



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, Investments, Employer, Insurance, Accountant, Financial Planner, etc.):

Advisor	Firm	Type	Email	Phone #

BANK DEPOSITS

Account types include checking, savings, money market, Certificates of Deposit (CD's)

Bank	Account Type	Account #

ASSETS

Here is a list of my stocks, bonds and other investments.

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

Firm	Account Type	Account Number

ACCOUNTS RECEIVABLE

Here is a list of money owed to me.

Borrower	Address	Phone #	Amount	Documents?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

DEBTS & LIABILITIES

Here is a list of my debts. Debts that I am only acting as guarantor are marked.

Lender	Phone	Account #	Amount	Guarantor Only
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

INSURANCE COVERAGE

I have the following life insurance policies (including company-owned) on my life:			
COMPANY	INSURED	POLICY #	BENEFIT AMOUNT
			\$
			\$
			\$
			\$
			\$

Any of these policies can be found at:

The following policies have premium waivers during a disability:

The following policies can provide accelerated death benefits for terminal illness or long-term care:



I have the following disability insurance policies:			
COMPANY	INSURED	POLICY #	BENEFIT AMOUNT
			\$
			\$
			\$

Any of these policies can be found at:

I have the following long-term care insurance policies:			
COMPANY	INSURED	POLICY #	BENEFIT AMOUNT
			\$
			\$
			\$

Any of these policies can be found at:

The following policies have premium waivers during a disability:

I have the following health insurance policies:			
COMPANY	TYPE	INSURED	POLICY #

Any of these policies can be found at:

I have the following other policies:			
TYPE	COMPANY	POLICY NUMBER	COVERED PROPERTY
Home			
Umbrella			
Home			
Auto			
Auto			
Auto			

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

CURRENT EMPLOYER

You can get more information about my employer benefits by calling HR at _____.

I have the following benefits at work:

- Retirement Plan
- Deferred Compensation
- Health Insurance
- Life Insurance
- Disability Insurance
- Long-Term Care Insurance
- Company Stock
- Flexible Spending Account
- 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		
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		
Power of Attorney for Medical		
Contingent Trustee		
Executor		
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. accounts, photos, documents, etc.)	Login Information

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	

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	
The combination is:	
The safe contains:	

- I **have** created a separate memo dictating who should receive personal property when I die.
- I **have not** created a separate memo dictating who should receive personal property

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, nor do I expect to be the trustee for a trust or executor for a will.
- I **am** currently the trustee for a trust or executor of a will.

If I am a trustee or executor, the estate document is located at:

For Who?	Trust / Will Title	Document Location

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):

I am a member of the following rewards program(s) that should be redeemed before closing:

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:



I have signed this family 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 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:
