Letter to My Family

[Name]

As of [Date]

Note: If personal data such as Social Security numbers, full account numbers, and dates of birth are included in this document, it should be protected with the utmost care (e.g. secured in a family safe, and not emailed unless using encryption). An alternative would be to truncate account numbers to show only the last 3-4 digits or to leave these sensitive fields blank and provide them separately to the recipients.

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Dear [Insert Name]:

Because we all know that any of us could become disabled or die at any time of our lives, we feel it is important to provide you with information you may need in the event you get an unexpected call telling you there has been a medical emergency or death.

We are trying to keep this letter simple and easy to update, while also giving you a roadmap of how to get further information when it is needed.

# I. Important Contacts

Please call the following resources immediately after either of us passes:

* Funeral Home (See section XIII for details):
	+ Contact #:
* Financial Advisors:
	+ Contact #:
* Attorney:
	+ Contact #:
* Accountant:
	+ Contact #:
* Social Security Office:
	+ Contact #:

# II. Personal Information

Mailing address:

[Spouse]’s personal information:

* Full Legal Name:
* Place of Birth:
* Date of Birth:
* Social Security #:
* Military Service:

[Spouse]’s personal information:

* Full Legal Name:
* Place of Birth:
* Date of Birth:
* Social Security #:
* Military Service:

# III. Health Care Information

* Health Insurance Co.:
	+ Subscriber ID/Group #:
	+ Dad’s Medicare Claim #:
	+ Mom’s Medicare Claim #:
* Primary Doctor’s Name:
	+ Contact #:
* Specialist Doctor’s Name:
	+ Contact #:

# IV. Other Insurance Information

* Life Insurance Policy:
	+ Insured:
	+ Company:
	+ Policy #:
	+ Beneficiary(s):
	+ Policy Location:
* Life Insurance Policy:
	+ Insured:
	+ Company:
	+ Policy #:
	+ Beneficiary(s):
	+ Policy Location:
* Long-Term Care Insurance:
	+ Insured:
	+ Company:
	+ Policy #:
	+ Beneficiary(s):
	+ Policy Location:
* Long-Term Care Insurance:
	+ Insured:
	+ Company:
	+ Policy #:
	+ Beneficiary(s):
	+ Policy Location:

# V. Estate Planning & Legal Documents

* Estate Planning Attorney:
	+ Contact #:

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Location (original)** | **Location (copy)** | **Dated** |
| Will |  |  |  |
| General POA |  |  |  |
| Medical POA or will |  |  |  |
| Living Trust |  |  |  |
| Life Insurance Trust |  |  |  |
| Charitable Trust |  |  |  |
| Custodial Account / Minor’s Trust |  |  |  |
| Property Deeds |  |  |  |
| Marriage Certificate  |  |  |  |
| Pre or Post Nuptial Agreement |  |  |  |
| Divorce Decree |  |  |  |
| Birth Certificate |  |  |  |
| Beneficiary Designations  |  |  |  |
| Life Insurance Policies  |  |  |  |
| Tax returns |  |  |  |

Other Considerations

I am / We **are / are not** organ donorsand would like appropriate arrangements to be made.

# VI. Financial Accounts

**Primary Bank Accounts:**

* Primary Account(s) held at:
* Savings Account #:
* Checking Account #:
* Auto pay from these accounts:

**Investment Accounts:**

* Brokerage Account(s) held at:
	+ Account #:
	+ Information can be found:
* Traditional IRAs
	+ Owner/Title:
		- Account #:
		- Beneficiary(s):
		- RMD required: yes or no
	+ Owner/Title:
		- Account #:
		- Beneficiary(s):
		- RMD required: yes or no
	+ Information can be found:
* Roth IRAs
	+ Owner/Title:
		- Account #:
		- Beneficiary(s):
		- RMD required: yes or no
	+ Owner/Title:
		- Account #:
		- Beneficiary(s):
		- RMD required: yes or no
	+ Information can be found:
* College Account (529)
	+ Owner:
		- Beneficiary:
		- Account #:
		- State:
	+ Information can be found:
* Other Accounts:
	+ Type:
	+ Account #:
	+ Information can be found:

# VII. Real Estate

**Property 1:**

* Address:
* Title Location:
* Mortgage Information
	+ Loan #:
	+ Bank:
	+ Contact:
	+ Monthly payment automatically withdrawn? Yes or no
* Property and Casualty Insurance
	+ Agent:
	+ Contact:
* Local Resources:
* Electrical:
* Plumbing:
* Miscellaneous:

# VIII. Other Assets, Liabilities & Considerations

**Assets:**

* Automobile:
	+ Title Location:
	+ Make:
	+ Model:
	+ Year:
	+ Loan: yes or no?
		- Details
* Automobile:
	+ Title Location:
	+ Make:
	+ Model:
	+ Year:
	+ Loan:
* Other: (i.e. jewelry, art, etc.)
	+
	+
	+

**Liabilities:**

* Revolving Credit Accounts
	+ Bank:
	+ Last 4 of Card #:
	+ Owner:
* Other Debt
	+
	+

**Safety Deposit Box:**

* + Safety deposit box #:
	+ A key is located:
		- Contents:
			*
			*
			*
			*
			*

\*(Could include deed, wills, vehicle titles, birth certificates, marriage certificates, divorce decrees, insurance policies, etc.)

# IX. Bequests / Items Not Covered in Will or Trust

* Example: We would like the family necklace/heirloom to be passed to [insert name]

# X. Miscellaneous Action Items

Below is a list of action items \*(i.e. subscriptions to cancel, people to contact)

*
*
*

# XI. Funeral Arrangements

Below is a list of my funeral arrangements and/or prepaid agreements:

*
*

# XII. Obituary Information

Below is a list of items I would like included in my obituary:

# XIII. Additional Information

* PayPal/Venmo
* Other electronic accounts
* Passwords \*(do not provide the password, instead provide a hint for where it can be located)

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*