



Letter to my Family

Effective _____

Dear _____:

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: _____

Email: _____

Phone: _____ Fax: _____

Insurance Advisor:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Accountant:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Financial Planner:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Investment Advisor:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Banker:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Doctor:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Dentist:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Assets

Here is a list of my investments, including property. I have listed a contact person and telephone numbers for each item, as well as the location of any documents. **I have** **have not**
attached a financial statement.

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Investment:

Type: _____

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Money is owed to us by:

Name: _____

Address: _____

Email: _____

Phone: _____

Money is owed to us by:

Name: _____

Address: _____

Email: _____

Phone: _____

Automobiles:

Model/Make: _____ Year: _____ Tag: _____ Title _____ Located: _____

Model/Make: _____ Year: _____ Tag: _____ Title _____ Located: _____

Model/Make: _____ Year: _____ Tag: _____ Title 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: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Credit Card Information:

Card: _____ 800#: _____ Account#: _____

Card: _____ 800#: _____ Account#: _____

Card: _____ 800#: _____ Account#: _____

I am also a guarantor of the following debt:

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Email: _____

Documents are located: _____

Personal Information:

Name: _____	Name: _____
S.S.# _____	Relationship: _____
Birth Date: _____	S.S. # _____
Birth Place: _____	Birth Date: _____
Children: _____	Birth Place: _____
_____	Children: _____
_____	_____
Other Family Members: _____	Other Family Members: _____
_____	_____

Children's Legal Guardian: _____

People to Contact:

Relatives:

Name: _____	Phone#: _____	Email: _____
Name: _____	Phone#: _____	Email: _____
Name: _____	Phone #: _____	Email: _____
Name: _____	Phone #: _____	Email: _____

Friends:

Name: _____	Phone#: _____	Email: _____
Name: _____	Phone#: _____	Email: _____
Name: _____	Phone#: _____	Email: _____
Name: _____	Phone #: _____	Email: _____

Business Associates:

Name: _____	Phone#: _____	Email: _____
Name: _____	Phone#: _____	Email: _____
Name: _____	Phone#: _____	Email: _____
Name: _____	Phone #: _____	Email: _____

Insurance Coverage

I have the following life insurance policies (Including company-owned):

Type:	Owner:	Beneficiary:	Face Amount:	Existing Loans:	Cash Value:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 insurance 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 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 pre-payment 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 (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:

Document:	Date Signed:	Location:
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:	_____	_____
Retirement Plan 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: _____ 1st: _____

Power of Attorney for Medical Decisions: 2nd: _____ 2nd: _____

It is my desire that the person having the above powers of attorney 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 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: _____.

I do do not have a personal safe. The combination is _____. The safe can be found: _____.

I have have not 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 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 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 of the benefits: _____.

I have the following final wishes:

Funeral Home: _____ Plot/Drawer #: _____

Cemetery: _____

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

Information can be found at: _____

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 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 letter and the other documents signed by me in making any discretionary decisions for me and my family.

Printed Name

Signature

Copies of this document were delivered to:

