

The Love Letter *Updated*

February 2017



Happy Valentine's Day!

Some say that Valentine greetings were originally sung or spoken and that written Valentine greetings began to appear after 1400. All of this was well in advance of Valentine's Day becoming official in 1537.

As you may know, we are big fans of The Love Letter (more on that later). Luckily, we would never ask you to sing it to anyone – given its length, it would be a full musical.

Don't let that deter you, though. We encourage you to download and print The Love Letter and to complete as much of it as possible. We are working to make it a secure, online form. In the meantime, do yourself and your loved ones a favor and write down this important information that they would need in the event of your passing. It may not be romantic, but it will likely be one of the most appreciated Love Letters you'll write.

The "Love Letter" is not a legal document, but it does contain basic information that can be equally as important as that contained in other estate planning documents. Unfortunately, the information contained within is often not included in other formal estate planning documents and searching for it can mean hours of arduous work in what is already a trying time for loved ones. The "Love Letter" has been designed with the input of many who have been called upon to administer the affairs of deceased loved ones.

While we recognize that planning for such a situation is not pleasant, we ask that you take some time to complete the "Love letter." In a time of shock, grief, and sorrow, this document can significantly reduce the stress placed on your loved ones.

Please call us at 404-874-6244 with any questions or concerns as you complete your love letter or as you contemplate your estate plans.



271 17th Street, N.W. Suite 1600 Atlanta, Georgia 30363 404.874.6244 Fax 404.874.1658

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 when the time arises:

Effective Date: _____

ADVISORS

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

ATTORNEY	Name	
	Address	
	Phone	
	Fax	
	Email	

INVESTMENT ADVISOR	Name	
	Address	
	Phone	
	Fax	
	Email	

PENSION BENEFITS	Name	
	Address	
	Phone	
	Fax	
	Email	

EMPLOYER	Name	
	Address	
	Phone	
	Fax	
	Email	

INSURANCE ADVISOR	Name	
	Address	
	Phone	
	Fax	
	Email	

LIFE, HEALTH and DISABILITY INSURANCE ADVISOR	Name	
	Address	
	Phone	
	Fax	
	Email	

PROPERTY and CASUALTY INSURANCE ADVISOR	Name	
	Address	
	Phone	
	Fax	
	Email	

ACCOUNTANT	Name	
	Address	
	Phone	
	Fax	
	Email	

FINANCIAL PLANNER	Name	
	Address	
	Phone	
	Fax	
	Email	

MORTGAGE HOLDER	Name	
	Address	
	Phone	
	Fax	
	Email	

OTHER	Name	
	Address	
	Phone	
	Fax	
	Email	

OTHER	Name	
	Address	
	Phone	
	Fax	
	Email	

DEPOSITS

- I **have not** made any substantial deposits on certain accounts.
- I **have** made substantial deposits on certain accounts, these accounts are listed below:

ASSETS

Here is a list of my stocks, bonds and other investments, including property. I have listed a contact person, telephone number and the location of any documents for each item.

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

INVESTMENTS	Investment	
	Contact	
	Phone	
	Documents' location	

INVESTMENTS	Investment	
	Contact	
	Phone	
	Documents' location	

INVESTMENTS	Investment	
	Contact	
	Phone	
	Documents' location	

INVESTMENTS	Investment	
	Contact	
	Phone	
	Documents' location	

INVESTMENTS	Investment	
	Contact	
	Phone	
	Documents' location	

MONEY IS OWED TO US BY	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MONEY IS OWED TO US BY	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MONEY IS OWED TO US BY	Name		
	Address		
	Phone		
	Amount		
	This loan is in a Signed Writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DEBTS & LIABILITIES

Here is a list of my liabilities. I have listed a contact person, telephone number and the location of any documents for each item.

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

I am also a **guarantor** of the following debt:

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	

LIABILITY	Liability	
	Contact	
	Phone	
	Documents' location	



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INSURANCE COVERAGE

I have the following life insurance policies (including company-owned) on my life:					
COMPANY	OWNER	BENEFICIARY	FACE AMOUNT	EXISTING LOANS	CASH VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of these policies can be found at: _____

I have the following disability insurance policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: _____

I have the following long-term care insurance policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: _____

I have the following health insurance policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

Any of these policies can be found at: _____

I have the following other policies:			
COMPANY	POLICY NUMBER	POLICY LOCATED AT	PAID BY BUSINESS

I have the following other policies:			
TYPE	COMPANY	POLICY NUMBER	POLICY LOCATED AT
Auto			
Umbrella			
Home			
Overhead Disability			
Other			
Other			

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

If I become disabled, my life insurance policy	does allow <input type="checkbox"/>	does not allow <input type="checkbox"/>	for pre-payment of death benefits to support me.
If I am disabled, my life insurance policy	does allow <input type="checkbox"/>	does not allow <input type="checkbox"/>	you to stop making premium payments.
If I am disabled, my disability insurance policy	does allow <input type="checkbox"/>	does not allow <input type="checkbox"/>	you to stop making premium payments.

EMPLOYMENT

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

Retirement Plan(s)

Life Insurance

Health Insurance

Long-Term Care Insurance

Disability Insurance

Deferred Compensation

Stock Ownership

Stock Options

Cafeteria Plan

Flexible Spending Account

Other

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 Beneficiary Designation		
Insurance Beneficiary Designation		
Military Discharge Papers		
Buy Out Agreement Paperwork		

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

	1st	2nd
Power of Attorney over my Assets		
Power of Attorney for Medical Decisions		
Guardian over my Property		
Guardian over me Person		

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship necessary.	YES <input type="checkbox"/> NO <input type="checkbox"/>
In the event of my incapacity I want to be kept home as long as possible, taking into account the cost.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have a divorce decree which may require that certain payments be made after I am disabled or after my death.	YES <input type="checkbox"/> NO <input type="checkbox"/>

ONLINE ACCOUNTS

Website / Online Service	Type of Information Stored (i.e. photos, documents, etc.)

Login Information	
I do maintain a list of login credentials <input type="checkbox"/>	I do not maintain a list of login credentials <input type="checkbox"/>
It can be found here:	

GENERAL INFORMATION

Safe Deposit Box	
I do have a safe deposit box <input type="checkbox"/>	I do not have a safe deposit box <input type="checkbox"/>
It can be found here:	
The key can be found here:	

The following people have authority to sign for access to the safe deposit box:

Personal Safe	
I do have a personal safe <input type="checkbox"/>	I do not have a personal safe <input type="checkbox"/>
It can be found here:	
The combination is:	
The safe contains:	

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

I may receive an inheritance from:

- Upon my death, my heirs **will not** receive a distribution or benefits from a trust.
- Upon my death, my heirs **will** receive a distribution or benefits from a trust.

If my heirs will receive a distribution or benefits from a trust, the trust instrument was created by:

The trust instrument can be found:

- I **am not** currently the trustee for a trust.
- I **am** currently the trustee for a trust.

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

- I **am not** the beneficiary of a trust.
- I **am** the 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 Medicare number is	
My passport can be found	

I **am not** entitled to military benefits.

I **am** entitled to military benefits.

If I am entitled to military benefits they are listed below:

I **am not** entitled to other benefits.

I **am** entitled to other benefits.

If I am entitled to other benefits, they are listed below:

I presently carry the following credit card(s):

My important records can be found in:	
<input type="checkbox"/>	My home filing cabinet
<input type="checkbox"/>	My safe deposit box
<input type="checkbox"/>	My home safe
<input type="checkbox"/>	My attorney's office
<input type="checkbox"/>	My financial planner's office
Other:	

IN THE EVENT OF MY DEATH

I have the following wishes:

Funeral Home	
Cemetery	
Crematory	
Plot/Drawer #	
Minister/Rabbi	
Pallbearers	

I **have not** prepaid my burial costs for my burial plot.

I **have** prepaid my burial costs for my burial plot.

Information regarding this can be found in:

I **have not** prepaid my burial costs for my casket.

I **have** prepaid my burial costs for my casket.

Information regarding this can be found in:

I have a deceased: Spouse Parent Child
who is buried here:

I **do** wish to be buried next to such person.

I **do not** wish to be buried next to such person.

I **do** have the right to be buried in a military cemetery.

I **do not** have the right to be buried in a military cemetery.

I **do** want to be cremated.

I **do not** want to be cremated.

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	
	<i>(city, state)</i>
I was born on	
	<i>(month, day, year)</i>

My parents are/were		
	<i>(Mother's Full Name)</i>	<i>(Father's Full Name)</i>
My maternal grandparents are/were		
	<i>(Full Name)</i>	<i>(Full Name)</i>
My paternal grandparents are/were		
	<i>(Full Name)</i>	<i>(Full Name)</i>

My Children	
Name	Born

I have no children.

Regarding children from a previous marriage, I would like my current spouse to:

I **do not** have detailed information on my family's history.

I **do** have detailed information on my family's history.

If I do have detailed information on my family's history, it is located:

DESIRES FOR MY FAMILY

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

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

How I would like to be remembered:



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I have signed this Family Love Letter this _____ day of _____ of _____
(Day) (Month) (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 love letter and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

Print Name

Copies of this document were delivered to:

