



# Love Letter to My Family



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# The Reason Why

As a valued member of Unity of Charlottesville, it is our deepest intention to be of service to you and your family, especially during times of transition.

One of the most difficult and challenging situations we face in life is the death of a loved one. That's why we've created this booklet. By engaging in courageous conversations with yourself and your loved ones, our hope is that your Unity spiritual community can help you navigate the death of a love one with ease and grace, and help you to create a plan that you can leave for the benefit of your loved ones.

We have prepared this booklet so that you can answer some important questions and leave vital information for your surviving loved ones. There are two parts to this booklet.

**Part 1 is about your wishes concerning your Celebration of Life** (funeral or memorial) service and your wishes about burial or cremation. We invite you to make a copy of this and leave it with the Unity office in a confidential file so that we can best support and serve your family when the need arises.

**Part 2 is about the practical details that your family need to know about** if or when you become ill or die. These are worksheets that you and your family can turn to after the death of a loved one.

The truth is, most people never think about the many questions a surviving spouse or children have to face when a person dies. Many decisions have to be made within a day or two after your death or the death of a loved one.

Do you or your loved one want to be buried or cremated? If so, where? Do you want there to be a Celebration Life Service? If so, what kind, who will officiate, what readings or songs will be offered, who will speak, do you want there to be flowers, will there be a reception after?

These are just a few of the questions that must be made during a time of great emotional stress and

grief. We want to honor our loved one in the best way possible, or we may have wishes about our own service when we die.

At the same time, life must go on and the survivors need to know about important things such as the location of assets or a will, and even the smaller details of where the car keys are.

If you die today, how much searching will your family have to do? Could they easily find all life insurance policies? What about insurance on your home, your car, or your business assets? How about the health insurance policy—it might be needed to cover last illness expenses? Could they easily find your birth certificate, military discharge, and social security number? How about all property titles?

Those things—and many others—will be important in the process of settling your estate and getting the assets you leave to the right people.

## Do it right - now

These are sobering thoughts and they may be sad or painful to consider. But by engaging in a courageous and compassionate conversation with yourself—and your loved ones right now, the reward to you will be peace of mind. and the knowledge that your wishes will be carried out and that your loved ones will be provided for.

# Love Letter to My Family

I (Your Name) \_\_\_\_\_ have filled out the pages of this booklet in an effort to help you, my family, after my death. I want to ease your burdens in those challenging days by giving you ideas of how I feel about some things. As much as possible, I don't want you to wonder "how would I have wanted things done?"

This is not a legal document. My will or estate plan document is the legal plan for my estate. But a will may not be very well adapted to communicating my personal wishes to you.

1. My thoughts expressed in this booklet should not be considered rigid or binding. Situations may change. And those changes may call for a different plan of action than I may have outlined here.

It is also my hope that my listing of assets and the list of where things can be found will save you a lot of time and worry.

2. *Note: You may want to add a personal letter to your family of thoughts not expressed here.*

# PART 1

## Making Your Own Celebration of Life Plans

(We invite you to make a copy of this to leave with the Unity Office in a confidential file)

It may sound unusual to a lot of people to suggest that you make your own Celebration of Life plans. But it really makes a lot of sense. After all, who knows better what you want than you?

Most people have specific likes and dislikes regarding funerals. Some like everything to be simple. Others favor something more elaborate. Whatever you prefer, the best way to have it your way is to write your wishes down.

To help you, let's consider some of the things you may want to decide so your family doesn't have to.

### Funeral Home

You probably have a preference about which funeral home will handle your arrangements. If you choose cremation, you may want to talk to the funeral director about his services, legal requirements, and costs.

Some people choose to sit down with the funeral director to make many of the arrangements. He or she can keep your plans on file, or you may leave your arrangements in a confidential file at Unity.

### Memorial or Celebration of Life Service

Most people choose to have a funeral memorial service in a church or at the funeral home. Your written plan should include your preference.

Also, specify if you want a public or private memorial service. Do you want the casket open or closed at the funeral home—at the memorial service? Do you want graveside services—and, if so, do you want them to be public or for the family only? Do you want a military service (if you qualify)? Do you want someone to give a eulogy? If so, who?

### Other Arrangements

Many people purchase a cemetery plot prior to death. It's a difficult task for family members to have to go to the cemetery the day after a loved one has died to make decisions.

If you won a cemetery plot—or buy one—be sure to put the legal description in your funeral plan. Also, list the location of the deed on your “Where Things Are” list.

Headstones are another expensive item where family members often go overboard without the input of what their loved one may have wanted.

Like cemetery plots, more people are now buying headstones while both spouses are still alive. That way, they can decide what is going to be put on the stone.

Even casket and burial vault selections can be specified. There's a wide range in choices and prices. It might even be a good idea to visit with the funeral director now and look at the choices. That way, you can give your family specific guidelines of your wishes

## Personal Requests

Many people have definite ideas about the kind of service they would prefer, the people involved, and the matter of flowers or memorials.

Let's look at some of the things you might consider:

- Music choices. Do you want a soloist? If so, is there someone whose music is especially meaningful to you or your family? Maybe you name that person. But it's a good idea to list a second choice in case the first isn't available. You might do the same for the pianist. You may want to specify what songs or hymns you would like.
- Name the pastor you would like to have lead the memorial service. You may name him or her by name or simply specify that it be the one serving your church at the time of your death. If you want someone to give a eulogy, specify who you prefer.
- Casket bearers chosen ahead of time can ease another chore for your family. You may want to list more than six in order of preference. Then if someone can't serve, there's a reserve to choose from.
- You may have favorite scriptures or readings that you would like to have used at your memorial service. If so, list them.
- Flowers. Many people prefer a limited number of flowers and prefer that, instead, money can be given to the church or other worthwhile charity.
- Personal items. Let your family know (in writing) what you prefer with regard to rings, jewelry, and clothing. If you don't have a specific preference, say so.

- You may want to make a list of names, addresses, emails, and phone numbers of friends and relatives who you would like to be notified of you or your loved one's passing for either a general announcement, or an invitation to attend the Celebration of Life service.

## Obituary

In times of grief, it may be difficult to write an obituary for yourself or a loved one. Planning in advance, or even writing your own obituary allows you to mention things that are important to you about your life or the life of your loved one.

What are you proud about your life? What are your passions? How did you contribute to the people around you? What occupations? What education? What organizations did you belong to or serve? What family members do you want to list as survivors? What would you like people to know about you or remember about you?

# My Personal Celebration of Life Wishes

(You may choose to copy this portion to leave in a confidential file at the Unity Office)

## In the Event of My Death

Funeral Parlor: \_\_\_\_\_ Prepaid Cemetery Plot: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Plot/Drawer No.: \_\_\_\_\_

Email: \_\_\_\_\_ Information can be found: \_\_\_\_\_

The minister(s) or officiants I wish to perform my Celebration of Life service:

\_\_\_\_\_

I have a deceased Spouse, \_\_\_\_\_ Parent, \_\_\_\_\_ Child \_\_\_\_\_ who is buried at:

\_\_\_\_\_

and I wish DO \_\_\_\_\_ DO NOT \_\_\_\_\_ wish to be buried next to such person.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want to be cremated.

Name of Crematory: \_\_\_\_\_

Pallbearers:

\_\_\_\_\_

\_\_\_\_\_

Music Request:

Soloist: \_\_\_\_\_

Pianist: \_\_\_\_\_

Songs/Hymns: \_\_\_\_\_

Favorite Scriptures/Readings: \_\_\_\_\_

\_\_\_\_\_

Obituary (Things you want included and newspapers where you want it published: \_\_\_\_\_

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

Tombstone Engraving: \_\_\_\_\_

Flower/Memorial Ideas: \_\_\_\_\_

In lieu of flowers please ask for donations to: \_\_\_\_\_

Other special requests: \_\_\_\_\_

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

# Family History

I was born in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_

My parents were \_\_\_\_\_ and \_\_\_\_\_

My maternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My paternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My children are \_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_ I have no children.

I have detailed information on my family's history. It is located at: \_\_\_\_\_

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## In the Event of My Partner's Death

Funeral Parlor: \_\_\_\_\_ Prepaid Cemetery Plot: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Plot/Drawer No.: \_\_\_\_\_

Email: \_\_\_\_\_ Information can be found: \_\_\_\_\_

The minister(s) or officiants I wish to perform my Celebration of Life service:

\_\_\_\_\_

I have a deceased Spouse, \_\_\_ Parent, \_\_\_ Child \_\_\_ who is buried at:

\_\_\_\_\_

and I wish DO \_\_\_\_\_ DO NOT \_\_\_\_\_ wish to be buried next to such person.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want to be cremated.

Name of Crematory: \_\_\_\_\_

\_\_\_\_\_

Pallbearers:

\_\_\_\_\_



Music Request:

Soloist: \_\_\_\_\_

Pianist: \_\_\_\_\_

Songs/Hymns: \_\_\_\_\_

Favorite Scriptures/Readings: \_\_\_\_\_

\_\_\_\_\_

Obituary (Things you want included and newspapers where you want it published: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tombstone Engraving: \_\_\_\_\_

Flower/Memorial Ideas: \_\_\_\_\_

In lieu of flowers please ask for donations to: \_\_\_\_\_

Other special requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## My Partner's Family History

I was born in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_

My parents were \_\_\_\_\_ and \_\_\_\_\_

My maternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My paternal grandparents were \_\_\_\_\_ and \_\_\_\_\_

My children are \_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_ I have no children.

I have detailed information on my family's history. It is located at: \_\_\_\_\_

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# PART 2

## Some personal thoughts and guidelines

### Advisors

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

#### Attorney:

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

#### Insurance Agent:

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

#### Accountant:

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

#### Mortgage Holder:

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

#### Financial Planner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

This is a brief explanation of my feelings about keeping or disposing of property I own: \_\_\_\_\_

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# Personal Bequests

Family heirlooms and sentimental items deserve special attention in your planning efforts. It's a shame to have family squabbles over a set of dishes or a pocket watch, for example.

Most wills don't have these personal family items spelled out in detail as to who gets what. However, some states do provide for such a list to be added to your will. We suggest you make your list here. You probably should attach a copy of your will, as well. Just make sure all copies match. Photocopies may be best.

List each item, who is to get it, and where it is located. It will be wise to review your list every year. You may want to add things, make changes, or you may have changed the location.

It will usually be a good idea to talk with your children or other beneficiaries about these items. You may find one has a special attachment to a certain item but none of the others care much about anyway. If two or more want the same item, you may want to settle it by drawing names or by flipping a coin.

Here's a format that will be helpful to your heirs when it comes time to divide these items.

Item	Who is to Get It	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**My thoughts concerning remarriage by my spouse are:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My views relating to heroic medical care are:**

If there is no reasonable expectation of my recovery from physical or mental illness, I request that action should not be taken to keep me alive continuously by artificial or heroic means. However, to avoid burdening my family members in making this decision, it is my desire, in the event of a grave illness and under appropriate circumstances, that the physician or physicians in attendance be apprised of the request contained in the first sentence of this paragraph, and that the recommendations of the physician or physicians be followed.

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

Signatures (both spouses)

Witnessed by: \_\_\_\_\_

\_\_\_\_\_ Date : \_\_\_\_\_

*Note: this is just a sample letter (and is not intended as a legal form). You should ask your attorney about the laws regarding a "living will" in your state.*

## My views relating to donation of my body or organs are:

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want my body donated to a medical or research facility. I have a preference of where my body is to be donated, I will list it on this page. If not, my family can make that choice.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want any of my organs donated. If I have any preferences regarding these donations, I will list them on this page.

\_\_\_\_\_  
\_\_\_\_\_  
Signatures (both spouses)

Witnessed by: \_\_\_\_\_

\_\_\_\_\_ Date : \_\_\_\_\_

Note: Again, this is not intended as a legal form. It will be better if you make these arrangements now. If you want to donate your body for medical research, ask your doctor or attorney how to make those arrangements. If you want to donate organs, fill out a donor card and carry it with you. Again, ask your doctor or attorney.

## Checklist for my family

Several things have to be done in the time immediately following the death of a loved one. The following provides a checklist and some ideas about how to handle these things.

Contact the Social Security Administration. Social Security pays a lump sum death benefit. The surviving spouse can get benefits as early as age 60—earlier if disabled. Children under age 18 when a parent dies may also be entitled to benefits.

Veteran benefits may be available if the deceased served in the Armed Forces. The surviving spouse and dependent children may be entitled to a small pension. The Veterans Administration will pay some towards burial expenses and provide a headstone or marker and an American flag to drape the casket without charge. If burial is in a national cemetery, the VA will provide a graveside and pay burial costs.

Organizations that the deceased belong to two should be notified of the death. Some offer

memorial services. They may have life insurance and may return part of dues paid. You may want to list organizations you belong to in this booklet.

Former employers should be contacted to see if there are any benefits resulting from that employment. You may want to make a list of former employers in the back of this booklet.

Collect any life insurance policies and contact the company. The beneficiary can choose to take proceeds in a lump sum or spread them out as payments over the years. If you have a preference of how your beneficiaries receive the proceeds, spell it out in this booklet.

Keogh and IRA plans may have money left in them to be paid out to survivors. The survivors should contact the company holding that money. Like life insurance, proceeds can be paid out in a lump sum or in installments. Tax advisers should usually be consulted before the beneficiaries make that decision.

Check with the health insurance company. They may pay some expenses from the last illness. Rates may also be less if the policy has covered two or more people and now there will be one less person covered. Some health insurance policies are also combination policies that provide some death benefits.

Property titles will be changed in the estate settlement process. Along with those changes, the new owner should have the names changed on insurance policies on those properties.

Titles on all bank accounts should be changed. This includes both checking and savings accounts.

Contact the attorney to have the will read and see what must be done with regard to estate settlement.

### **Assistance May Be Available**

Don't be afraid to ask for help during the time of grieving. You can request that the funeral director make the first contact with the Social Security administration and the Veterans Administration. He or she can also see that you have as many

copies of the death certificate as you will need. You will need these for the banks, insurance companies, and other financial institutions.

A note to organizations and former employers is usually adequate to get the wheels in motion if there any benefits available.

Your estate attorney may also be requested to contact the insurance companies and the Keogh and IRA accounts. However, since the attorney will charge a fee, a family member may prefer to do this job.

A family member can also check with the health insurance company. The doctor and or hospital may also file any claims forms or help the family member with them.

An attorney will usually be needed to settle the estate. That will also involve property title changes. A family member can contact insurance agents to change titles on the policies.

Beyond these things, check with the legal and financial advisors listed elsewhere in this booklet and follow your own good judgment and inner guidance.

# Where Things Are

Will (original) \_\_\_\_\_  
Spouses will (original) \_\_\_\_\_  
Cemetery plot deed \_\_\_\_\_  
Burial instructions \_\_\_\_\_  
Copy of will \_\_\_\_\_  
Copy of spouse's will \_\_\_\_\_  
Insurance policies \_\_\_\_\_  
    Life \_\_\_\_\_  
    Health \_\_\_\_\_  
    Accident \_\_\_\_\_  
    Homeowners \_\_\_\_\_  
    Business \_\_\_\_\_  
    Automobile \_\_\_\_\_  
Birth certificates \_\_\_\_\_  
Marriage certificate \_\_\_\_\_  
Children's birth certificates \_\_\_\_\_  
Citizenship papers \_\_\_\_\_  
Adoption papers \_\_\_\_\_  
Divorce records \_\_\_\_\_  
Ante-nuptial agreement \_\_\_\_\_  
Military discharge \_\_\_\_\_  
Trust agreements \_\_\_\_\_  
Partnership agreements \_\_\_\_\_  
Incorporation papers \_\_\_\_\_  
Tax returns \_\_\_\_\_  
    Federal income \_\_\_\_\_  
    State income \_\_\_\_\_  
    Federal gift \_\_\_\_\_  
    State gift \_\_\_\_\_  
    Federal estate \_\_\_\_\_  
    State inheritance \_\_\_\_\_  
Money accounts \_\_\_\_\_  
    Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Bank statements \_\_\_\_\_  
Canceled checks \_\_\_\_\_

Checkbooks \_\_\_\_\_  
Savings passbooks \_\_\_\_\_  
List of credit cards \_\_\_\_\_  
Stock certificates \_\_\_\_\_  
Mutual funds \_\_\_\_\_  
Bonds \_\_\_\_\_  
Other investments \_\_\_\_\_  
Keogh or IRA records \_\_\_\_\_  
Annuity contracts \_\_\_\_\_  
Stock-option plans \_\_\_\_\_  
Stock-purchase plans \_\_\_\_\_  
Profit-sharing plans \_\_\_\_\_  
Retirement plans \_\_\_\_\_  
Titles \_\_\_\_\_  
    Autos \_\_\_\_\_  
    Land \_\_\_\_\_  
Rental property records \_\_\_\_\_  
Notes and loans \_\_\_\_\_  
Safety deposit box \_\_\_\_\_  
List of memberships \_\_\_\_\_  
List of special bequests \_\_\_\_\_  
Safe combination \_\_\_\_\_  
Safe deposit box key \_\_\_\_\_



# Important Numbers

## Social Security Numbers – Spouses and children

Name	Number	Name	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Credit Card numbers

Name of card	Number	Name of card	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Bond Serial Numbers

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Checking Account numbers** \_\_\_\_\_

\_\_\_\_\_

**Savings Account numbers** \_\_\_\_\_

\_\_\_\_\_

**Safe deposit box number** \_\_\_\_\_

**Safe Combination** \_\_\_\_\_

**Insurance policy numbers**

Health	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Other property	_____	_____
	_____	_____
Other	_____	_____

**Life insurance**

<b>Insured's Name</b>	<b>Amount of Coverage</b>	<b>Policy Number</b>	<b>Agent or Company</b>

**Stock, Securities, or Mutual Funds**

<b>Owner</b>	<b>Present Value</b>	<b>Type of Asset</b>	<b>Certificate Number</b>	<b>Company or Agent to contact</b>

# List of Assets

It's an excellent idea to make a summary of the assets you own right now. The following form will guide you. You may want to write it in pencil so you can update it on an annual basis.

This information will be valuable to you in estate planning now, and to your heirs at estate settlement time.

**Description:** On most assets, a very brief description of the asset such as "200 acres" or "cattle" will be adequate.

**Owner:** If the husband is the sole property owner, put "H" after that in the first column. If the wife is the owner, put "W". If the property is owned and joint tenancy put "JT". If its tenancy is common, put "TC".

**Fair market value:** Assets are to be valued at fair market value (what they should sell for) in your estate. Estimate is close as possible and be realistic.

**Amount owed:** Debts and mortgages may be deductible in your estate so make sure that you list all of these on this form.

**Original cost:** The original cost of items can be a big factor in how much tax will be owed when assets are sold or passed on. This can also be a difficult figure for someone else to find. Therefore, list the original cost basis on all assets that you can, especially property and investments.

Finally, when you update this estate summary, it's a good idea to write somewhere on this sheet the date it was updated.

Property	Description/owner	Fair Market Value	Amount Owed	Original Cost
Land	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
Real Estate	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
Machinery	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
Livestock	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
Grain	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____

Stocks	/			
	/			
	/			
Bonds	/			
	/			
Checking	/			
	/			
Savings	/			
	/			
	/			
Keogh/IRA	/			
	/			
Amounts owed to you	/			
	/			
	/			
	/			
Automobiles	/			
	/			
	/			
Household Effects	/			
Personal Effects	/			
Other	/			
	/			
	/			
	/			
	/			
	/			

I work at:

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I have the following benefits where I work or worked (briefly describe):

Deferred Compensation: \_\_\_\_\_  
Stock Ownership: \_\_\_\_\_  
Stock Options: \_\_\_\_\_  
Cafeteria Plan: \_\_\_\_\_  
Other: \_\_\_\_\_

I am an owner of the following business:

Business Name: \_\_\_\_\_  
Ownership Percentage: \_\_\_\_\_  
Other owner(s): Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

I have the following benefits through my business (briefly describe):

Deferred Compensation: \_\_\_\_\_  
Buy/Sell Agreement: \_\_\_\_\_  
Stock Ownership: \_\_\_\_\_  
Stock Options: \_\_\_\_\_  
Cafeteria Plan: \_\_\_\_\_  
Other: \_\_\_\_\_

I am retired, and have the following pension income:

Company	Contact Phone No.	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income:

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I receive Monthly Income from the following annuity or annuities:

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I am entitled to veterans benefits due to the following military service:

Description of military service: \_\_\_\_\_  
Years of service—From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact the Veterans Administration at: \_\_\_\_\_

# ASSETS

Here is a list of all my investment accounts. I have listed a contact person and telephone number for each item, as well as the location of any documents.

<b>Custodian:</b> _____	<b>Custodian:</b> _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____
Statements are located: _____	Statements are located: _____

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<b>Custodian:</b> _____	<b>Custodian:</b> _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____
Statements are located: _____	Statements are located: _____

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<b>Custodian:</b> _____	<b>Custodian:</b> _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____
Statements are located: _____	Statements are located: _____

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<b>Custodian:</b> _____	<b>Custodian:</b> _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____
Statements are located: _____	Statements are located: _____

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<b>Custodian:</b> _____	<b>Custodian:</b> _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____
Statements are located: _____	Statements are located: _____

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**Here is a list of other investments I own:**

<b>Investment:</b> _____	<b>Investment:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

<b>Investment:</b> _____	<b>Investment:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

<b>Investment:</b> _____	<b>Investment:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

**Money Owed to or From:**

<b>Money is owed to us by:</b> _____	<b>Money is owed to us by:</b> _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Amount: _____	Amount: _____



# 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.

<b>Liability:</b> _____	<b>Liability:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

<b>Liability:</b> _____	<b>Liability:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

<b>Liability:</b> _____	<b>Liability:</b> _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Documents are located: _____	Documents are located: _____
_____	_____

**I presently carry the following credit cards:**

Company: _____	Company: _____
Card No.: _____	Card No.: _____

Company: _____	Company: _____
Card No.: _____	Card No.: _____

Company: _____	Company: _____
Card No.: _____	Card No.: _____

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
 Card No.: \_\_\_\_\_ Card No.: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
 Card No.: \_\_\_\_\_ Card No.: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
 Card No.: \_\_\_\_\_ Card No.: \_\_\_\_\_

## Insurance Coverage

I have the following life insurance policies. Please check with each company and determine if:

The policy allows for pre-payment of death benefits in the case of disability

The policy allows you to stop making premium payments in the case of disability

Type	Owner	Beneficiary	Face Amount	Company	Phone	Location of Policy
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**I have the following other Insurance policies.**

Type of Insurance	Company	Policy No.	Location of Policy
Disability	_____	_____	_____
Long Term Care	_____	_____	_____
Health Insurance	_____	_____	_____
Umbrella	_____	_____	_____
Homeowners	_____	_____	_____
Auto	_____	_____	_____
Other	_____	_____	_____

# Documents

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

<b>Document</b>	<b>Location</b>	<b>Date Signed</b>
Will or Trust:	_____	_____
Medical Directive:	_____	_____
Medical Power of Attorney:	_____	_____
General Power of Attorney:	_____	_____
Living Trust:	_____	_____
Insurance Trust:	_____	_____
Charitable Trust:	_____	_____
Minor's Trust:	_____	_____
Pre-Nuptial Agreement:	_____	_____
Post-Nuptial Agreement:	_____	_____
Citizenship Papers:	_____	_____
Retirement Plan Beneficiary Designation:	_____	_____

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

<b>Power of Attorney</b> over my Assets:	1st _____	2nd _____
<b>Power of Attorney</b> for Medical Decisions:	1st _____	2nd _____
<b>Guardian</b> over my Property:	1st _____	2nd _____
<b>Guardian</b> 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.

I HAVE \_\_\_\_\_ HAVE NOT \_\_\_\_\_ attached a list of the persons I want to receive my personal property when I die.

My Medical Directive states that 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 DO \_\_\_\_\_ DO NOT \_\_\_\_\_ have a divorce decree which may require that certain payments be made if I am disabled or after my death. This document is located: \_\_\_\_\_

# General Information

My Safe Deposit Box can be found at: \_\_\_\_\_

and the key can be found at: \_\_\_\_\_

The following people have signature authority on the box: \_\_\_\_\_

\_\_\_\_\_

My Personal Safe can be found at: \_\_\_\_\_

The combination is: \_\_\_\_\_

The Password to my computer is: \_\_\_\_\_

My Email Address is: \_\_\_\_\_ User ID \_\_\_\_\_ Email Password is: \_\_\_\_\_

## Other Passwords

Account	User Name	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 can be found: \_\_\_\_\_

I am currently the Trustee for a trust. The trust document is located at:

\_\_\_\_\_

I am a beneficiary of a trust. If I am a beneficiary, the trust document is located at:

\_\_\_\_\_

I am entitled to military and/or government benefits. The benefits are:

\_\_\_\_\_

I am entitled to other benefits. The benefits are: \_\_\_\_\_

I am a member of the following religious group: \_\_\_\_\_

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

I have provided the following for the education of my family:

\_\_\_\_\_

# DESIRES FOR MY FAMILY

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

I believe that the most important things in life are:

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

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

I have signed 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, Power Holder, Executor, Trustee and Guardian will use this Family Love Letter and the other documents signed by me in making any discretionary decisions for me and my family.

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Printed Name

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Signature

Copies of This Document were Delivered to:

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