



Peace of Mind Letter to My Family From John H. Doe

Dated _____

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:

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:

Contact:
Address:
Phone:
Fax:

Other: _____

Name:
Address:
Phone:
Fax:



ASSETS

Here is a list of all my 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 ___ have not ___ attached a financial statement.

Investment:

Contact:
Phone:
Documents are located:

Bank Account:

Contact:
Phone:
Documents are located:

Money is owed to us by:

Name:
Address:
Phone:
Amount:

Money is owed to us by:

Name:
Address:
Phone:
Amount:

(Evidence of any notes can be found _____)

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:



I am also a guarantor of the following debt

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

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 _____



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 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-Nuptial Agreement

* Post-Nuptial Agreement

* Divorce Decree

* 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 persons having the above powers of attorney act on my behalf rather than an 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 safe can be found:

I have ___ have not___ attached a list to my will 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 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 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 _____
and 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 Reading:

Hymns:

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 letter and the other documents signed by me in making any discretionary decisions for me and my family.

Print Name: _____

Copies of This Document were Delivered to:

