

# *A Love Letter to My Family*

*By:* \_\_\_\_\_

Dear Loved Ones,

The incapacity or death of a family member can be a traumatic event. However, the emotional turmoil and family pain is often magnified by the resulting confusion over the plans, assets and desires of an incapacitated or deceased family member. The mental foggiess that accompanies the family's trauma is exaggerated by the inability to make basic decisions because of the lack of basic information. This Family Love Letter has been designed to provide "information in a time of confusion" and to help minimize the types of inadvertent mistakes that often occur in times of turmoil. While many may be reluctant to discuss the tragedy of their death or disability with family members, they have less concern about leaving written information behind. With this in mind, I offer the following information about my various assets, obligations, and concerns in an effort to provide you with an organized listing of the things you may have necessity to deal with. I also include an attached after death checklist that may be helpful.

My Full Legal Name is: \_\_\_\_\_

My Social Security number is: \_\_\_\_\_ My Date of Birth is: \_\_\_\_\_

My Driver's License number is: \_\_\_\_\_ My Place of Birth is: \_\_\_\_\_

My passport number is: \_\_\_\_\_ My Father's name is: \_\_\_\_\_

My Children are: \_\_\_\_\_ My Mother's name is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment

*My Employer is/was:* \_\_\_\_\_

I have the following disability and/or death 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: \_\_\_\_\_

\*Other: \_\_\_\_\_

**Documents**

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

	<u>Date Signed</u>	<u>Location</u>
*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/Post Nuptials	_____	_____
*Divorce Decree	_____	_____
*Burial Agreement	_____	_____
*Retirement Plan Beneficiary	_____	_____

I have appointed the following person(s) to act on my behalf if I become disabled:

Power of Attorney over my Assets: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Power of Attorney for Medical: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Guardian of my Property: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Guardian over my person: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

It is my desire that the person(s) having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes a guardian is best.

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 disable or after my death.

**General Information**

I ( ) do ( ) do not have a safety deposit box. It can be found at: \_\_\_\_\_.

The key can be found at: \_\_\_\_\_.

I ( ) do ( ) do not have a personal safe. The combination is: \_\_\_\_\_.

The safe is found at: \_\_\_\_\_.

I ( ) have ( ) 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 ( ) will not receive a distribution of benefits from a trust.

If yes, the trust instrument was created by: \_\_\_\_\_.

The trust instrument can be found: \_\_\_\_\_.

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: \_\_\_\_\_.

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: \_\_\_\_\_.

I am a member of the following fraternal groups: \_\_\_\_\_.

I presently carry the following credit cards: \_\_\_\_\_

\_\_\_\_\_

## Assets

Here is a list of all *investment accounts, holdings, and other investments, including property*. I have listed a contact person and telephone number for each, as well as the location of any documents.

I ( ) have ( ) have not attached a financial statement.

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Document Location: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

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 location of any related documents.

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

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**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

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**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

I am also a guarantor of the following debt:

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

**Liability:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Document Location:** \_\_\_\_\_

## Advisors

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

**Financial Advisor:**

Name: Tamara Shumate Brown  
Address: 4890 W. Kennedy Blvd. Ste. 320  
Tampa, Florida 33609  
Phone: 813-282-0600  
Fax: 813-282-0635  
Email: tamara.brown@lpl.com

**Attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Accountant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Insurance Agent:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Mortgage Holder:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Employer:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Pension Benefits:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Bank Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Insurance Coverage

I have the following **Life Insurance** policies (including company owned):

<u>TYPE</u>	<u>OWNER</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Existing Loans</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any of these policies can be found at \_\_\_\_\_.

I have the following **Disability** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following **Long Term Care Insurance** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following **Health Insurance** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following other policies:

<u>Type</u>	<u>Company</u>	<u>Policy Location</u>
<b>Auto</b>	_____	_____
<b>Umbrella</b>	_____	_____
<b>Home</b>	_____	_____

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... ( ) allows ( ) does not allow...for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy... ( ) allows ( ) does not allow... you to stop making premium payments.

If I am disabled, my disability insurance policy... ( ) allows ( ) does not allow...you to stop making payments

**IN THE EVENT OF MY DEATH**

I HAVE THE FOLLOWING WISHES:

Funeral Home: \_\_\_\_\_  
Cemetery: \_\_\_\_\_ Plot/Drawer# \_\_\_\_\_

I ( ) have ( ) have not prepaid ( ) for my burial costs ( ) for my burial Plot ( ) for my casket.  
Information can be found at: \_\_\_\_\_

I have a deceased ( ) spouse ( ) parent ( ) child who is buried at \_\_\_\_\_.  
I wish to be buried next to such person if I check here: ( )

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

Minister/Rabbi to perform service: \_\_\_\_\_

Pallbearers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Requests:**  
Obituary Reading: \_\_\_\_\_  
Tombstone Engraving: \_\_\_\_\_

Organs for Donation: \_\_\_\_\_  
In Lieu of flowers please ask for donations to: \_\_\_\_\_  
Other requests: \_\_\_\_\_  
\_\_\_\_\_

I have created 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, 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.

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

Copies of this document were delivered to:  
\_\_\_\_\_  
\_\_\_\_\_

<b>DOCUMENTS THAT MAY BE NEEDED</b>	<i>Person Responsible</i>	<i>Date Completed</i>
Burial Agreement	_____	_____
Organ Donation	_____	_____
Durable Power of Attorney	_____	_____
Medical Directive	_____	_____
Medical Power of Attorney	_____	_____
Will	_____	_____
Living Will	_____	_____
Trust Documents	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Birth Certificate	_____	_____
Marriage Certificate	_____	_____
Insurance Policies	_____	_____
Bank Records	_____	_____
Deeds to Property	_____	_____
Vehicle Ownership records	_____	_____
Military discharge papers	_____	_____
Citizenship papers	_____	_____
Tax Returns	_____	_____
Financial Account Statements	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Divorce Decree or Settlement	_____	_____
Death Certificates	_____	_____
Title to Burial plot	_____	_____
Retirement Plan Beneficiary Designation	_____	_____
Insurance Beneficiary Designation	_____	_____

# AFTER DEATH FAMILY FOLLOW UP CHECKLIST

	<i>Person Responsible</i>	<i>Date Completed</i>
<b>NOTIFY FUNERAL HOME</b>	_____	_____
<b>ASK FRIEND OR RELATIVE FOR ASSISTANCE</b>		
Collect all mail for next few weeks/pay bills	_____	_____
Plan for House Sitter, during Funeral, etc.	_____	_____
<b>DEATH CERTIFICATES (request 15)</b>	_____	_____
<b>NOTIFY EMPLOYER</b>	_____	_____
<b>NOTIFY BANKS</b>		
Review All Direct Deposits	_____	_____
Re-Establish Safe Deposit Box	_____	_____
Check for Credit Life Insurance on Loans	_____	_____
Review 6 mos. Spending/develop budget	_____	_____
Change jointly held accounts when appropriate	_____	_____
<i>(Surviving Spouse-do not immediately remove deceased name from accounts. Consult legal or tax advisor before closing joint Accounts.)</i>		
<b>NOTIFY FINANCIAL ASSETS INSTITUTIONS</b>		
Request Change of Beneficiary Forms	_____	_____
Update Account Ownership	_____	_____
Notify Financial/Investment Advisors	_____	_____
<b>NOTIFY CREDIT CARD COMPANIES</b>		
Change Jointly held Accounts, if appropriate	_____	_____
<i>(Surviving Spouse-do not immediately remove deceased name from accounts. Consult legal or tax advisor before closing joint Accounts.)</i>		
<b>NOTIFY ATTORNEY</b>		
New Will Revised, Update Beneficiaries	_____	_____
Consider Revocable Trust	_____	_____
<b>NOTIFY INSURANCE COMPANIES AND FILE CLAIM</b>		
Life Insurance	_____	_____
Medical, health, disability, travel, accident	_____	_____
Retirement Benefits, and Annuities	_____	_____
Homeowner Insurance	_____	_____
Car Insurance	_____	_____
Change of Survivor's Benefits	_____	_____
<b>TRANSFER OF REAL ESTATE PROPERTIES</b>		
Apply for Widowed person exemption	_____	_____
Apply for Homestead and disability exemption	_____	_____
File Death Certificate at Court House	_____	_____
<b>APPLY FOR APPROPRIATE BENEFITS</b>		
Social Security	_____	_____
Veteran's burial and Survivor's Benefits	_____	_____
Pension Benefits	_____	_____
Workman's Comp Benefits	_____	_____
Other Employment Retirement Benefits	_____	_____
<b>INCOME TAX</b>		
Notify Accountant/Tax Consultant/Attorney	_____	_____
Change of ownership of solely owned stocks	_____	_____
Transfer bonds, mutual funds, investment assets	_____	_____
<b>SEND OUT "THANK YOU" NOTES</b>	_____	_____

*This information is not intended to be a specific individualized tax or legal advice.  
We suggest you discuss your specific situation with a qualified tax or legal advisor.*