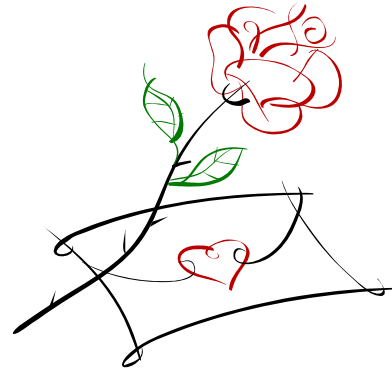


A Love Letter to My Family



A Complete Record of My Important Financial and Legal Matters

Name:

Address:

City: State:

Initially Completed:

Last updated:



To my dear loved ones:

I am so blessed to have shared my life with you. Because this may be a difficult time for you, I have written this letter to provide information that will be necessary for you when the time arises, either due to my incapacity to handle my own matters or due to my passing. I hope it helps to simplify matters for you.

My Legal Name:			
Maiden Name:		Nickname:	
Birth date:		Birthplace:	
SSN:		Military ID#:	
Driver's License:		State:	

	My Family	Date of Birth	Date of Passing
My Father:			
My Mother:			
My Siblings:			
My Spouse:			
Children:			
Prior Spouse:			

My childhood years:			
Elementary School:			
High School:			
College:			
Military:			
Occupations through the years:			
Engagement:			
Marriage:			
Date:		Location:	
Pets:			
Hobbies/Interests:			
Church Affiliation:			
Other Organizations:			
Some fond memories:			

Incapacity:

Please refer to other attached documents, such as "My Five Wishes," or other advance directives for specifics. In general, in case I am unable to care for myself:

I would like _____ to be the guardian of my assets.

I would like _____ to handle my medical and personal care.

Organ Donation:

I do do not want to donate my organs to others.

My instructions are noted on my driver's license other:

Death:

I have have not made my final arrangements.

My preferences:

Mortuary:		Address:		
Contact:		City:		
Phone:		State:		Zip:

My wishes:	Yes	No	Undecided	Details:
Memorial Service				
Funeral				
Embalmed				
Open Casket				
Burial				
Columbarium				
Cremation				

Cemetery:		Address:		
Plot/Drawer #:		City:		
Contact:		State:		Zip:
Phone:				

Special Requests:

Pastor/Rabbi:	
Contact Information:	
Favorite verses:	
Favorite music:	
Flowers:	
Donations:	
Other:	



Advisors and Other Important Contacts

Accountant:
Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Attorney:
Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Employer:
Firm Name:
Phone:
Email:

My position:
Address:

City:
State: Zip:

Physician:
Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Other important people:

Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Firm Name:
Phone:
Email:

Address:

City:
State: Zip:

Firm Name:
Phone:
Email:

Address:

City:
State: Zip:



Insurance Policies

(including company-owned policies)

Life Insurance:

Life Insurance Advisor: _____
 Firm Name: _____
 Address: _____
 Phone: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Existing Loans: _____
 Beneficiaries: _____
 Policy Location: _____

Life Insurance Advisor: _____
 Firm Name: _____
 Address: _____
 Phone: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Existing Loans: _____
 Beneficiaries: _____
 Policy Location: _____

Life Insurance Advisor: _____
 Firm Name: _____
 Address: _____
 Phone: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Existing Loans: _____
 Beneficiaries: _____
 Policy Location: _____

Life Insurance Advisor: _____
 Firm Name: _____
 Address: _____
 Phone: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Existing Loans: _____
 Beneficiaries: _____
 Policy Location: _____

Disability Insurance:

Insurance Advisor: _____
 Firm Name: _____
 Phone: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Waiting Period: _____
 Premium paid: payroll deduction personally other
 Policy Location: _____

Insurance Advisor: _____
 Firm Name: _____
 Phone: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Policy Owner: _____
 Policy ID #: _____
 Face Amount: _____
 Waiting Period: _____
 Premium paid: payroll deduction personally other
 Policy Location: _____

Long Term Care Insurance:

Insurance Advisor:		
Firm Name:		
Phone:		
Address:		
City:		
State:	Zip:	

Policy Owner:		
Policy ID #:		
Face Amount:		
Waiting Period:		
Premium paid:	<input type="checkbox"/> payroll deduction <input type="checkbox"/> personally <input type="checkbox"/> other	
Policy Location:		

Medical/Health Care Insurance:

Advisor:		
Firm Name:		
Address:		
Phone:		
City:		
State:	Zip:	

Policy Owner:		
Policy ID #:		
Deductible:		
Premium paid:	<input type="checkbox"/> payroll deduction <input type="checkbox"/> personally <input type="checkbox"/> other	
Policy Location:		

Automobile Insurance:

Insurance Advisor:		
Firm Name:		
Phone:		
Address:		
City:		
State:	Zip:	
Auto #1 Make/Model:		
Auto #2 Make/Model:		
Auto #3 Make/Model:		
Other Vehicle #1:		
Other Vehicle #2:		

Policy Owner:		
Policy ID #:		
Coverage:		
Deductible:		
Beneficiaries:		
Policy Location:		
VIN:	License #:	
VIN:	License #:	
VIN:	License #:	
VIN:	License #:	
VIN:	License #:	

Residential Insurance:

Insurance Advisor:		
Firm Name:		
Phone:		
Address:		
City:		
State:	Zip:	

Policy Owner:		
Policy ID #:		
Coverage:		
Deductible:		
Limitation:		
Policy Location:		

Umbrella or Excess Liability Insurance:

Insurance Advisor:		
Firm Name:		
Phone:		
Address:		
City:		
State:	Zip:	

Policy Owner:		
Policy ID #:		
Coverage:		
Deductible:		
Limitation:		
Policy Location:		



Assets

Financial Advisor:

Financial Advisor:	
Firm Name:	
Phone:	
Fax:	

Address:		
City:		
State:	Zip:	

I have attached a current financial statement to this document: yes no

Where you can find financial information:

If on a computer, password please:

Cash/Liquid Assets:

Financial Institution:	
Contact Name:	
Type of Account:	
Maturity Date:	
Phone:	

Balance:	As of:	
Account #:		
Address:		
City:		
State:	Zip:	

Financial Institution:	
Contact Name:	
Type of Account:	
Maturity Date:	
Phone:	

Balance:	As of:	
Account #:		
Address:		
City:		
State:	Zip:	

Financial Institution:	
Contact Name:	
Type of Account:	
Maturity Date:	
Phone:	

Balance:	As of:	
Account #:		
Address:		
City:		
State:	Zip:	

Financial Institution:	
Contact Name:	
Type of Account:	
Maturity Date:	
Phone:	

Balance:	As of:	
Account #:		
Address:		
City:		
State:	Zip:	

Financial Institution:	
Contact Name:	
Type of Account:	
Maturity Date:	
Phone:	

Balance:	As of:	
Account #:		
Address:		
City:		
State:	Zip:	



Stocks, Bonds, Investments, etc.

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

I have have not attached a financial statement.

Investment:		Approximate Value:			
Description:		As of:			
Location:					
Title is held by:					
Documents are located:					
Date acquired:		Cost Basis:			
Contact Name:		Address:			
Firm, if applicable:		City:			
Phone:		State:		Zip:	

Investment:		Approximate Value:			
Description:		As of:			
Location:					
Title is held by:					
Documents are located:					
Date acquired:		Cost Basis:			
Contact Name:		Address:			
Firm, if applicable:		City:			
Phone:		State:		Zip:	

Investment:		Approximate Value:			
Description:		As of:			
Location:					
Title is held by:					
Documents are located:					
Date acquired:		Cost Basis:			
Contact Name:		Address:			
Firm, if applicable:		City:			
Phone:		State:		Zip:	

Investment:		Approximate Value:			
Description:		As of:			
Location:					
Title is held by:					
Documents are located:					
Date acquired:		Cost Basis:			
Contact Name:		Address:			
Firm, if applicable:		City:			
Phone:		State:		Zip:	

Other Assets:

Money is owed to me by:			
Relationship:		Date the Loan Originated:	

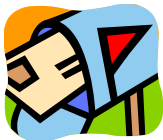
Payment Arrangements:		Original Loan Amount:	
Phone:		Current Amount Due:	
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

Money is owed to me by:			
Relationship:		Date the Loan Originated:	
Payment Arrangements:		Original Loan Amount:	
Phone:		Current Amount Due:	
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

Money is owed to me by:			
Relationship:		Date the Loan Originated:	
Payment Arrangements:		Original Loan Amount:	
Phone:		Current Amount Due:	
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

Money is owed to me by:			
Relationship:		Date the Loan Originated:	
Payment Arrangements:		Original Loan Amount:	
Phone:		Current Amount Due:	
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

Money is owed to me by:			
Relationship:		Date the Loan Originated:	
Payment Arrangements:		Original Loan Amount:	
Phone:		Current Amount Due:	
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			



LIABILITIES:

Here is a list of my liabilities, including contact information and location of related documents:

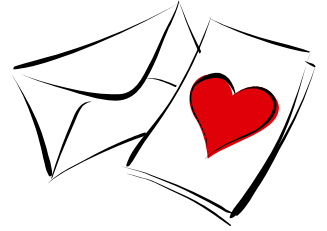
I owe:			
For:		Date the Liability Originated:	
Payment Arrangements:		Original Amount:	
Phone:		Current Amount Due:	
Contact:			
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

I owe:			
For:		Date the Liability Originated:	
Payment Arrangements:		Original Amount:	
Phone:		Current Amount Due:	
Contact:			
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

I owe:			
For:		Date the Liability Originated:	
Payment Arrangements:		Original Amount:	
Phone:		Current Amount Due:	
Contact:			
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

I owe:			
For:		Date the Liability Originated:	
Payment Arrangements:		Original Amount:	
Phone:		Current Amount Due:	
Contact:			
Address:		City:	
Email:	State:	Zip:	
Other:			
Documents are located:			

This document is not intended to replace my will or other estate planning documents that I have signed. However, it is my express desire that each family member, Executor, Trustee, and Guardian will use this letter and other documents that I have signed in making any discretionary decisions that affect me and those I love.



Printed Name: _____ Signature: _____ Date: _____

Witnessed by:

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Copies of this document were delivered to:

Name	Relationship	Address	Phone