



## *To my Family...*

In an attempt to make things easier for you, I(We) have written this letter to provide you with information that will be necessary for you, when the time arises.

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

My Social Security number is: \_\_\_\_\_

My Driver's License number is: \_\_\_\_\_

My Passport number is: \_\_\_\_\_

The passport(s) can be found at: \_\_\_\_\_

My important records can be found at: \_\_\_\_\_

### **Advisors:**

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

#### **Financial Planner:**

Name:

Address:

Phone:

Email:

#### **Attorney:**

Name:

Address:

Phone:

Email:

#### **Accountant:**

Name:

Address:

Phone:

Email:

#### **Mortgage Holder:**

Name:

Address:

Phone:

Email:

**Insurance Agent:**

Name:

Address:

Phone:

Email:

**Other:**

Name:

Address:

Phone:

Email:

**Income:**

I work at:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have the following benefits where I work or worked (briefly describe):

Deferred Compensation: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

Other:

I am the owner of the following business:

Business Name: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_

Other Owner(s): Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I have the following benefits through my business (briefly describe):

Deferred Compensation: \_\_\_\_\_

Buy/Sell Agreement: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

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

I am retired, and have the following pension income:

Company	Contact Phone Number	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

I receive monthly income from the following annuity:

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I am entitled to veterans benefits due to the following military service:

Description of military service: \_\_\_\_\_  
Years of Service – From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact the Veterans Administration at: \_\_\_\_\_

## Assets

Here is a list of all my investment account. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Custodian: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title of Account: \_\_\_\_\_  
Custodian Phone: \_\_\_\_\_  
Statements are located: \_\_\_\_\_  
\_\_\_\_\_

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Account Number: \_\_\_\_\_  
Title of Account: \_\_\_\_\_  
Custodian Phone: \_\_\_\_\_  
Statements are located: \_\_\_\_\_  
\_\_\_\_\_

Custodian: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title of Account: \_\_\_\_\_  
Custodian Phone: \_\_\_\_\_  
Statements are located: \_\_\_\_\_  
\_\_\_\_\_

Custodian: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title of Account: \_\_\_\_\_  
Custodian Phone: \_\_\_\_\_  
Statements are located: \_\_\_\_\_  
\_\_\_\_\_

Here is a list of other investments I own:

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_  
\_\_\_\_\_

## Money is owed to us by:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

## 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: \_\_\_\_\_  
\_\_\_\_\_

I presently carry the following credit cards:

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Card No.: \_\_\_\_\_

## Insurance Coverage

I have the following Life Insurance policies. Please check with each company and determine if:

- The policy allows for pre-payment of death benefits in the case of disability
- The policy allows you to stop making premium payments in the case of disability

Type	Owner	Beneficiary	Face Amount	Company	Phone	Location of Policy
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

Type of Insurance	Company	Policy No.	Location of Policy
Disability _____	_____	_____	_____
Long Term Care _____	_____	_____	_____
Health Insurance _____	_____	_____	_____
Umbrella _____	_____	_____	_____
Homeowners _____	_____	_____	_____
Auto _____	_____	_____	_____
Other _____	_____	_____	_____

## Documents

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

Document	Date Signed	Location
Will	_____	_____
Medical Power of Attorney	_____	_____
Medical Directive	_____	_____
General Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Citizenship Papers	_____	_____
Retirement Plan Beneficiary Designation	_____	_____

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

<b>Power of Attorney</b> over my Assets:	1 <sup>st</sup> _____	2 <sup>nd</sup> _____
<b>Power of Attorney</b> for Medical Decisions:	1 <sup>st</sup> _____	2 <sup>nd</sup> _____
<b>Guardian</b> over my Property:	1 <sup>st</sup> _____	2 <sup>nd</sup> _____
<b>Guardian</b> over my Person:	1 <sup>st</sup> _____	2 <sup>nd</sup> _____

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

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

My Medical Directive states that in the event of my incapacity, I \_\_\_ do \_\_\_ do not want to be kept at 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. This document is located: \_\_\_\_\_

## General Information

My Safe Deposit Box can be found at: \_\_\_\_\_

The combination is: \_\_\_\_\_

The password to my computer is: \_\_\_\_\_

My email address is: \_\_\_\_\_

Email Password is: \_\_\_\_\_

My Facebook username/login is: \_\_\_\_\_

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

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 can be found: \_\_\_\_\_

I am currently the Trustee for a trust. If I am a Trustee, the trust document can be located at: \_\_\_\_\_

I am a beneficiary of a trust. If I am a beneficiary, the trust document is located at: \_\_\_\_\_

I am entitled to military and/or government benefits. The benefits are: \_\_\_\_\_

I am entitled to other benefits. The benefits are: \_\_\_\_\_

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

### Funeral Parlor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Prepaid Cemetery Plot:

Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Plot/Drawer No.: \_\_\_\_\_

Information can be found: \_\_\_\_\_

I am an organ donor. My donor information is located: \_\_\_\_\_

I have a deceased \_\_\_ spouse, \_\_\_ parent, \_\_\_ child who is buried at \_\_\_\_\_  
and I \_\_\_ wish \_\_\_ do not wish to be buried next to such person.

I \_\_\_ do \_\_\_ do not wish to be cremated. Crematory: \_\_\_\_\_

Minister/rabbi to perform Service: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

### Special Request:

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 paternal grandparents were \_\_\_\_\_ and \_\_\_\_\_.

My children are \_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ I have no children.

I have detailed information on my family's history. It is located at: \_\_\_\_\_

\_\_\_\_\_

## 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 its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

Information current as of \_\_\_\_\_, 20\_\_

Copies of this document are located at/with:

Securities offered through LPL Financial, Member FINRA/SIPC

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