

# A Love Letter To My Family

**From:**

**Effective Date:**

Dear Family,

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

My Social Security No. is:

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My Driver's License No. is:

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My Passport No. is:

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The passport can be found here:

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## RECORDS



My important records can be found here:

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## ADVISORS



Some of the people you may need to contact are listed below:

**Attorney**

Name:

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Address:

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Phone:

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Email:

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**Insurance Agent**

Name:

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Address:

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Phone:

---

Email:

---

**Accountant**

Name:

---

Address:

---

Phone:

---

Email:

---

**Mortgage Holder**

Name:

---

Address:

---

Phone:

---

Email:

---

### **Financial Planner**

Name:

---

Address:

---

Phone:

---

Email:

---

### **Other**

Name:

---

Address:

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Phone:

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Email:

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### **INCOME**



**I work at:**

Company Name:

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Contact Name:

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Phone Number:

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

Deferred Compensation:

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Stock Ownership:

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Stock Options:

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Cafeteria Plan:

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Other:

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**I am retired and have the following pension income:**

Company: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Survivor Benefit: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Survivor Benefit: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Survivor Benefit: \_\_\_\_\_

Other Income:

\_\_\_\_\_

**I receive monthly income from the following annuity:**

Company:

\_\_\_\_\_

Policy No:

\_\_\_\_\_

Monthly Income:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Company:

\_\_\_\_\_

Policy No:

\_\_\_\_\_

Monthly Income:

\_\_\_\_\_

Phone:

\_\_\_\_\_

**I am entitled to veterans benefits due to the following military service:**

Description of military service:

\_\_\_\_\_

Years of service - From: \_\_\_\_\_ To: \_\_\_\_\_

Contact the Veterans Administration at: \_\_\_\_\_

**ASSETS**



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

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located: \_\_\_\_\_

\_\_\_\_\_

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located:: \_\_\_\_\_

\_\_\_\_\_

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located: \_\_\_\_\_

\_\_\_\_\_

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located:: \_\_\_\_\_

\_\_\_\_\_

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located: \_\_\_\_\_

\_\_\_\_\_

**Custodian:**

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Statements are located:: \_\_\_\_\_

\_\_\_\_\_

**Here is a list of other investments I own:**

**Investment:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Investment:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

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**Money is owed to us by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:: \_\_\_\_\_

Amount: \_\_\_\_\_

**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 document.

**Liability:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Liability:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Liability:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Liability:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**I presently carry the following credit cards:**

Company: \_\_\_\_\_

Card No.: \_\_\_\_\_

Company: \_\_\_\_\_

Card No.: \_\_\_\_\_

Company: \_\_\_\_\_

Card No.: \_\_\_\_\_

Company: \_\_\_\_\_

Card No.: \_\_\_\_\_

**INSURANCE COVERAGE**



**I have the following LIFE INSURANCE policies. Please check with each company and determine if:**

1. The policy allows for pre-payment of death benefits in the case of disability.
2. The policy allows you to stop making premium payments in the case of disability.

Type: \_\_\_\_\_



Owner:

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Beneficiary:

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Face Amount:

---

Company:

---

Phone:

---

Location of Policy:

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Type:

---

Owner:

---

Beneficiary:

---

Face Amount:

---

Company:

---

Phone:

---

Location of Policy:

---

Type:

---

Owner:

---

Beneficiary:

---

Face Amount:

---

Company:

---

Phone:

---

Location of Policy:

---

**I have the following other INSURANCE policies.**

Disability:

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Long Term

Care \_\_\_\_\_

Health Insurance:

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Umbrella:

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Homeowners:

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Auto:

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Other:

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## DOCUMENTS



I have executed each of the following documents and you can find them where noted:

<b>Document</b>	<b>Date Signed</b>	<b>Location</b>
Will:	_____	_____
Medical Power of Attorney:	_____	_____
Medical Directive:	_____	_____
General Power of Attorney:	_____	_____
Living Trust:	_____	_____
Insurance Trust:	_____	_____
Charitable Trust:	_____	_____
Minors Trust:	_____	_____
Pre-Nuptial Agreement:	_____	_____
Post-Nuptial Agreement:	_____	_____
Citizen Papers:	_____	_____
Retirement Plan Beneficiary Agreement:	_____	_____

**I have appointment (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 have the above powers of attorney act on my behalf rather than a guardian being appointment, unless my family believes guardianship is necessary.

I have \_\_\_\_\_ / I have NOT \_\_\_\_\_ attached a list of the persons I want to receive my personal property when I die.

My medical directive states that 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. This document is located:

\_\_\_\_\_

## GENERAL INFORMATION



My safe deposit box can be found here:

\_\_\_\_\_

And the key can be found here:

\_\_\_\_\_

The following people have signature authority on the box:

\_\_\_\_\_

\_\_\_\_\_

My personal safe can be found here:

\_\_\_\_\_

The combination is:

\_\_\_\_\_

The password to my computer is:

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My email address is:

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Email password is: \_\_\_\_\_

Other passwords:

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I may receive inheritance from:

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Upon my death, my heirs will \_\_\_\_\_ / will not \_\_\_\_\_ receive a distribution or benefits from a trust. If yes, the trust instrument was created by:

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The trust can be found:

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I am currently the Trustee for a trust. If I am a Trustee, the trust document can be found here:

---

I am entitled to military and/or government benefits. The benefits are:

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I am entitled to other benefits. The benefits are:

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I am a member of the following religious group:

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I am a member of the following fraternal groups:

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

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**IN THE EVENT OF MY DEATH**



**Funeral Parlor:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Pre-paid Cemetary Plot:** \_\_\_\_\_

Cemetary: \_\_\_\_\_

Address: \_\_\_\_\_

Plot/Drawer No: \_\_\_\_\_

Info can be found: \_\_\_\_\_

I am an organ donor. My donor information is located: \_\_\_\_\_

I have a deceased: \_\_\_\_\_ spouse \_\_\_\_\_ parent \_\_\_\_\_ child who is buried at:

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I do \_\_\_\_\_ Do not \_\_\_\_\_ want to be cremated. Crematory: \_\_\_\_\_

Minister/Rabbi to perform service:

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Pallbearers:

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**Special Requests:**

Obituary Reading:

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Tombstone Engraving:

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Organs for donation:

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In lieu of flowers, please ask for donations to:

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Other special requests:

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**FAMILY HISTORY**



I was born in \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

My parents were \_\_\_\_\_ and \_\_\_\_\_

My maternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My paternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My children are:

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ I have no children.

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

\_\_\_\_\_

### **DESIRES FOR MY FAMILY**

When I'm 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 \_\_\_\_\_, 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, Power Holder, Executor, Trustee and Guardian will use this Family Love 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:

\_\_\_\_\_



Holley Insurance  
540-334-4225  
HolleyInsurance.com

