



Family Love Letter



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Dear Family,

In an attempt to simplify matters for you, I have written this letter to provide you with important information that will be necessary when the time arises.

Effective Date:

 **ADVISORS**

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

CPA

Name: _____
Address: _____
Phone: _____
Email: _____

Financial Advisor

Name: _____
Address: _____
Phone: _____
Email: _____

Attorney

Name: _____
Address: _____
Phone: _____
Email: _____

Employer

Name: _____
Address: _____
Phone: _____
Email: _____

Insurance Advisor

Name: _____
Address: _____
Phone: _____
Email: _____

Pension Benefits

Name: _____

Address: _____

Phone: _____

Email: _____

Mortgage Holder

Name: _____

Address: _____

Phone: _____

Email: _____

Utilities

Electric: _____

Water: _____

Gas: _____

Cable: _____

Other: _____

ASSETS

Here is a list of all my stocks, bonds and other investments, including property. I have listed a contact person and phone number for each item as well as the location of any documents. I have ___ have not ___ attached a copy of a financial statement.

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____



Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

Investment

Contact: _____

Phone: _____ Account #: _____

Documents are located: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____

MONEY IS OWED TO US BY:

Name: _____

Address: _____

Phone: _____

Email: _____



 **DEPOSITS**

I have ___ have not ___ made any substantial deposits on certain accounts.
If APPLICABLE, the accounts are:

 **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: _____

 **INSURANCE COVERAGE**

I have the following LIFE INSURANCE policies:

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face amount</u>	<u>Existing loans</u>	<u>Cash Value</u>
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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 these 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 **DOES** allow ___ **DOES NOT** ___ allow for pre-payment of death benefits to support me.

* If I am disabled, my life insurance policy **DOES** allow ___ **DOES NOT** ___ allow you to stop making premium payments.

* If I am disabled, my disability insurance policy **DOES** allow ___ **DOES NOT** ___ allow you to stop making premium payments.



EMPLOYMENT

I have the following benefits where I work or worked:

Retirement Plan(s): _____

Life Insurance: _____

Health Insurance: _____

Long-Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

DOCUMENTS

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

<u>DOCUMENT</u>	<u>DATE SIGNED</u>	<u>LOCATION</u>
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 Beneficiary Designation	_____	_____
Insurance Beneficiary Designation	_____	_____



*Family
love letter*

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: 1st _____ 2nd _____

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 a 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: _____

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 ___ DO NOT HAVE ___ attached a list 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: _____
MY 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(s):

I am a member of the following fraternal group(s):

I presently carry the following credit card(s):

IN THE EVENT OF MY DEATH

I have the following final wishes: _____

Funeral home: _____

Cemetery: _____

Crematory: _____

Plot/Drawer #: _____

Minister/Rabbi: _____

Pallbearers: _____

I HAVE ___ HAVE NOT ___ prepaid my burial costs for my burial plot.

I HAVE ___ HAVE NOT ___ prepaid my burial costs for my casket.

Information can be found at: _____

I have a deceased ___ spouse ___ parent ___ child who is buried at:

I DO ___ DO NOT ___ wish to be buried next to such person.

I DO ___ DO NOT ___ have the right to be buried in a military cemetery.

I DO ___ DO NOT ___ want to be cremated.

SPECIAL REQUESTS

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers please ask for donations to:

Other special requests:

I have signed this family love letter on this date: _____

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

SIGNATURE

PRINT NAME

Copies of this document were delivered to:



3101 South 70th Street
Fort Smith, AR 72903
P: 479.484.5740 | F: 479.484.0670

201 East Markham, Suite 500
Little Rock, AR 72201
P: 501.375.2025 | F: 501.375.8704

2003 South Horsebarn Road, Suite 4
Rogers, AR 72758
P: 479.636.4461 | F: 479.631.2691

2410 East Parkway, Suite 3
Russellville, AR 72802
P: 479.498.9655 | F: 479.484.0670

www.LandmarkCPAs.com

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