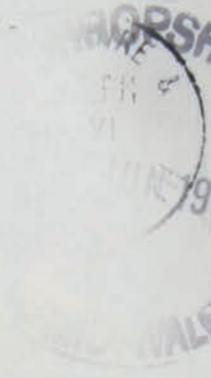


By air mail
Par WOTFC



Family Care
Package

TO _____

FR _____

ADVISORS

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

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Fax: _____

Financial Planner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Benefits:

Name: _____

Address: _____

Phone: _____

Fax: _____

Mortgage Holder:

Name: _____

Address: _____

Phone: _____

Fax: _____

Employer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____



ASSETS

Here is a list of all stocks, bonds, and other investments, including property. I have listed a contact person and telephone number for each item, as well as the location of any documents. I have ____ I have not ____ attached a financial statement.

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____



Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

DEPOSITS

I have ____ I have not ____ made any substantial deposits on certain accounts. If applicable, the accounts are: _____

LIABILITIES

Here is a list of our liabilities, including a contact name and phone number of each, as well as the location of any related documents.

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

I am also a guarantor of the following debt:

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

Liability: _____
Contact: _____
Phone: _____
Document's Location: _____

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

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Existing Loans</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any of these policies can be found at _____

I have the following **disability insurance** policies:

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

I have the following **long term care insurance** policies:

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

I have the following **health insurance** policies:

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

I have the following **other policies**:

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

If I become disabled, please make sure to pay the premiums on the policies which will provide me or my family benefits.

If I am disabled, my life insurance policy allows _____ does not allow _____ for pre-payment of death benefits to support me.

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

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

EMPLOYMENT

I have the following disability and/or death benefits where I work or worked:

- *Retirement Plan(s): _____
- *Life Insurance: _____
- *Health Insurance: _____
- *Long Term Care Insurance: _____
- *Disability Insurance: _____
- *Deferred Compensation: _____
- *Stock Ownership: _____
- *Stock Options: _____
- *Cafeteria Plan: _____
- *Other: _____

DOCUMENTS

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

Document	Date Signed	Location
*Will _____		
*Living Will _____		
*Medical Power of Attorney _____		
*Medical Directive _____		
*General Power of Attorney _____		
*Living Trust _____		
*Insurance Trust _____		
*Charitable Trust _____		
*Minor's Trust _____		
*Custodial Account _____		
*Organ Donation _____		
*Pre/Post Nuptials _____		
*Divorce Decree _____		
*Burial Agreement _____		
*Retirement Plan Beneficiary _____		

I have appointed the following persons to act on my behalf if I become disabled:

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

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

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

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

GENERAL INFORMATION

I do ____ do not ____ have a safety deposit box. It can be found at _____ and the key can be found _____.

I do ____ do not ____ have a personal safe. The combination is _____ and the safe is found: _____.

I have ____ have not ____ attached a list of the persons I want to receive my personal property when I die.

I may receive an inheritance from: _____

Upon my death, my heirs will ____ will not ____ receive a distribution of benefits from a trust. If yes, the trust instrument was created by: _____.

The trust instrument can be found: _____.

I am ____ am not ____ currently the Trustee for a trust. If I am a Trustee, the trust document is located at: _____

I am ____ am not ____ a beneficiary of a trust. If I am a beneficiary, the trust document is located at: _____

My Social Security # is: _____

My Driver's License # is: _____

My passport # is: _____ The passport can be found: _____

I am ____ am not ____ entitled to military benefits. List the benefits:

I am ____ am not ____ entitled to other benefits. List the benefits:

I am a member of the following religious group: _____

I am a member of the following fraternal groups: _____

I presently carry the following credit cards: _____

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: _____

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 ____ .
I wish to be buried next to such person if I check here ____ .

I do ____ do not ____ want to be cremated. Crematory: _____

Minister to perform service: _____

Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

Special Requests:

Obituary Reading: _____

Tombstone Engraving: _____

Organs for Donation: _____

In Lieu of Flowers please ask for Donations to: _____

Other Special Requests: _____

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, Executor, Trustee and Guardian will use this love letter and the other documents signed by me in making any discretionary decisions for me and my family.

Print Name: _____ **Signature:** _____

Copies of this document were delivered to:

_____	_____
_____	_____

OUR LEGACY OF FAITH

Use the space below to record monumental moments of triumphs in your Family's life

Date _____

Date _____

Date _____

Date _____

Date _____

My Passwords



*Family Care
Package*

www.wotfc.com