
Family
Love Letter
LANDMARK

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Family love letter

Dear Family,
In an attempt to simplify matters for you, I have written this letter to provide you with important information that will be necessary when the time arises.
Effective Date:

ADVISORS

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

CPA

Name: _____
Address: _____
Phone: _____
Email: _____

Financial Advisor

Name: _____
Address: _____
Phone: _____
Email: _____

Attorney

Name: _____
Address: _____
Phone: _____
Email: _____

Employer

Name: _____
Address: _____
Phone: _____
Email: _____

Insurance Advisor

Name: _____
Address: _____
Phone: _____
Email: _____

** The document is designed as an added value to clients to give to their families in the event of sickness or death.

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Pension Benefits

Name: _____
Address: _____
Phone: _____
Email: _____

Mortgage Holder

Name: _____
Address: _____
Phone: _____
Email: _____

Utilities

Electric: _____
Water: _____
Gas: _____
Cable: _____
Other: _____

ASSETS

Here is a list of all my stocks, bonds and other investments, including 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 copy of a financial statement.

Investment

Contact: _____
Phone: _____ Account #: _____
Documents are located: _____

Investment

Contact: _____
Phone: _____ Account #: _____
Documents are located: _____

Investment

Contact: _____
Phone: _____ Account #: _____
Documents are located: _____

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Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____

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DEPOSITS

I have ___ have not ___ made any substantial deposits on certain accounts.
If APPLICABLE, the accounts are:

_____

_____

_____

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: _____
Documents are located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

INSURANCE COVERAGE

I have the following LIFE INSURANCE policies:

Type	Owner	Beneficiary	Face amount	Existing loans	Cash Value

ANY OF THE POLICIES CAN BE FOUND AT:

_____

_____

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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 these OTHER policies:

Type	Company	Policy Located At
AUTO		
UMBRELLA		
HOME		

* 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 **DOES** allow ____ **DOES NOT** ____ allow for pre-payment of death benefits to support me.
* If I am disabled, my life insurance policy **DOES** allow ____ **DOES NOT** ____ allow you to stop making premium payments.
* If I am disabled, my disability insurance policy **DOES** allow ____ **DOES NOT** ____ allow you to stop making premium payments.

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EMPLOYMENT

I have the following benefits where I work or worked:

Retirement Plan(s): _____

Life Insurance: _____

Health Insurance: _____

Long-Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

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		

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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 _____ 2nd _____
Power of Attorney for Medical: 1st _____ 2nd _____
Decisions: 1st _____ 2nd _____
Guardian over my Property: 1st _____ 2nd _____
Guardian over my Person: 1st _____ 2nd _____

** 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 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: _____
The key can be found: _____
The following people have signature authority on the box:

_____

_____

I DO ____ DO NOT ____ have a personal safe
The combination is: _____
The safe can be found: _____
I HAVE ____ DO NOT HAVE ____ 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 ____ WILL NOT ____ receive a distribution or benefits from a trust.
If yes, the trust instrument was created by: _____
The trust instrument can be found: _____

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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 a beneficiary, the trust document is located at: _____

MY SOCIAL SECURITY # IS: _____
MY DRIVER'S LICENSE # IS: _____
MY PASSPORT # IS: _____
MY PASSPORT CAN BE FOUND: _____

I AM ____ AM NOT ____ entitled to military benefits. List the benefits:

I AM ____ AM NOT ____ entitled to other benefits. List the benefits:

I am a member of the following religious group(s):

I am a member of the following fraternal group(s):

I presently carry the following credit card(s):

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IN THE EVENT OF MY DEATH

I have the following final wishes: _____
Funeral home: _____
Cemetery: _____
Crematory: _____
Plot/Drawer #: _____
Minister/Rabbi: _____
Pallbearers:

_____

_____

_____

I HAVE ____ HAVE NOT ____ prepaid my burial costs for my burial plot.
I HAVE ____ HAVE NOT ____ prepaid my burial costs for my casket.
Information can be found at: _____
I have a deceased ____ spouse ____ parent ____ child who is buried at: _____
I DO ____ DO NOT ____ wish to be buried next to such person.
I DO ____ DO NOT ____ have the right to be buried in a military cementery.
I DO ____ DO NOT ____ want to be cremated.

SPECIAL REQUESTS

Obituary Reading:

_____

_____

Tombstone Engraving:

_____

_____

Organs for Donation:

_____

_____

In lieu of flowers please ask for donations to:

_____

_____

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Other special requests:

I have signed this family love letter on this date: _____

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:

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