

# LOVE LETTER TO MY FAMILY

From: \_\_\_\_\_

Effective: \_\_\_\_\_

Dear Loved Ones:

I have completed this letter of instruction to provide information you will need when the time arises. It is not a legal document but will help simplify estate matters, give you an indication of my desires, and assist with planning my final affairs. **Some of the people you will need to contact are:**

## FINANCIAL ADVISORS 1:

CONTACT: \_\_\_\_\_

COMPANY: Summa Global Advisors, LLC

ADDRESS: 12901 SE 97<sup>th</sup> Ave, Ste 390, Clackamas, OR 97015

PHONE: (503) 636.2022

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

## FINANCIAL ADVISORS 2:

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

## FINANCIAL ADVISORS 3:

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

## ATTORNEY:

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

## ACCOUNTANT/CPA:

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

## INSURANCE COVERAGE

I have the following **LIFE INSURANCE** policies (including employer-provided group coverage):

CARRIER	POLICY NUMBER	POLICY OWNER	BENEFICIARY	FACE AMOUNT
			1. _____ 2. _____ 3. _____	\$
			1. _____ 2. _____ 3. _____	\$
			1. _____ 2. _____ 3. _____	\$
			1. _____ 2. _____ 3. _____	\$
			1. _____ 2. _____ 3. _____	\$

I have the following **DISABILITY INSURANCE** policies:

**CARRIER:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
**POLICY #:** \_\_\_\_\_ **LOCATED AT:** \_\_\_\_\_

I have the following **LONG-TERM CARE INSURANCE** policies:

**CARRIER:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
**POLICY #:** \_\_\_\_\_ **LOCATED AT:** \_\_\_\_\_

I have the following **HEALTH INSURANCE** policies:

**CARRIER:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
**POLICY #:** \_\_\_\_\_ **LOCATED AT:** \_\_\_\_\_

### OTHER INSURANCE:

TYPE	CARRIER	POLICY NUMBER	CONTACT	LOCATED AT
Auto				
Home				
Umbrella				

## VITAL DOCUMENTS LOCATOR (see below)

DOCUMENT	DATE SIGNED	A	B	C	D	E
Last Will and Testament		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Will		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney (for Finances)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney (for Healthcare)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deeds to Property		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Tax Bills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Share Deeds		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promissory Notes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock & Bond Certificates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checkbooks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Records		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD Certificates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business or Partnership Papers (Buy/Sell Agreement)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Papers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepaid Funeral Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Pension Documents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Papers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Registration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Papers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### LOCATIONS:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. Document does not exist.

### POWER OF ATTORNEY / GUARDIANSHIP

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

DOCUMENT	FIRST	SECOND
Power of Attorney over my Assets:		
Power of Attorney for Medical Decisions:		
Guardian over my Property:		
Guardian over my Person:		

It is my desire that the persons who have the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

## 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 can be found \_\_\_\_\_.

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

Upon my death, my heirs will  / will not  receive a distribution or benefits from a trust.  
 The trust instrument was created by \_\_\_\_\_.  
 The trust instrument can be found \_\_\_\_\_.

I am  / am not  currently the Trustee for a trust.  
 The trust document is located at \_\_\_\_\_.

I am  / am not  a beneficiary of a trust.  
 The trust document is located at \_\_\_\_\_.

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

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 am  / am not  entitled to military benefits.  
 List the benefits \_\_\_\_\_.

I am  / am not  entitled to other benefits.  
 List the benefits \_\_\_\_\_.

I may receive an **inheritance** from \_\_\_\_\_.

My **Social Security Number** is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

My **Driver's License Number** is \_\_\_\_\_.

My **Passport Number** is \_\_\_\_\_ and it can be found \_\_\_\_\_.

## PASSWORDS:

VENDOR	USERNAME/ACCOUNT #	PASSWORD	SECURITY QUESTION
e.g. Facebook	john.doe@exampleemail.com	P@55w0rd!2020	mother's maiden name? / <i>Smith</i> first pet? / <i>Spot</i>

## IN THE EVENT OF MY DEATH

(see attached *When a Loved One Passes Away Checklist* for action items)

I have the following final 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 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: \_\_\_\_\_

Special requests for personal property (should be listed in the Will): \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I have signed this family love letter on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This document is not intended to replace my will or other estate planning documents. However, it is my express desire that each family member, Executor, Trustee, and Guardian will use this document in making any discretionary decisions for me and my family.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Copies of this document were delivered to:

\_\_\_\_\_