CORNER

STONE

Financial Planning

Love Letter to My Family

From (Effective , 20 )

Dear Family:

In an attempt to make things easier for you, I have written this letter to provide you with information that will be necessary for you when the time arises:

My Social Security No. is: My Driver’s License No. is:

My Passport No. is: The passport can be found at:

# Records

My important records can be found at:

# Advisors

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

## Attorney: Insurance Agent:

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

## Accountant: Mortgage Holder:

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

## Financial Planner: Other:

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

# Income

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: I receive monthly income from the following annuity:

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.

**Custodian: Custodian:** 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:

**Investment: Investment:** Contact: Contact: Phone: Phone: Documents are located: Documents are located:

**Money is owed to us by: Money is owed to us by:** 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.

**Liability: Liability:** Contact: Contact: Phone: Phone: Documents are located: Documents are located:

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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.:

# 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:

**Document** Date Signed Location Will:

Medical Power of Attorney: Medical Directive: 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:

**Power of Attorney** over my Assets: 1st 2nd **Power of Attorney** for Medical 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.

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 have do not have a divorce decree which may require that certain payments be made after 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: Email Password is: Other Passwords:

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. If I am a Trustee, 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:

# In the Event of My Death

**Funeral Parlor: Prepaid Cemetary Plot:** Name: Cemetary: Address: Address: Phone: Plot/Drawer No.: Email: Information can be found:

I am an organ donor. My donor information is located:

I have a deceased spouse, parent, child who is buried at and I wish do not wish to be buried next to such person.

I do do not want to be cremated. Crematory: Minister/Rabbi to perform Service: Pallbearers:

Special Request:

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 on , 19 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:

# 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.

Printed Name Signature

Copies of This Document were Delivered to: