____ **Account #** _____

Address _____ **Phone** _____

Phone company _____ Phone # _____ Account # _____
Electric company _____ Phone # _____ Account # _____
Gas company _____ Phone # _____ Account # _____
Cable company _____ Phone # _____ Account # _____
Other bill _____ Phone # _____ Account # _____
Other bill _____ Phone # _____ Account # _____
Other bill _____ Phone # _____ Account # _____

I keep my files, bills, etc in this location: _____

| | | |
|--------------------------------|----------------|-------------|
| Social Security Administration | 1-800-772-1213 | www.ssa.gov |
| Internal Revenue Service | 1-800-829-1040 | www.irs.gov |

Online Account Information

The password to my computer is _____

My email address is _____ and the password is _____

My email address is _____ and the password is _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

Account _____ user name _____ password _____

I have _____ have not _____ attached a list of my online accounts, user names, and passwords.

I have _____ do not have _____ a list of my online accounts, user names and passwords.

They can be found in this location: _____

Investment Accounts

Custodian: _____ Phone # _____ Account # _____

Title of account: _____

Documents/statements are located: _____

Beneficiary(ies): _____

Custodian: _____ Phone # _____ Account # _____

Title of account: _____

Documents/statements are located: _____

Beneficiary(ies): _____

Custodian: _____ Phone # _____ Account # _____

Title of account: _____

Documents/statements are located: _____

Beneficiary(ies): _____

Custodian: _____ Phone # _____ Account # _____

Title of account: _____

Documents/statements are located: _____

Beneficiary(ies): _____

Custodian: _____ Phone # _____ Account # _____

Title of account: _____

Documents/statements are located: _____

Beneficiary(ies): _____

Money is owed to us by: _____ Amount: _____

Phone # _____ Address _____

Money is owed to us by: _____ Amount: _____

Phone # _____ Address _____

Desires for My Family

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

I believe that the most important things in life are:

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

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

How I would like to be remembered:

I have signed this family love letter this ____ day of _____, _____ (year). 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 lover letter and the other documents signed by me in making any discretionary decisions for me and my family.

Printed Name

Signature

Date

Copies of this document were delivered to:
