



Love Letter To My Family

From:

Effective , 200_

Dear Loved Ones:

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

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

Advisors

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Benefits:

Name: _____

Address: _____

Phone: _____

Fax: _____

Employer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance Advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

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

My important records can be found at: ___ my home filing cabinet, ___ my safety deposit box, ___ my home safe, ___ attorney's office, ___ my accountant's office, ___ my financial planner's office, ___ Other (list):

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: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

I am a guarantor of the following debt:

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

Liability: _____
 Contact: _____
 Phone: _____
 Documents are located: _____

_____ I presently carry the following credit cards: _____

Insurance Coverage

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

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of the policies can be found at: _____

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

Company	Policy Located At

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

Company	Policy Located At

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

Company	Policy Located At

I have the following other policies:

Type	Company	Policy Located At
Auto		
Umbrella		
Home		
Boat/Airplane		

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 (briefly describe):

Retirement Plans:

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		

Securities offered through Securities America, Inc., A Registered Broker/Dealer, Member FINRA/SIPC. Financial Planning and advisory services offered through Securities America Advisors, Inc., a SEC Registered Investment Advisor. ASE Wealth Advisors and the Securities America companies are not affiliated. 10/07 SAI 258670

Minor's Trust		
Custodial Account		
Organ Donation		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Divorce Decree or Settlement		
Citizenship Papers		
Burial Agreement		
Retirement Plan Beneficiary Designation		
Insurance 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 people that have 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.

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 _____. The following people have signature authority on the box: _____

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

The password to my computer is: _____

My email address is: _____ Password: _____

Other Passwords: _____

I have ___ have not ___ attached a list of the people 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 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: _____.

My social security # is: _____ my Driver's License # is: _____

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

I am ___ am not ___ entitled to military and/or governmental benefits. List the benefits: _____

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

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 a person if I check here _____.
I do ___ do not ___ want to be cremated Crematory: _____

Minister/Rabbi 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:

Family History

I was born in _____ on _____, 19__.

My parents were _____ and
_____.

My maternal grandparents were _____ and
_____.

My children are: _____ Born _____
_____ Born _____
_____ Born _____
_____ Born _____
_____ Born _____

I have no children ____.

I have ____ do not have ____ detailed information on my family's history. It is located at:

_____.

Some important facts about my family history: _____

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 their 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.

Copies of this document were delivered to: _____

Print Name: _____