

# Letter to My Loved Ones

FROM:

effective date:

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:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Insurance Advisor:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Accountant:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Financial Planner:**

Name: DEXTER WARD, CPA/PFS, CFP®  
Address: 309 W. Woodard St.  
City/State/Zip Denison, TX 75020  
Phone: 903-465-6199  
Fax: 903-465-6254

**Stockbroker:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Stockbroker:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Pension Benefits:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Mortgage Holder:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Employer:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Other:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Other:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**Other:**

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip	<input type="text"/>
Fax:	<input type="text"/>
Phone:	<input type="text"/>

**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 attached a financial statement.
- I have not attached a financial statement.

**Investment:**

Contact:

Phone:

Documents are located:

**Investment:**

Contact:

Phone:

Documents are located:

**Investment:**

Contact:

Phone:

Documents are located:

**Investment:**

Contact:

Phone:

Documents are located:

**Investment:**

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Documents are located:

**Investment:**

Contact:

Phone:

Documents are located:

**Investment:**

Contact:

Phone:

Documents are located:

**Money is owed to us by:**

Name:

Address:

Phone:

Amount:

**Money is owed to us by:**

Name:

Address:

Phone:

Amount:

- I have not made substantial deposits on certain accounts.
- I have made substantial deposits on certain accounts. These accounts are listed below.

**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:

**Liability:**

Contact:

Phone:

Documents are located:

**Liability:**

Contact:

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Documents are located:

**Liability:**

Contact:

Phone:

Documents are located:

**Liability:**

Contact:

Phone:

Documents are located:

Liability:

Liability:

Contact:

Contact:

Phone:

Phone:

Documents are located:

Documents are located:

**Insurance Coverage:**

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

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any of the policies can be found at:

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

Company

Policy located at:

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

Company

Policy located at:

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

Company

Policy located at:



I have the following **other policies**:

Type

Company

Policy located at:




If I become disabled, please pay the premiums on the policies, which will provide me or my family benefits.

If I am disabled, my life insurance policy  for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy  you to stop making premium payments.

If I am disabled, my disability policy  you to stop making premium payments.

**Employment**

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

Retirement Plans	
Life Insurance	
Health Insurance	
Long Term Care Insurance	
Disability Insurance	
Deferred Compensation	
Stock Ownership	
Stock Options	
Cafeteria Plan	
Other	



have a personal safe. The combination is:

The safe can be found:

attached a list of persons I want to receive my personal property when I die.

I may receive an inheritance from:

Upon my death, my heirs  receive a distribution or benefits from a trust.

If yes, the trust instrument was created by

The Trust instrument can be found:

currently the Trustee for a trust.

If I am a Trustee, the trust document is located at:

a beneficiary of a trust.

If I am a beneficiary, the trust document is located at:

My Social Security Number is:

My driver's license number is:

My passport number is:

entitled to military benefits.

List of military benefits

entitled to other benefits.

List of other benefits

**In the Event of My Death:**

I have the following wishes:

Funeral Home:

Cemetery:

prepaid my burial cost.

prepaid my burial plot.

prepaid for my casket.

Information can be found at:

wanted 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 \_\_\_\_\_, \_\_\_\_\_(yr). 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.

\_\_\_\_\_(sign)

Name

Copies of this document were delivered to: