The Family Love Letter™

INFORMATION FOR A TIME OF CONFUSION

AXA EQUITABLE

redefining / standards

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"Information for a Time of Confusion"

For more information about The Family Love Letter, please contact Donna Pagano, CFP®, at dpagano@familyloveletter.com or at (805) 497-7048.

Additional copies of The Family Love Letter also can be ordered at www.familyloveletter.com. Other materials on estate planning strategies and related topics can also be ordered from this Web site. Licensing opportunities are also available.

To engage Donna Pagano or John Scroggin to make a presentation on The Family Love Letter or other Estate Planning Strategy Topics, contact each of them at the email addresses and phone numbers noted below.

Donna Pagano, CFP® President, Family Love Letter, LLC. Donna brings passion, wisdom and experience to her work with professional associations, public interest groups and individuals. Her focus is the value of the living legacy of The Family Love Letter. She provides guidance, training and certification programs to professional advisors on using The Family Love Letter and helps individuals and families understand how to best work with a team of advisors to create their own legacies.

In the financial services industry for nearly 20 years, Donna formerly was Vice President of the Women's Market Program at AXA Equitable Life Insurance Company. Prior to joining AXA, Donna was National Director of Business Development for The MONY Group, a leading financial services company, where she served as a business coach to the company's top advisors, designing and implementing strategic business plans. She also had a successful personal practice as a financial advisor in Southern California. Committed to professional education, she earned the industry's prestigious Certified Financial Planner® professional designation. She resides in Thousand Oaks, California, with her husband Joe of 36 years. They have three children and four grandchildren. Donna can be reached at dpagano@familyloveletter.com or at (805) 497-7048.

John J. ("Jeff ") Scroggin, AEP, JD, LL.M. Jeff is the author of The Family Love Letter and serves as Chairman of Family Love Letter, LLC. He has practiced as a business, tax and estate planning attorney in Atlanta for 30 years. Mr. Scroggin serves as Founding Editor-in-Chief of the *NAEPC Journal of Estate and Tax Planning*. Mr. Scroggin is the author of over 200 published articles and columns. Mr. Scroggin is a frequent speaker to tax, estate and financial planning groups around the U.S. Mr. Scroggin has been quoted extensively, including in *The Wall Street Journal, CNN Headline News, MSN National Public Radio, Marketplace Radio, National Public Radio Talk of the Town, Fortune Magazine, Forbes Magazine, Kiplinger's, Money Magazine, Dow Jones Investment Advisor, Worth Magazine, Financial Advisor, National Underwriter, Bloomberg Wealth Management, Financial Planning, The New York Times, Journal of Financial Services Professionals, Smart Money Magazine, Wall Street Magazine, The South China Post, The LA Times, BNA Estates Gifts & Trusts Journal* and *Newsday*. Mr. Scroggin resides in Roswell, Georgia. He has been married for 29 years to Lynn G. Scroggin and has three children. Contact Mr. Scroggin at jscroggin@familyloveletter.com or at (770) 640-1101.

"The primary goal of estate planning is to protect and preserve your family, not to protect and preserve family assets."

As financial professionals, we constantly admonish our clients to make sure they have properly planned for their incapacity and death. Unfortunately, our focus often begins and ends with the execution of proper documents and the titling of assets. We often fail to make sure the client's family and decision-makers will have adequate information about the client's assets, liabilities and intents. For example, how many children know where a parent wants to be buried, or whom the pallbearers should be? What happens when you cannot find the password to a parent's computer that holds all of the information you need to manage their affairs? While many clients are reluctant to discuss the tragedy of their death or disability with family members, they have less concern about leaving written information behind. This is the purpose of The Family Love Letter.

Fundamentally, estate planning is not about the dead and the avoidance of a death tax. Instead, its most important goal should be to provide "A LEGACY FOR THE LIVING."

TAKE NOTE:

Because each person's facts and family are different, this document does not provide legal, tax or accounting advice. Please consult with competent advisors with regard to the tax, legal and accounting aspects of your planning and the documents you should have as a part of your planning.

Your incapacity or death will radically impact your family. Far too many people have the perspective of Paul Simon's song, *Flowers Never Bend with the Rainfall*: "[I will] continue to continue to pretend that my life will never end"...Seventy percent of Americans do not have an estate plan.[1] Failure to plan and a failure to provide basic information in virtually every case will create family conflict, cause the dissipation of assets you have spent a lifetime building, or result in the payment of income and estate taxes that might have been avoided easily.

The incapacity or death of a family member is always a traumatic event. However, the emotional turmoil and family pain often are magnified by the resulting confusion over the plans, assets and desires of an incapacitated or deceased family member. The mental fogginess that accompanies the family's trauma is exaggerated by the inability to make basic decisions — because of the lack of basic information.

"The only thing you take with you when you're gone is what you leave behind."

~ John Allston ~

"Before everything else, getting ready is the secret of success."

~ Henry Ford ~

1 www.Assetprotectnow.com <http://www.Assetprotectnow.com> September 2007.

A Few Examples May Help

- In August of 1997, my father was committed to a long-term nursing facility because of Alzheimer's. I spent four days going through his papers (and making endless phone calls) trying to locate basic information about his life, long-term care, health and disability insurance policies, determining whether he had filed his income tax returns, and discerning his assets, debts and benefits from military service. Even after going through the process, I never was quite sure I had a full grasp of all the things I should know. The Family Love Letter is designed to minimize substantially this lingering worry.

- Years ago, I had a client who carried a significant life insurance policy. The premium was paid automatically from his bank account. Long since, the policy had been lost in a clutter of papers, but the automatic debiting of the account kept the policy alive. When the man no longer was able to handle his own affairs, his children terminated his bank account and transferred the father and his assets to the city of one of the sons. They had no idea that they also inadvertently had terminated (for non-payment) a significant life insurance policy on their father until after he died a year later. If there had been a Family Love Letter, they might have kept over a half million dollars in life insurance coverage — lost as a result of the inadvertent mistake of caring children.

- A widowed client came to our office for a consultation. He had no children. No one had any knowledge of his personal assets or liabilities. In his documents, he appointed an old friend as his executor. We provided him with a copy of The Family Love Letter and encouraged him to create a notebook of all his important documents. When he died, his friend was able to pull out his notebook, which included The Family Love Letter, and see that he was to be buried next to a deceased wife who died 20 years before. He knew who his pallbearers were, and what the memorial should read. After death, the letter gave the executor and our firm the basic information about his estate, including the ownership of several vacant tracts of land in other states — assets we might have had a difficult time locating without the list.

We have designed this Family Love Letter to provide "INFORMATION IN A TIME OF CONFUSION" and help minimize the types of inadvertent mistakes which often occur in these times of turmoil. While the document certainly will help save time, that is not its primary purpose. The primary purpose is to reduce the confusion and stress that almost always accompanies the death or disability of a loved one.

We recommend that clients complete the document, keep a copy with important records and, perhaps, provide a copy to family member(s) and/or professional advisor(s). In many cases, clients have provided a copy of The Family Love Letter and their other estate planning documents to their beneficiaries. The client may call a family meeting where the advisors and beneficiaries can discuss both the documents and the desires the client has for his or her family using a Family Mission Statement as the catalyst. This meeting assures that those who will be making decisions upon the client's death or disability know what the client wants to see happen. These meetings encourage a broad range of discussion on topics, including areas of potential conflict (e.g., choice of trustees) that the client might not have anticipated. It also allows the advisors to gain a greater understanding of the family dynamics that may impact the client's plans.

Because the information in The Family Love Letter is only one part of the larger estate plan, we also have provided in the document basic information on other documents the client should consider signing. Additional value-added materials on estate planning and tax planning can be found at our Web site: www.scrogginlaw.com.

Fundamental Estate Planning

Before you start developing your estate plan and focus so much attention on taxes, step back. Reorient your perspective. Fundamentally, estate planning is not about death and taxes. Instead, it is about the legacy you leave behind when you no longer can help your family. Will you leave chaos? Or, will you leave a well-conceived plan with information to help your family in its confused times?

Estate planning consists of three principal elements: a plan designed to provide for the disposition of your assets in the manner you desire (at the least possible estate and income tax cost), the execution of documents that properly provide for your incapacity and death, and detailed facts about your assets and liabilities. We recommend that every client consider each of the following documents as a part of an estate plan:

A Will or Will Substitute (e.g., a living trust) that disposes of your assets. Your will is your final declaration of how your assets and family (e.g., guardianship of minors) should be treated after your death. As such, it needs to be thought out carefully and deal with all of the potential issues that may face your survivors. Many clients want “simple” wills, but fail to realize the importance of a well-drafted will.

For example, we represented an estate several years ago in which a woman had a child by a drug dealer who had been in and out of prison for years. The man never had seen the child or provided support. The child and the mother were injured in the same car accident. The woman died immediately and the child died 12 hours later. The lawyer who drafted her will provided that all of her assets passed to her son at her death. He held the assets for 12 hours and then, in accordance with state inheritance law, the drug dealer inherited the entire estate of his son, including several million dollars resulting from the death of the woman and her child. It was a simple will, but it certainly did not do what she would have wanted.

Your will has a number of purposes, including:

- Providing for how your assets should be disposed of at your death.
- Choosing people who will make decisions when you are gone.
- Creating trusts for heirs who may lack the maturity or talent to manage inherited assets.
- Providing for the guardians of any minor children.
- Minimizing any state and federal estate taxes.
- Reducing the state and federal income taxes of heirs.
- Minimizing the sources of potential conflicts among your family members.

It is amazing how many people either do not have a will or do not know their prior will was revoked. Failure to have a will can result in significant problems, including for example:

- In many states, each child and the surviving spouse will inherit an equal percentage (with the surviving spouse inheriting some minimum amount). Thus, for example, in Georgia, a deceased husband with no will and two children from a prior marriage may convey only 33.3% of his estate to his surviving wife. Because a trust is not established by a will, any children may be entitled to receive assets by age 18 — before they may be mature enough to handle the money. Ex-spouses may have control of the inheritance until the children reach age 18.

- If a couple with no children were injured in the same accident and one spouse survived the other by five minutes and then died, that spouse's relatives could inherit all of the couple's joint estate with the other spouse's family receiving no assets.
- The courts will have no insights into your choice of guardian for minor children. In the absence of a declaration from you, the courts will have to make an independent judgment, based upon the family members who request guardianship.
- The courts will have to decide on the person(s) to manage your assets for any minor children. Do you really want that brother-in-law, who has been bankrupt twice, to manage the funds? If you do not leave a will making such a designation, he could be given control.
- The failure to have a will can significantly increase both the income taxes and estate taxes payable by your family.

A Personal Property Disposal List is of critical importance. We have seen more family conflict over insubstantial personal property than over any other issue. Ask your children what assets they would want if you are gone and then prepare a detailed list (perhaps with pictures) directing how the assets should pass. In many states, if properly referenced in your will, this list will be enforceable legally. If your children are too young, use the list to describe which assets (e.g., family heirlooms) you want your Personal Representative to hold for the children until they are more mature. If you are married, you should consider preparing a list describing which assets belong to you and which assets belong to your spouse — especially if you have children from a prior marriage.

The Family Love Letter is designed to provide basic information to your family about your assets, liabilities and personal desires upon your death or incapacitation.

Proper Beneficiary Designations. Perhaps one of the most common mistakes in estate planning is naming the wrong beneficiaries of life insurance policies and retirement funds. You may not remember who you named as beneficiary or previous designations may be no longer valid because of changes in your wealth or family circumstances. Have you taken your ex-spouse off your retirement plan or life insurance beneficiary designation?

Every three to four years obtain a written confirmation from your life insurance carrier and retirement plan administrator of your designated beneficiaries. Do not designate minor children as beneficiaries (even as contingent beneficiaries), because they may inherit the assets at age 18. Instead, pass the assets into a trust to be held until the heirs have reached sufficient maturity to handle the money. Such trusts must have special language in them or the income taxes on the retirement plan may be accelerated. Consult with a competent tax attorney.

TAKE NOTE:

Beware: It almost never makes sense to name your estate (or by failing to name a beneficiary naming your estate) as beneficiary of your retirement plans or IRAs. In most cases, it will cause an acceleration of the income taxes that could have been deferred.

A Living Will is your declaration that you do not desire life-sustaining treatment if there is no significant hope of recovery. In the Nancy Cruzan decision, the U.S. Supreme Court ruled that, to be taken off life support (including intravenous nourishment and fluids), you must have declared your desire before becoming incapacitated. A 1992 study in the *Archives of Internal Medicine* reported that having a living will or medical power of attorney saved more than $60,000 per patient in the final stay in the hospital. Even though you may be young and in good health, remember that Nancy Cruzan, Karen Ann Quinlan and Terri Schiavo were all young women in their late 20s and early 30s when they became incapacitated. In each case, the failure to have medical directives upon incapacity created tremendous emotional and financial costs to their families.

A Medical Power of Attorney (sometimes called a Durable Healthcare Power of Attorney) also may be necessary. While a living will is simply your declaration not to use life-sustaining measures, a medical power of attorney is designed to grant someone the power to make any medical decisions for you upon your incapacity. Although a living will also deals with life-sustaining issues, we generally recommend signing both a medical power of attorney and a living will. Having a medical power of attorney generally assures that the family, not the doctors, have the final say in such treatment. However, if it is clear that life cannot be sustained, the power holder can step away and allow the living will to take affect. “This is his decision, not mine” can make it much easier psychologically for the power holder and the family.

Helpful Web Sites on Estate Planning

- *www.scrogginlaw.com*
- *www.naepc.org*
- *www.estateplanninglinks.com*
- *http://www.forbes.com/estate_planning*
- *http://www.abanet.org/rppt/public/home.html*

Web Sites on Aging and Critical Care Issues

- *www.critical-conditions.org*
- *www.abanet.org/aging/toolkit/*
- *www.ama-assn.org/public/booklets/livgwill.htm*
- *www.help4srs.com*
- *www.mag.org/content*
- *www.nolo.com*
- *www.caregiver.org*

A Durable General Power of Attorney provides for whoever will manage your assets upon your incapacity. In some states, such a document has to provide specifically that it survives your incapacity, and so it is always wise to make sure such language is in the document. Moreover, such a document should be drafted with extraordinary detail to assure that your power holder has as much authority as possible. A short document of minimal detail that grants "all authority" to your power holder can create significant restrictions for the power holder in making decisions and in handling tax issues. In many states, the document can be drafted so it is not triggered until you become incapacitated.

Materials on Ethical Wills

Barry Baines, *Ethical Wills: Putting Your Values on Paper* (M.D. Presus Publishing, 2002). Available at www.ethicalwill.com along with other books and materials on ethical wills.

Jack Riemer and Nathaniel Stampfer, *So That Your Values Live On: Ethical Wills and How to Prepare Them* (Jewish Lights Publishing, 1991).

Elaine Tiller, *Ethical Wills, Spiritual Bequests* (Baptist Senior Adult Ministries, Washington, DC,1996).

An Ethical Will. Increasingly, clients are adding ethical wills to their lists of estate planning documents. An ethical will is not a formal document. It has no set format or required content. Instead, it is designed to accommodate the unique personalities, family structure, values and thoughts of one generation for the next. Perhaps one of the best descriptions is: "Ethical wills are windows into the souls of those who write them. It is this that makes them so cherished by family members from generation to generation." One author has indicated three principal purposes of an ethical will: (1) Leaving an Intangible Legacy, (2) Personal Satisfaction and (3) Aiding the Estate Planning Process. At the end of The Family Love Letter, we have provided a place for you to begin an ethical will. Many clients will draft a more comprehensive statement and attach it to their Family Love Letters.

Finding an Estate Planner

We believe you should use competent counsel to draft these documents. One place to find such attorneys is at *Martindale Hubbell*, which provides the background of attorneys, their specialties, and how they are rated in their areas of competence by other attorneys. Another source is the *National Association of Estate Planners and Councils*, which provides a list of estate planning professionals throughout the United States. Because mistakes even in simple estates can create inadvertent estate taxes and income taxes, I generally advise clients to use an estate planner who regularly does estate planning and who has a working knowledge of state and federal income taxes and estate taxes.

Reviewing the Process

How often should you review your documents? I generally advise clients to review their documents at least every two to three years or when a significant change occurs, such as marriage, divorce, birth of a child or grandchild, or receipt of a significant inheritance. Remember: **"Estate planning is a process, not a conclusion. The conclusion begins when you are gone."** Your documents will continue to change and evolve as your personal and family situations change.

You are the only one who can leave this information, and your failure to make adjustments as your life changes may create potential major turmoil for your family. Your death or incapacity is enough of a family tragedy without adding to it by not updating your information and plans. Reviewing these documents every decade or so is not advisable — not even remotely.

TAKE NOTE:

Keep your important papers in a fireproof safe and in sealed plastic to keep them from being destroyed in a fire or flood.

Estate Planning Checklist

- ❑ Will (or Living Trust)
- ❑ Personal Property List
- ❑ Living Will
- ❑ Medical Power of Attorney
- ❑ General Power of Attorney
- ❑ Family Love Letter
- ❑ Beneficiary Designations

Love Letter to My Family

From_____

(Effective _____, 20_____)

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Dear Loved Ones:

In an attempt to simplify matters for you, I have written this letter to provide you with information that will help you when the time arises:

SECTION I ADVISORS & ASSETS

My Advisors

Having the right advisors is a critical part of my planning. Some of the people you may need to contact are listed below:

Financial Professional

Name: _____

Address: _____

Phone: _____Fax: _____Email: _____

Special comments:_____

Estate Planning Attorney

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Business Attorney

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

CPA/Accountant

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Stockbroker

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Retirement Plan Benefits

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

IRA Administrator

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Employer or Former Employer

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Employer or Former Employer

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Mortgage Broker/Other

Name:_____

Address:_____

Phone: _____Fax:_____Email:_____

Special comments:_____

Property and Casualty Insurance Advisor

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Banker

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Doctor (Primary)

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

Other

Name:_____

Address:_____

Phone: _____Fax: _____Email: _____

Special comments:_____

My Notes

My Investment Strategy

Whether you're saving for your retirement, setting up a college funding program or putting money away for a dream vacation, determining an asset allocation mix that best suits your investment needs is as much a personal as it is a technical endeavor. Some factors you should consider when choosing how you'll invest include: your investment objective, your investment time horizon, your tolerance for risk, your ongoing financial situation and your personal investment experience. This understanding will help determine the types of investments you'll select to work toward your specific goals and objectives. **Are you still on track with your goals and objectives?**

This is the type of investor that I am. I have ranked the following concerns from 1 (low) to 6 (high). I have avoided duplicating the same ranking for any two of these six concerns. Relating to this chart, I am concerned principally with my surplus money, which has been saved or invested or will be saved or invested, and any money I may win or inherit. It is the growth, protection and eventual use of this capital that I am addressing as I complete this chart. Here are my thoughts concerning these particular aspects of, or conditions which may impact, my investments.

Question	1	2	3	4	5	6
Concerns about *Safety of Principal:* How concerned am I about taking steps so that, as my money is being invested, I do not lose my invested principal? (My higher score indicates a desire for safer investments. A lower score indicates I am less concerned — accepting that some risk comes with potential for greater gain.)						
Concerns about *Liquidity:* How concerned am I that my funds be available to me for cash needs or cash emergencies? Can I easily convert my investments to cash — virtually on a moment's notice?						
Concerns about *My Investments Providing Current Income:* Do I anticipate needing income from my investment this year?						
Concerns about *Tax Advantages:* How concerned am I about my investments providing me with the best level of tax advantages that I qualify for and which are appropriate for my situation?						
Concerns about *Inflation:* How concerned am I about my savings or investments keeping pace with inflation as time goes on?						
Concerns about the *Actual Benefit to My Family:* How concerned am I that my investment mix may be too complex or difficult for my family to step in and manage without a lot of outside help?						

If I become incapacitated, I would like my decision-makers to utilize the following general approach to managing my investments: _____

_____

_____

_____

Titling of Assets

The next section of The Family Letter discusses the assets you own. Equally important for probate, disposition, income tax and estate tax purposes is **how** your assets are titled. We strongly recommend that you meet with a competent advisor(s) and review with him/her the following topics:

❑ Are your assets properly titled so they pass in the manner you want?
❑ Are your assets properly titled to minimize state & federal estate taxes?
❑ Are your assets properly titled to minimize state & federal income taxes?
❑ Are your assets properly titled to minimize the claims of creditors?
❑ Are your retirement plan's & IRA's primary & contingent beneficiaries correct?
❑ Are the correct persons named as owners & beneficiaries of your life insurance?
❑ Are there other titling issues that need to be correct?

My Retirement Assets

Social Security *Fill out this section only if you are receiving Social Security Benefits*

The Social Security program is a government-operated retirement plan that provides monthly income to retirees. It was designed to meet the basic needs of retirees. Keep in mind that most people need 70%–80% of their pre-retirement income to maintain the same standards of living, and Social Security income is typically much lower than that. For more information, please call 800-722-1213 or visit www.socialsecurity.gov/mystatement.

Current monthly benefit amount: $_____

S.S. office contact person: _____Phone: (____)_____

Local S.S. office address: _____

Is payment direct deposited? ❑ Yes ❑ No Bank name/Account number: _____

Individual Retirement Accounts (IRAs)

The most common personal plan, IRAs are tax-deferred retirement accounts. They can be set up using money markets, mutual funds or annuities. There are several types:

Traditional IRAs — Used primarily by individuals without pensions or 401(k)s and funded with pre-tax dollars.

Rollover IRAs — In which funds from another qualified retirement plan (e.g., 401(k) or profit-sharing plan) have been placed in a pension IRA.

Spousal IRA — An IRA you received from a spouse that has not been rolled over to your own account.

Roth IRAs — Often supplement 401(k)s and are funded with after-tax dollars. Many people have more than one IRA account and have accumulated sizeable sums for retirement income.

SEP (Simplified Employee Pension Plan) IRAs — An employer-sponsored plan, it can be opened by the smallest of businesses, even if there is only one employee. It enables individuals to contribute the most toward their own and their employees' retirement without getting involved in a more complex qualified plan such as the 401(k).

SIMPLE (Savings Incentive Match Plan for Employees) IRAs — Similar to the SEP IRA, it is a small business retirement plan used primarily in companies with less than 100 employees that want to provide an alternative to a qualified profit-sharing plan.

Type of IRA: ❑ Traditional ❑ Rollover ❑ Spousal ❑ Roth ❑ SEP ❑ SIMPLE

Name: _____

Account balance: $_____ (as of _____) Advisor: _____

Plan custodian/Representative name: _____

Phone: (_____)_____

Web site: _____User name: _____ Password: _____

Statements are located: _____

Beneficiary: Primary _____Contingent _____

Type of IRA: ❑ Traditional ❑ Rollover ❑ Spousal ❑ Roth ❑ SEP ❑ SIMPLE

Name:_____

Account balance: $_____(as of _____) Advisor:_____

Plan Custodian/Representative name:_____

Phone: (_____)_____

Web site: _____User name: _____ Password: _____

Statements are located:_____

Beneficiary: Primary _____Contingent _____

Qualified Retirement Plans

Some employers still offer traditional pensions, known as defined benefit plans, which guarantee a certain level of income for the rest of your life. The amount is calculated based on your term of service and level of compensation. A 401(k) (or similar) defined contribution plan is a tax-deferred retirement account and more commonly offered today. Often employee contributions are matched up to a certain percentage by the employer. For many people, their 401(k) accounts are, with the exception of their homes, their biggest assets.

Type of Plan: ❑ 401(k) ❑ Profit-Sharing ❑ ESOP ❑ Pension ❑ Other

Account balance: $_____ (as of _____)

Employer name:_____

Plan sponsor name: ❑ Same as employer or_____

Contact at sponsor to discuss the plan:_____

Customer service phone number: (_____)_____

Web site: _____User name: _____ Password: _____

Statements are located: _____

Beneficiary: Primary _____Contingent _____

Military Retirement Benefits

Unlike most retirement plans, the Armed Forces offer a pension (technically, a "reduced compensation for reduced services") with benefits that start the day of retirement. Many veterans of wartime service are completely unaware of the fact that, if they are 65 or older and on a limited income, they may qualify for a Veterans Disability Pension or a Veterans Pension without being disabled.

Monthly pension benefit amount: $_____ Electronically deposited? ❑ Yes ❑ No
Name of bank/Account number: _____
Contact name:_____ Benefits contact number: (_____)_____
Local benefits office address: _____
Military branch of service: _____Dates of service:_____

Military Survivor Benefits

When a military retiree dies, their retirement pay stops. This means that the surviving spouse will be left without a substantial income source. If you are a retiree, you need to give serious thought to how you can protect your spouse from the hardships caused by the loss of your retirement pay. One option available is the Survivor Benefit Plan. The SBP is an insurance plan that helps pay surviving spouses a monthly payment (annuity) to help make up for the loss of retirement income.

I have a Survivor Benefit Plan ❑ Yes ❑ No
Monthly pension benefit amount: $ _____ Electronically deposited? ❑ Yes ❑ No
Name of bank/Account number: _____
Contact name: _____ Benefits contact number: (_____)_____
Local benefits office address: _____
Military branch of service: _____Dates of service:_____

Military OneSource is the Department of Defense's comprehensive resource to help today's military families face life's everyday challenges. Military OneSource also offers free assistance to troops and their families 24 hours a day, 7 days a week at 1-800-342-9647. See also: www.militarybenefits.com.

My Stock Options/Stock Purchase Plans/Stocks

A stock option gives the recipient (the "optionee") the right to buy a certain number of shares in the granting company at a fixed price for a certain number of years. Stock options are used both in private companies and public companies. A related type of plan is the employee stock purchase plan (ESPP), which is used mainly in public companies. An ESPP is a little like a stock option plan. It gives employees the chance to buy stock, usually through payroll deductions, over a 3- to 27-month "offering period." The price is usually discounted up to 15% from the market price. Stocks are shares in the ownership of a company issued to raise capital, also known as equities. As we all know, stock prices rise and fall.
Source: The National Center for Employee Ownerships; www.nceo.org/library/how_to_choose.html.

Number of stock options: _____ 100% vested _____ Unvested (as of _____)
Company issuing the options:_____
Address: _____
Grant date: _____
Exercise price: $_____
Expiration date: _____vesting period: _____
Exercise period:_____
Customer service phone number: (____)_____
Certificates/Documents are located:_____

Number of stock options: _____ 100% vested _____ Unvested (as of _____)
Company issuing the options:_____
Address: _____
Grant date: _____
Exercise price: $_____
Expiration date: _____vesting period: _____
Exercise period:_____
Customer service phone number: (____)_____
Certificates/Documents are located:_____

Number of stock options: _____ 100% vested _____ Unvested (as of _____)
Company issuing the options:_____
Address: _____
Grant date: _____
Exercise price: $_____
Expiration date: _____vesting period: _____
Exercise period:_____
Customer service phone number: (____)_____
Certificates/Documents are located:_____

Number of stock options: _____ 100% vested _____ Unvested (as of _____)
Company issuing the options:_____
Address: _____
Grant date: _____
Exercise price: $_____
Expiration date: _____Vesting period: _____
Exercise period:_____
Customer service phone number: (____)_____
Certificates/Documents are located:_____

I have shares to which I am entitled described here:

_____

_____

_____

My Deferred Compensation

Deferred compensation is compensation to which you were entitled, but is paid to you at a later date, normally when you leave the employer or retire. Such plans may include “Phantom Stock,” “Share Appreciation Rights” or a “Salary Reduction Plan.”

Company owing deferred compensation:_____
Amount in deferred compensation: $_____Vested percentage: _____%
Payment is made: ❑ Upon my death ❑ Upon my retirement ❑ When reaching age _____
Documents are located: _____
Company owing deferred compensation:_____
Amount in deferred compensation: $_____Vested percentage: _____%
Payment is made: ❑ Upon my death ❑ Upon my retirement ❑ When reaching Age _____
Documents are located: _____

My Mutual Funds

Mutual funds are investment companies that pool money from many people and invest it in stocks, bonds or other assets. The combined holdings of stocks, bonds or other assets that funds own are known as portfolios. Each investor in the fund owns shares, which represent a part of these holdings. Mutual funds can be made up of any of the above investment classes, singularly or in combination.

Fund name:_____
Investment amount/Amount of shares: _____
Company/Investment firm name:_____
Account number: _____
Representative name: _____Phone: (____)_____
Statements are located:_____

Fund name:_____
Investment amount/Amount of shares: _____
Company/Investment firm name:_____
Account number: _____
Representative name: _____Phone: (____)_____
Statements are located:_____

Fund name:_____
Investment amount/Amount of shares: _____
Company/Investment firm name:_____
Account number: _____
Representative name: _____Phone: (____)_____
Statements are located:_____

Annuities

Annuities are tax-deferred retirement savings vehicles. An annuity is a contract between you and an insurance company in which you pay money into an account in exchange for a guaranteed payment later. Fixed annuities offer a fixed rate of return and fixed payments. Variable annuities generally offer a range of investment options, so they are subject to market risk and payment amounts will vary. Deferred annuities allow contributions over a period of years and are designed for accumulation of assets. The funds for an immediate annuity come from a single contribution (from a 401(k), for example) and payout begins within that year.

Annuity company name:_____
Account value: $_____(as of _____)
Contract number: _____
Annuitant name: _____
Owner name: _____
Beneficiary name(s): _____
Death benefit: $_____
Representative name:_____Phone number: (___)_____
Web site: _____ User name: _____ Password: _____
Policy is located: _____
Type of annuity: _____

Annuity company name:_____
Account value: $_____(as of _____)
Contract number: _____
Annuitant name: _____
Owner name: _____
Beneficiary name(s): _____
Death benefit: $_____
Representative name:_____Phone number: (___)_____
Web site: _____ User name: _____ Password: _____
Policy is located: _____
Type of annuity: _____

Annuity company name:_____
Account value: $_____(as of _____)
Contract number: _____
Annuitant name: _____
Owner name: _____
Beneficiary name(s): _____
Death benefit: $_____
Representative name:_____Phone number: (___)_____
Web site: _____ User name: _____ Password: _____
Policy is located: _____
Type of annuity: _____

My Stock and Securities

Brokerage Accounts

You may hold securities in "street name" in a brokerage company. Typically, these accounts are titled in your name or in your name with another person.

Brokerage account balance: $_____ (as of _____)

I ❑ have ❑ have not attached a current statement to this Family Love Letter.

Financial institution's name: _____

Address: _____

Account number: _____

Representative name: _____ Phone number: (____)_____

Web site: _____ User name: _____Password: _____

Account is: ❑ Solely in my name ❑ Also has the following names: _____

Statements are located: _____

Brokerage account balance: $_____ (as of _____)

I ❑ have ❑ have not attached a current statement to this Family Love Letter.

Financial institution's name: _____

Address: _____

Account number: _____

Representative name: _____ Phone number: (____)_____

Web site: _____ User name: _____Password: _____

Account is: ❑ Solely in my name ❑ Also has the following names: _____

Statements are located: _____

Individual Stocks

I own the following stocks in my own name:

Company Name: _____

Estimated value: $_____ Number of shares: _____

Stock is: ❑ Publicly traded ❑ Closely held

Stock certificates are located: _____

Company Name: _____

Estimated value: $_____ Number of shares: _____

Stock is: ❑ Publicly traded ❑ Closely held

Stock certificates are located: _____

Company Name: _____

Estimated value: $_____ Number of shares: _____

Stock is: ❑ Publicly traded ❑ Closely held

Stock certificates are located: _____

Representative name: _____ Phone number: (____)_____

My Bonds

A bond is issued by the government or a corporation to raise capital and generally pays a fixed rate for a specific amount of time (until it reaches maturity). Generally, bonds are less volatile than stocks, and do not yield as high a return over the long term. Among the types of bonds you can choose from are: U.S. government securities, municipal bonds, corporate bonds, mortgage and asset-backed securities, federal agency securities and foreign government bonds. You can buy individual bonds, bond mutual funds or unit investment trusts.

Type of bond: ❑ Corporate ❑ State government ❑ Municipal ❑ Federal ❑ Other
Amount of bond: $_____Interest rate paid: _____% Number of bonds:_____
Issuer: _____
Address: _____
Maturity date: _____
Representative name: _____Phone number: (___) _____
Certificates are located: _____

Type of bond: ❑ Corporate ❑ State government ❑ Municipal ❑ Federal ❑ Other
Amount of bond: $_____Interest rate paid: _____% Number of bonds:_____
Issuer: _____
Address: _____
Maturity date: _____
Representative name: _____Phone number: (___) _____
Certificates are located: _____

Type of bond: ❑ Corporate ❑ State government ❑ Municipal ❑ Federal ❑ Other
Amount of bond: $_____Interest rate paid: _____% Number of bonds:_____
Issuer: _____
Address: _____
Maturity date: _____
Representative name: _____Phone number: (___) _____
Certificates are located: _____

Type of bond: ❑ Corporate ❑ State government ❑ Municipal ❑ Federal ❑ Other
Amount of bond: $_____Interest rate paid: _____% Number of bonds:_____
Issuer: _____
Address: _____
Maturity date: _____
Representative name: _____Phone number: (___) _____
Certificates are located: _____

My Cash and Cash Equivalent Accounts

Type of account: ❑ Checking ❑ Savings ❑ CD ❑ Money market ❑ Other

Account balance: $_____

Financial institution's name: _____

Address: _____

Account number: _____

Web site:_____ User name: _____ Password:_____

Contact person: _____ Phone number: (___) _____ Email: _____

Statements are located: _____

Type of account: ❑ Checking ❑ Savings ❑ CD ❑ Money market ❑ Other

Account balance: $_____

Financial institution's name: _____

Address: _____

Account number: _____

Web site:_____ User name: _____ Password:_____

Contact person: _____ Phone number: (___) _____ Email: _____

Statements are located: _____

Type of account: ❑ Checking ❑ Savings ❑ CD ❑ Money market ❑ Other

Account balance: $_____

Financial institution's name: _____

Address: _____

Account number: _____

Web site:_____ User name: _____ Password:_____

Contact person: _____ Phone number: (___) _____ Email: _____

Statements are located: _____

Custodial Accounts

You may have created accounts to hold funds for the benefit of your children, grandchildren or other minors such as your nieces and nephews.

Type of Account: ❑ Custodial Account ❑ 529 Plan ❑ Minor's Trust ❑ Other

Account balance: $_____

For the benefit of: _____

Financial institution's name: _____

Address: _____

Account number: _____

Contact person: _____ Phone number: (___) _____ Email: _____

Documents are located: _____

Deposits

I ❑ have ❑ have not made any substantial deposits on certain accounts.

If applicable, the accounts are: _____

My Real Estate/Property

You may own different types of real estate, including residential (your main or second home), commercial, industrial or agricultural property. Keep in mind rental/investment properties, time shares, automobiles, motorcycles and boats as you complete this section.

Type of property: ❑ Personal residence ❑ Commercial ❑ Rental ❑ Other

Owner(s): _____

Estimated current value: $_____ Estimated mortgage: $_____

Address of property: _____

Documents are located: _____

Improvements made:_____

When: _____ Amount: $_____

Type of property: ❑ Personal residence ❑ Commercial ❑ Rental ❑ Other

Owner(s): _____

Estimated current value: $_____ Estimated mortgage: $_____

Address of property: _____

Documents are located: _____

Improvements made:_____

When: _____ Amount: $_____

Type of property: ❑ Personal residence ❑ Commercial ❑ Rental ❑ Other

Owner(s): _____

Estimated current value: $_____ Estimated mortgage: $_____

Address of property: _____

Documents are located: _____

Improvements made:_____

When: _____ Amount: $_____

Type of property: ❑ Personal residence ❑ Commercial ❑ Rental ❑ Other

Owner(s): _____

Estimated current value: $_____ Estimated mortgage: $_____

Address of property: _____

Documents are located: _____

Improvements made:_____

When: _____ Amount: $_____

My Frequent Flyer Miles

Read the promotional material and any membership information from the airline. Policies regarding transferability of Frequent Flyer miles vary. I have the following Frequent Flyer miles:

Airline	Frequent Flyer Number	Total Miles

My Notes Receivable, Installment Sales, Etc.

Money Is Owed to Me By:

This section provides information about the debts which are owed to you. If your desire is to forgive any debt at the time of your death, either the promissory note or your will needs to reflect this intent to be legally enforceable.

Name: _____ Phone: (___)_____
Address: _____
Amount: $_____
This loan is in a signed writing ❑ Yes ❑ No
Debt is secured ❑ Yes ❑ No List security for debt: _____
This debt is to be forgiven at my death ❑ Yes ❑ No
This debt is to come out of any bequest to the borrower ❑ Yes ❑ No
Documents are located: _____

Name: _____ Phone: (___)_____
Address: _____
Amount: $_____
This loan is in a signed writing ❑ Yes ❑ No
Debt is secured ❑ Yes ❑ No List security for debt: _____
This debt is to be forgiven at my death ❑ Yes ❑ No
This debt is to come out of any bequest to the borrower ❑ Yes ❑ No
Documents are located: _____

Name: _____ Phone: (___)_____
Address: _____
Amount: $_____
This loan is in a signed writing ❑ Yes ❑ No
Debt is secured ❑ Yes ❑ No List security for debt: _____
This debt is to be forgiven at my death ❑ Yes ❑ No
This debt is to come out of any bequest to the borrower ❑ Yes ❑ No
Documents are located: _____

Lawsuits

I ❑ am ❑ am not currently a plaintiff or defendant in a lawsuit.

Explanation: _____

Contact information for attorney handling suit:

Name: _____

Address: _____

Phone: _____

Amount in claim: $_____

Documents are located: _____

My Loans and Stored Assets

I have assets stored at the following locations: _____

The key to the storage facility is at: _____

I have stored or loaned the following personal property (furniture, art, jewelry, heirlooms, photographs, wine, tobacco, collectibles, etc.):

Objects	**Person Holding Them**
_____	_____
_____	_____
_____	_____
_____	_____

(If the loan of the assets are subject to a written agreement, I have attached a copy to this Family Love Letter.)

Other Assets

If you have any significant assets which were not previously described (i.e., foreign assets), complete this section.

Asset: _____

Estimated value: $_____

Contact: _____ Phone number: (___)_____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Asset: _____

Estimated value: $_____

Contact: _____ Phone number: (___)_____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Asset: _____

Estimated value: $_____

Contact: _____ Phone number: (___)_____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Medical Assets: ❑ Embryo ❑ Stem cells ❑ Sperm ❑ Blood ❑ Other

Storage facility name: _____

Address: _____

Account number: _____ Phone number: (___)_____

My Notes

SECTION II FINANCIAL INFORMATION

My Liabilities

Here is a list of all my liabilities, including mortgages, loans (i.e., home equity loans or lines of credit), leases, liens, borrowed items, etc. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Debt type: ❑ Mortgage ❑ Auto ❑ Personal debt ❑ Line of credit ❑ Other
Amount owed: $_____ Collateral: _____
There is insurance that pays this debt ❑ Yes ❑ No
Creditor: _____ Phone: (___)_____ Email: _____
Documents are located: _____

Debt type: ❑ Mortgage ❑ Auto ❑ Personal debt ❑ Line of credit ❑ Other
Amount owed: $_____ Collateral: _____
There is insurance that pays this debt ❑ Yes ❑ No
Creditor: _____ Phone: (___)_____ Email: _____
Documents are located: _____

Debt type: ❑ Mortgage ❑ Auto ❑ Personal debt ❑ Line of credit ❑ Other
Amount owed: $_____ Collateral: _____
There is insurance that pays this debt ❑ Yes ❑ No
Creditor: _____ Phone: (___)_____ Email: _____
Documents are located: _____

Debt type: ❑ Mortgage ❑ Auto ❑ Personal debt ❑ Line of credit ❑ Other
Amount owed: $_____ Collateral: _____
There is insurance that pays this debt ❑ Yes ❑ No
Creditor: _____ Phone: (___)_____ Email: _____
Documents are located: _____

Credit/Debit Cards

I presently carry the following credit cards: (As long as a card isn't maxed out and he or she is named on the card, your spouse may have a source of funds for emergencies while waiting for insurance proceeds. In some cases, your credit card will carry a policy that pays off any remaining credit card debt at the time of your death.)

Creditors	Account Number	Credit Limit	Average Monthly Debt	Web Site	User Name	Password	Insurance

Personal Guarantees

I am also a guarantor of the following debt:

Liability: $_____ Primary obligor: _____

Creditor name: _____ Phone: (___)_____

Documents are located: _____

My Responsibilities

Do you have ongoing personal financial obligations that you want maintained? Perhaps you pay certain expenses for a parent, or contribute to an education fund for a grandchild. Be sure to note how these obligations are paid (e.g., automatic checking withdrawal, credit card, etc.) so payments are not interrupted due to account closings.

Describe the obligation: _____

Amount due: $_____

Payment method: ❑ Periodic ❑ As needed ❑ Future need ❑ Other

Contact name: _____ Phone: (___)_____ Email: _____

Documents are located: _____

Describe the obligation: _____

Amount due: $_____

Payment method: ❑ Periodic ❑ As needed ❑ Future need ❑ Other

Contact name: _____ Phone: (___)_____ Email: _____

Documents are located: _____

Leases

I lease the following assets:

Asset	Payment	Lessor	Phone Number

Do you have something in place (i.e., life insurance, etc.) to cover the debt listed above? ❑ Yes ❑ No

Description: _____

_____

_____

Other Information

With regard to my assets and liabilities, the following additional information may be of help (e.g., how you expect your debts to be paid):

_____

_____

SECTION III INSURANCE & BENEFITS

My Insurance Coverage

Please make sure the premiums on these policies continue to be paid if I become disabled. Please note that premiums may be paid on a monthly, quarterly, semiannual or annual basis.

Life Insurance

I have the following life insurance policies (including company owned) on my life:

Type	Carrier	Owner	Beneficiary	Face Value	Cash Value	Loans	Policy #	Annual Cost
				$	$	$		$
				$	$	$		$
				$	$	$		$
				$	$	$		$
				$	$	$		$
				$	$	$		$

Type: Term = "T" Cash Value = "CV"

These life insurance policies can be found at: _____

I ❑ have ❑ have not attached an in-force policy statement for the above life insurance policies.

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.

Disability Insurance

I have the following disability insurance policies:

Carrier	Policy #	Premium	Annual Benefit	Paid by Business?
		$	$	
		$	$	
		$	$	
		$	$	

Long-Term Care Insurance

I have the following long-term care insurance policies:

Carrier	Policy #	Premium	Annual Benefit	Paid by Business?
		$	$	
		$	$	
		$	$	

Please review my long-term care policy(ies) for applicable coverage.

Health Insurance

I have the following medical, dental, vision and prescription coverage (list the primary carrier first):

Carrier	Policy #	Premium	Annual Benefit	Paid by Business?
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

I take the following prescription drugs:_____

Medicare Insurance and Prescription Drug Coverage

Medicare health care and prescription drug coverage is available through different plans, including:

- Original Medicare plan: This is a fee-for-service plan that covers many health care services and certain drugs. You can go to any doctor or hospital that accepts Medicare.
- Medicare advantage plans and other Medicare health plans: These plans, which include HMOs, PPOs, and PFFS plans, may cover more services and have lower out-of-pocket costs than the original Medicare plan. However, in some plans, like HMOs, you may only be able to see certain doctors or go to certain hospitals.
- Medicare drug plans: Medicare prescription drug coverage started January 1, 2006. You can get prescription drug coverage no matter how you get your Medicare health care.

Do you have Medicare insurance? ❑ Yes ❑ No

Type of Medicare insurance: ❑ Part A ❑ Part B ❑ Part D (Note: some people have both plans)

Type of Medicare plan: _____

Policy number: _____

Documents/Medicare card are located: _____

I take the following prescription drugs: _____

Medigap Insurance

A Medigap policy is a health insurance policy sold by private insurance companies. They must follow federal and state laws. These laws protect you. The front of the Medigap policy must clearly identify it as "Medicare Supplement Insurance."

Do you have Medigap insurance? ❑ Yes ❑ No

Policy number: _____

Documents are located: _____

Other Insurance Coverage

I have the following other policies:

Type	Carrier	Policy #	Policy Is Located	Annual Premium
Auto				$
Home				$
Umbrella				$
Boat				$
Airplane				$
Overhead Expenses				$
Jewelry/Art				$
Other				$

The following insurance premiums are paid automatically from my bank account (please make sure you do not close my account without making sure the premiums are still being paid): _____

_____

My Employment/Other Benefits

I have the following disability and/or death benefits where I work or worked previously (briefly describe):

- Retirement plan(s): _____ See Section 1_____
- Military retirement benefits: _____ See Section 1_____
- Military survivor benefits: _____ See Section 1_____
- Life insurance: _____
- Health insurance: _____

- Long-term care insurance: _____
- Disability insurance: _____
- Deferred compensation:_____ See Section 1_____
- Stock ownership:_____ See Section 1_____
- Stock options:_____ See Section 1_____
- Cafeteria plan: _____
- Flexible spending accounts: _____
- Other: _____

Information about my employment benefits can be found at the following:

Web site: _____ User name: _____ Password: _____
Web site: _____ User name: _____ Password: _____

I ❑ am ❑ am not entitled to military and/or governmental benefits. List any benefits: _____

_____

_____

I ❑ have ❑ do not have a national service officer who helps me with my VA benefits.

Name:_____
Contact information: _____

For a list of national service officers in your state, visit www.purpleheart.org.

TAKE NOTE:

You do not have to be a Purple Heart recipient or a combat veteran to get assistance. You need only to be a United States veteran. All assistance on your behalf offered by any veteran service organization, including the Military Order of the Purple Heart or Department of Veterans Affairs, is free of charge. For additional information regarding veterans' compensation and benefits, visit www.va.gov.

I ❑ am ❑ am not entitled to other benefits. List any benefits: _____

_____

With regard to my insurance and employment benefits, the following is additional information that I think is important for my family and advisors to know: _____

_____

_____

_____

_____

SECTION IV DOCUMENTS & OTHER INFORMATION

My Documents

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

Document	Date Signed	Location of Original	Check If Not Applicable
Last Will and Testament			
Living Trust			
Life Insurance Trust			
Charitable Trust			
Family Partnership or LLC			
Deeds to Real Property			
Minor's Trust			
Section 529 or Other Education Plan			
Custodial Account			
Living Will			
Medical Power of Attorney			
General Power of Attorney			
Guardianship Papers			
Organ Donation Form			
Other Medical Directive			
Marriage License			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Divorce or Separation Agreement			
Child Support Agreement			
Birth Certificates			
Adoption Papers			
Automobile Title			
Boat and/or Airplane Title			
Citizenship Papers			
Burial or Pre-Need Agreement			
Retirement Plan Beneficiary Form			
Life Insurance Beneficiary Form			
Military Discharge Papers (DD214)			
Employment or Contractor Contract			
Domestic Partner Agreement			
Cohabitation Agreement			
Other:			
Other:			

My other important records can be found at (check all that apply):

❑ My home filing cabinet ❑ My safety deposit box ❑ My home safe ❑ My attorney's office
❑ My accountant's office ❑ My financial planner's office ❑ Other (list) _____

_____

My most recent personal and any business tax returns can be found at: _____

_____

I ❑ have ❑ do not have a divorce decree or separation agreement which may require that certain payments be made after I am disabled or after my death.

I may receive an inheritance from: _____
Possible amount: _____

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: _____

_____

_____

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 currently legal guardian for the following person(s): _____
Documents appointing me can be found at: _____

_____

I have ownership and/or buy-sell agreements with the following businesses:

Business	Date Signed	Location of Business	Partner(s)

I have a buy-sell agreement for the following businesses: _____

_____

_____

Insurance is on the life (lives) of: _____

I have buy-out and overhead expense insurance with the following businesses:

_____

_____

_____

Insurance is on the life (lives) of: _____

Documents are located:_____

_____

_____

My Notes

My General Information

I ❑ do ❑ do not have a safety deposit box. It can be found at:_____

_____

The key can be found at: _____

_____

The following people have signature authority to open the box: _____

_____

I ❑ do ❑ do not have a personal safe.

The combination is: _____

The safe can be found at: _____

The password to my computer is: _____

My email address is: _____ Password: _____

My Internet account is with: _____ User name: _____

Password: _____ Account #: _____

Other important passwords include:

Item, Program or Web Site	User Name	Password

Phone numbers:

Phone	Phone Number	Access Code or Password
Cell		
Work		
Home		
Other		

People to contact in an emergency:

Name	Phone Number	Access Code or Password	Relationship

Other important numbers:

Item	Number	Original Documents Located At
My Social Security Number		
My Spouse/Partner's Social Security Number		
My Driver's License Number		
My Spouse/Partner's Driver's License Number		
My Medicare Number		
My Spouse/Partner's Medicare Number		
My Passport Number		
My Spouse/Partner's Passport Number		
Other:		
Other:		

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

_____

_____

Special Needs Family Member

I have a special needs family member or friend whom I take care of:

Name: _____

Relationship: _____

Nature of disability: _____

Special services they receive: _____

Primary physician & phone #: _____

Is there a trust for such person? ❑ Yes ❑ No Trust documents are at: _____

_____

I have been appointed legal guardian for such person ❑ Yes ❑ No

I believe the following person should assume this responsibility: _____

I have provided information on the accounts I handle for this person: _____

_____

Pets

I have the following pets: _____

_____

If I become incapacitated or die, it is my desire that _____ take care of my pets and receive as a debt of my estate the sum of $_____ for taking care of the pets.

I ❑ do ❑ do not have a pet trust in place.

With regard to my general information, the following is additional information that I think is important for my family and advisors to know: _____

_____

My Notes

My Personal Property

List here important personal property you own and the names of those loved ones you would like to receive this property. Include belongings like furniture, jewelry, artwork, family heirlooms, photographs, etc. You may consider having these types of items appraised. If possible, include a photo so that there is no question which item you were noting on this list.

Property Description	Location	Photo? (Yes or No)	Person to Receive the Property	Phone Number

Any other personal property should be disposed of in the following manner: _____

_____

_____

I have insured the following items of personal property: _____

_____

The insurance policy can be found at: _____

In the Event of My Incapacity

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.

In the event of my incapacity, I ❑ do ❑ do not want to be kept home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information that I think is important for my family and advisors to know: _____

_____

_____

_____

In the Event of My Death

I have the following final wishes: _____

_____

_____

Funeral home: _____ Location: _____

Cemetery:_____ Plot/Drawer #:_____

I ❑ have ❑ have not prepaid 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:_____
and I wish to be buried next to such person if I check here ❑.

I ❑ do ❑ do not want to be cremated.

Crematory: _____

My Notes

Special Requests

Organs for donation: _____

Minister/Rabbi to perform service: _____

Pallbearers: _____ _____ _____

_____ _____ _____

_____ _____ _____

I would like the following person to give the eulogy at my service:_____

Obituary reading: _____

_____

Tombstone engraving: _____

In lieu of flowers, please ask for donations to: _____

Other special requests: _____

_____

_____

I would like the following songs, music, poetry, etc., at my funeral: _____

_____

_____

I would like the following person to attend my service, or those whom I do not wish to attend: _____

_____

_____

I would like the following people to be notified at my death:_____

_____

_____

In the event of my death, the following is additional information that I think is important for my family and advisors to know: _____

_____

_____

_____

_____

_____

SECTION V FAMILY HISTORY & ETHICAL WILL

My Family History

I was born in _____ on _____

My parents are/were _____ and _____

My maternal grandparents are/were _____ and _____

My paternal grandparents are/were _____ and _____

I have the following brothers and sisters (including step and half-siblings):

Name	Address	Phone	Birth Date

My children are:

Name	Address	Phone	Birth Date

My grandchildren are:

Name	Address	Phone	Birth Date

My great-grandchildren are:

Name	Address	Phone	Birth Date

I have no children. ❑

I was adopted and my birth mother and father are: _____

Information about my adoption or my children's adoption can be found at: _____

_____

I am a member of the following religious group: _____

I am a member of the following fraternal groups: _____

I support the following charitable activities: _____

_____

Some important facts about my family history: _____

_____

_____

_____

_____

_____

Some important facts about my family's medical history: _____

_____

_____

_____

_____

_____

_____

My Notes

My Ethical Will

I ❑ have ❑ have not attached a more comprehensive ethical will.

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 their inheritance from me to accomplish the following goals in their lives:

_____

_____

_____

The most important values I would like to pass on to my family are: _____

_____

_____

_____

This is how I would like to be remembered: _____

_____

_____

_____

Family Mission Statement

I have attached to this Family Love Letter my favorite ❑ quote ❑ poem ❑ story ❑ scripture.

I signed this Family Love Letter this ___ Day of ____ 20___. This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each heir, family member, power holder, executor, trustee and guardian will take this Family Love Letter and the other documents signed by me into account in making any discretionary decisions for me and my family.

Signature: _____

Print name: _____

Copies of this document were delivered to:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

I have attached the following documents to my Family Love Letter:

- ❑ My current financial statement
- ❑ A copy of my current life insurance
- ❑ A copy of my recent retirement plan and/or IRA statements
- ❑ A policy in-force statement for my life insurance policies
- ❑ Current cash, mutual fund and/or brokerage statement(s)
- ❑ A more detailed ethical will
- ❑ Personal property agreements
- ❑ Favorite passage, poem, story or song
- ❑ Other: _____

_____

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