

LOVE LETTER TO MY LOVED ONES

Important Personal Papers

of

Name

Prepared by: _____

Date: _____

PERSONAL INFORMATION AND VITAL STATISTICS

Name: _____
(first) (middle) (maiden) (last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address: _____

Birth Date: _____ Social Security #: _____
(mo./day/year)

Birthplace: _____

Citizen of Which Country: _____ Naturalization #: _____

Usual Occupation: _____

Married _____ Single _____ Divorced _____ Widowed _____

Number of Years of Education: _____

MILITARY SERVICE

If Veteran, Name of War(s): _____

Dates of Military Service: _____ Rank: _____

Branch of Service: _____ Serial #: _____

INFORMATION ABOUT PARENTS

Name of Father: _____
(first) (middle) (last)

Birthplace of Father: _____

Name of Mother: _____
(first) (middle/maiden) (last)

Birthplace of Mother: _____

Name: _____ Date: _____

EMERGENCY NUMBERS

In the event of an emergency, please contact (in order of priority):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____ Phone: _____

Pastor/Priest/Rabbi: _____

Address: _____ Phone: _____

OTHER PERSONS TO CONTACT

Attorney: _____

Address: _____ Phone: _____

Stockbroker: _____

Address: _____ Phone: _____

Financial Advisor: _____

Address: _____ Phone: _____

Name: _____ Date: _____

LIST OF IMPORTANT DOCUMENTS AND LOCATION

Document:	Location:
Last Will and Testament	_____
Birth Certificate	_____
Marriage Certificate	_____
Deeds and Titles	_____
Military Service and Discharge	_____
Tax Records	_____
Adoption and/or Divorce Papers	_____
Social Security Card	_____
Medicare Card	_____
Advance Medical Directive (Living Will)	_____
Final Funeral Instructions (if not attached)	_____
Other: _____	_____

CEMETERY/COLUMBARIUM AND FUNERAL DIRECTOR

I have a cemetery plot: Yes _____ No _____

I have a columbarium niche: Yes _____ No _____

Location: _____

Deed Location: _____ Plot/Niche #: _____

I have selected a Funeral Director: Yes _____ No _____ (see pgs. 7 & 9)

Name: _____ Date: _____

ORGAN DONATION

I have made a request that my organs be donated: Yes _____ No _____

Location of Organ Donation Card: _____
(usually on Driver's License)

INSURANCE INFORMATION

Send one (1) copy of the Death Certificate (and U.S. Department of Defense Discharge, if applicable) to each of the Insurance Companies listed below. The Insurance Agent will prepare the claim. Do not keep policies in a Safe Deposit Box.

Name of Insured: _____

Insurance Company:	Agent:	Policy#:	Face Amt.:	Location:

ACCOUNTANT

Accountant: _____

Address: _____ Phone: _____

Name: _____ Date: _____

LEGAL INFORMATION

My "Power of Attorney" is: _____

Address: _____

Phone: _____ Email: _____

I have a Will: Yes _____ No _____ Date of Execution: _____

Attorney who drew up the Will: _____

Address: _____ Phone: _____

Executor/Executrix of the Will: _____

Address: _____ Phone: _____

I have a Trust: Yes _____ No _____ Location of Trust: _____

WHAT TO DO UPON MY DEATH

Please contact the following (if applicable):

Organization:

Items Needed:

Social Security Administration

Copy of Death Certificate
Social Security Card

Internal Revenue Service

Final Tax Return Form

Commissioner of Revenue

Final State Tax Return Form
Personal Property Tax
Real Estate Tax

Source of Pension

Copy of Death Certificate

Veterans Administration

Copy of Death Certificate

Other: _____

Name: _____ Date: _____

SUGGESTIONS TO THOSE WHO PLAN MY FUNERAL

Use this form wisely. Consider well your entries. Be moderate. Be clear. Remember that you can neither explain nor change your comments after you are gone. Do not feel compelled to complete this form in full. Keep in mind that you may hinder your family by trying to give them too much guidance. Help those you love to help themselves.

My clergy person is: _____

My funeral director is: _____

I have made my arrangements with the funeral home: Yes _____ No _____

I have prepaid my funeral expenses: Yes _____ No _____

If "Yes," attach a copy of receipt or a notation as to where it will be found.

PERSONAL DATA

The following information will be needed for official certification. Accuracy is important. Claims, benefits, and legal procedures may be involved. This will become a permanent record and could be important to your family many generations hence.

Full Name: _____
(first) (middle) (maiden) (last)

Usual Residence: _____

City: _____ County: _____ State: _____

Length of Residence: _____ years

Usual Occupation: _____

Kind of Business/Industry: _____

Employer: _____ Retired: Yes _____ No _____

Name: _____ Date: _____

PERSONAL DATA (continued)

Spouse (if applicable): _____
(first) (middle/maiden) (last)

Spouse's Birth Date: _____

You may wish to attach a listing of biographical information (family relationships, church, fraternal, vocational, professional, club or union affiliations, etc.). Although this is not necessarily required, it might prove useful.

This form is intended to convey suggestions only. Except as hereinafter provided, your comments will be treated as suggestions only, not binding instructions. Unless otherwise indicated, your family will assume that this is only for their information, that you have not dictated firm decisions, and that they are free either to confirm, or not confirm, your suggestions.

It will be ONLY in connection with items that you ENCIRCLE AND INITIAL that it will be considered that your instructions shall prevail insofar as may be possible under the applicable laws.

Unless in conflict with the legal rights of others, I desire that the preferences of

_____, who is my _____, shall be
(name) (relationship)

given special consideration in connection with my final arrangements. If not

possible, I designate _____,
(name) (relationship)

under the same conditions.

Name: _____ Date: _____

MY PREFERENCES

My preferred clergy person(s): _____

Alternate (if necessary): _____

My preferred funeral director: _____

Alternate (if necessary): _____

I prefer to have the funeral service held at _____

(church, funeral home, graveside only, columbarium only, residence or other location)

I desire that the final disposition of my remains be by: (please check one)

_____ Burial in _____
(cemetery)

_____ Entombment in _____
(mausoleum)

_____ Cremation with cremains inurned in _____
(columbarium)

OR disposed of as follows: _____

I wish to make the following comments on the cost or quality of caskets, vaults, niches, funeral services, etc.

Name: _____ Date: _____

FUNERAL SERVICE

Outline as much detail of the funeral service as you feel necessary. Avoid such terms as “usual” or “customary.” Such terms can be meaningless. You might want to suggest such things as scriptures you wish to have included, hymns you might desire, or other details. If lodge, veteran, or other semi-secular services are to be considered, make a notation – but DO NOT specify such preferences UNLESS FULLY DISCUSSED with your family and your clergy person.

You might wish to note here the “little” things which could make a big difference (clothing, hairdresser, glasses, jewelry, pall bearers, flowers, memorials, or anything else):

Name: _____ Date: _____

FINANCIAL DATA

This section is OPTIONAL. Due to the confidential nature of this information, pages 11-14 should be included only in your personal copy and in the copies given to your Attorney, Power of Attorney, and your Executor/Executrix.

CREDIT CARDS

(Please cancel upon my death)

Firm: _____ Acct. #: _____

Firm: _____ Acct. #: _____

Firm: _____ Acct. #: _____

Firm: _____ Acct. #: _____

BANKING INFORMATION

I have a Safe Deposit Box: Yes _____ No _____

Bank where Safe Deposit Box is located: _____

Address: _____

Key #: _____ Key Location: _____

My accounts are in:

Bank Name: _____

Address: _____

Account Numbers:

Checking: _____

Savings: _____

Other: _____

Name: _____ Date: _____

OTHER INVESTMENT ACCOUNTS

Bank: _____ Type of Account: _____

Account #: _____

Bank: _____ Type of Account: _____

Account #: _____

Brokerage Firm: _____

Type of Account: _____ Account #: _____

Phone: _____ Email: _____

Other Financial Institution: _____

Type of Account: _____ Account #: _____

Phone: _____ Email: _____

Name: _____ Date: _____

ASSETS

I Own (Assets)	Self	Spouse	Joint	Total
Cash on Hand				
Cash in Checking Acct.				
Cash in Savings Acct.				
Money Market Acct.				
Other Savings				
Stocks (at today's value)				
Bonds				
Real Estate				
Home				
Other				
Life Insurance				
Pension (cash value)				
Other Assets				
TOTAL ASSETS				

Name: _____ Date: _____

LIABILITIES

I Owe (Liabilities)	Self	Spouse	Joint	Total
Accounts Payable				
Notes Payable				
Mortgage Payable				
Other Debts				

NET WORTH
(subtract liabilities
from assets)

Estate Estimate

Net Worth

Less: Life Insurance
(cash value)

Plus: Life Insurance
(face value)

Plus: Other Future Assets

TOTAL ESTATE ESTIMATE

(Put any financial details in attachments)

Name: _____ Date: _____

ATTESTATION

In subscribing to all the foregoing, I state that I have set forth this information as best I am able and have made the suggestions as pertain to my final arrangements only in a spirit of helpfulness. I recognize that it is impossible for me to anticipate accurately all the circumstances that might affect my funeral. Therefore, excepting only such things as I may have encircled and initialed, the effect of which has already been noted in this document, I specifically direct that the preferences of my family shall prevail.

Signature: _____ Date: _____

Printed Name: _____

Copies of this form should be given to persons who will be available and able to act at any time. Relatives, close friends, or your clergy person might be considered. If your selection of funeral director is definite, he or she should have a copy since that person or an associate must be constantly available.

DO NOT PUT THIS DOCUMENT IN YOUR SAFE DEPOSIT BOX AS IT WILL BE UNAVAILABLE TO YOUR LOVED ONES IMMEDIATELY UPON YOUR DEATH.

[The "Love Letter to My Loved Ones" was created through the joint efforts of a clergy person, an attorney, and a funeral director. It was tested by an older adult whose suggestions were incorporated in the document and whose family found the "Love Letter" very beneficial upon her death. The AARP has a similar instrument as do several other service organizations. Please feel free to share it with others]