

A Love Letter for My Family

*By:*_____

Dear Loved Ones,

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

(space for personal message:)

PERSONAL INFORMATION

My Full Legal Name is: _____

My Social Security number is: _____ My Date of Birth is: _____

My Driver's License number is: _____ My Place of Birth is: _____

My passport number is: _____

My Father is: _____ Living? Y/N

My Mother is: _____ Living? Y/N

My Children are: _____ b'date _____

_____ b'date _____

_____ b'date _____

Children's Legal Guardian (Y/N) _____ phone _____

Pets: _____

Employment

My Employer is/was: _____

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

*Retirement Plan(s): _____

*Life Insurance: _____

*Health Insurance: _____

*Long Term Care Insurance: _____

*Disability Insurance: _____

*Deferred Compensation: _____

*Stock ownership: _____

*Stock Options: _____

*Other: _____

Documents

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

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

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

Power of Attorney over my Assets: 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 person(s) having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes a guardian is best.

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

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

General Information

I () do () do not have a safe deposit box. It can be found at:_____.

The key can be found at: _____.

I () do () do not have a Lockbox/firebox/personal safe. The combination is: _____.

The lockbox/firebox/safe is found at:_____.

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

I may receive an inheritance from: _____.

Upon my death, my heirs () will () will not receive a distribution of benefits from a trust.

If yes, the trust instrument was created by:_____.

The trust instrument can be found: _____.

I () am () am not currently the Trustee for a trust.

If I am a Trustee, the trust document is located at:_____.

I () am () am not a beneficiary of a trust.

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

I am a member of the following religious group:_____.

I am a member of the following fraternal groups:_____.

I presently carry the following credit cards:_____.

Military Service Veteran: I () am () am not entitled to military benefits.

Branch:_____Service#_____Years Served _____

Std VA Benefits (y/n)_____ VA ID card# _____ location of DD214 _____

Other Military Benefits:_____

I () am () am not entitled to other benefits. List the benefits:_____.

Assets

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

Real Estate: _____
Contact: _____
Phone: _____
Document Location: _____

Bank Account: _____
Contact: _____
Phone: _____
Document Location: _____

Retirement Account: _____
Contact: _____
Phone: _____
Document Location: _____

Investment Account: _____
Contact: _____
Phone: _____
Document Location: _____

Stock Certificate: _____
Contact: _____
Phone: _____
Document Location: _____

Notes Receivable owed to us by:

Name: _____
Address: _____

Phone: _____
Amount: _____

Vehicle: _____
VIN#: _____
Location/Address: _____
Title# _____

Partnership: _____
Name: _____
Location/Address: _____

Real Estate: _____
Contact: _____
Phone: _____
Document Location: _____

Bank Account: _____
Contact: _____
Phone: _____
Document Location: _____

Retirement Account: _____
Contact: _____
Phone: _____
Document Location: _____

Investment Account: _____
Contact: _____
Phone: _____
Document Location: _____

Stock Certificate: _____
Contact: _____
Phone: _____
Document Location: _____

Notes Receivable owed to us by:

Name: _____
Address: _____

Phone: _____
Amount: _____

Vehicle: _____
VIN#: _____
Location/Address: _____
Title# _____

Other Property: _____
Name: _____
Location/Address: _____

LIABILITIES

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

Mortgage: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Mortgage: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Vehicle Loan: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Vehicle Loan: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Student Loan: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Boat Loan: _____
Loan #: _____
Contact/Phone: _____
Document Location: _____

Credit card: _____
Card #: _____
Contact/Phone: _____
Document Location: _____

Credit Card: _____
Card #: _____
Contact/Phone: _____
Document Location: _____

Credit Card: _____
Card#: _____
Contact/Phone: _____
Document Location: _____

Credit Card: _____
Card #: _____
Contact/Phone: _____
Document Location: _____

I am also a guarantor/co-signor of the following debt:

Loan: _____
Contact: _____
Phone: _____
Document Location: _____

Loan: _____
Contact: _____
Phone: _____
Document Location: _____

Lease: _____
Contact: _____
Phone: _____
Document Location: _____

Lease: _____
Contact: _____
Phone: _____
Document Location: _____

Insurance Coverage

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

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

Any of these policies can be found at _____.

I have the following **Disability** policies:

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

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

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

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

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

I have the following **Other Insurance Policies**:

<u>Type</u>	<u>Company</u>	<u>Policy Location</u>
Vehicle	_____	_____
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 payments

Important Contacts

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

Financial Advisor:

Name: **Tamara Shumate Brown, CFP®**
Address: 4890 W. Kennedy Blvd. Ste. 860
Tampa, Florida 33609
Phone: (813) 282-0600
Fax: (813) 282-0635
Email: tamara.brown@LPL.com

Attorney:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Accountant:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Insurance Agent:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Mortgage Holder:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Employer:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Pension Benefits:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Bank Contact:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

IN THE EVENT OF MY DEATH

I HAVE THE FOLLOWING WISHES:

Funeral Home: _____

Cemetery: _____ Plot/Drawer# _____

I () have () have not prepaid () for my burial costs () for my burial Plot () for my casket.

Information can be found at: _____

I have a deceased () spouse () parent () child who is buried at _____.

I wish to be buried next to such person if I check here: ()

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

Minister/Rabbi to perform service: _____

Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

Special Requests:

Obituary Writing: _____ Where to publish ? _____

Tombstone Engraving: _____

Organs for Donation: _____

In Lieu of flowers please ask for donations to: _____

Other requests: _____

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

Name: _____

Copies of this document were delivered to:

_____	_____
_____	_____



Tamara Shumate Brown, CFP®
(813) 282-0600

4890 W. Kennedy Boulevard
Suite 860
Tampa, Florida 33609

DOCUMENTS THAT MAY BE NEEDED

	<i>Person Responsible</i>	<i>Date Completed</i>
Burial Agreement	_____	_____
Organ Donation	_____	_____
Durable Power of Attorney	_____	_____
Medical Directive	_____	_____
Healthcare Power of Attorney	_____	_____
Pre-Need Guardian	_____	_____
Will	_____	_____
Living Will	_____	_____
Trust Documents	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Birth Certificate	_____	_____
Marriage Certificate	_____	_____
Insurance Policies	_____	_____
Bank Records	_____	_____
Deeds to Property	_____	_____
Vehicle Ownership records	_____	_____
Military discharge papers	_____	_____
Citizenship papers	_____	_____
Tax Returns	_____	_____
Financial Account Statements	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Divorce Decree or Settlement	_____	_____
Death Certificates(short & long forms)	_____	_____
Title to Burial plot	_____	_____

Member [FINRA](#)/[SIPC](#)

Important Notifications to Make

Person Responsible

Date Completed

NOTIFY FUNERAL HOME

ASK FRIEND OR RELATIVE FOR ASSISTANCE

Collect all mail for next few weeks/pay bills

Plan for House Sitter, during Funeral, etc.

DEATH CERTIFICATES

File Death Certificate at Court House

Request Several Death Certificates

NOTIFY EMPLOYER (re:Employee/Insurance Benefits)

NOTIFY Dept. of Motor Vehicles

NOTIFY BANKS

Review All Direct Deposits

Re-Establish Safe Deposit Box

Check for Credit Life Insurance on Loans

Review 6 mos. Spending/develop budget

Change jointly held accounts when appropriate

(Surviving Spouse-do not immediately remove deceased name from accounts. Consult legal or tax advisor before closing joint Accounts.)

NOTIFY FINANCIAL INSTITUTIONS

Request Change of Beneficiary Forms

Update Account Ownership

Notify Financial/Investment Advisors

Review/Change ownership of stock certificates

Transfer bonds, mutual funds, investment assets

NOTIFY CREDIT AGENCIES/Credit Card Companies

Change jointly held accounts, if appropriate

(Surviving Spouse-do not immediately remove deceased name from accounts. Consult legal or tax advisor before closing joint Accounts.)

NOTIFY ATTORNEY

Process the Estate/Probate

Revise Estate Documents

Update Beneficiaries

Consider Revocable Trust

NOTIFY INSURANCE COMPANIES AND FILE CLAIM

Life Insurance

Medical, health, disability, travel, accident

Retirement Benefits, and Annuities

Homeowner Insurance

Car Insurance

Change of Survivor's Benefits

TRANSFER OF REAL ESTATE PROPERTIES

Apply for Widowed person exemption

Apply for Homestead and disability exemption

APPLY FOR APPROPRIATE BENEFITS

Social Security (800-772-1213)

Veteran's burial and Survivor's Benefits

Pension Benefits

Workman's Comp Benefits

Other Employment Retirement Benefits

INCOME TAX

Notify Accountant/Tax Consultant/Attorney

SEND OUT "THANK YOU" NOTES

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