

I Love You Letter: Heir preparation packet

From

Effective date

Caring for your loved ones takes many forms. One important way is to prepare them in case of your incapacitation or death by providing critical information. You can do this by completing a formal “I Love You Letter.”

To the investor(s):

As uncomfortable as the topic of death can be, it is an inevitable part of life. We can either leave our loved ones to continue without us, scrambling for proper next steps, or we can help prepare them. By completing an “I Love You Letter,” you can provide your heirs with a comprehensive document containing vital information, contacts, and instructions.

What’s in it for you? This document:

1. Confirms that you have proper documentation completed
2. Gives you peace of mind that your heirs will be prepared in case of emergency
3. Reduces the likelihood of mistakes during the probate process

What’s in it for your loved ones?

1. Clarity in a time of stress, confusion, and grief
2. Assurance they have what they need to follow your wishes

The “I Love You Letter” is organized in order of urgency to provide your survivors with critical information as soon as possible. Given the content, filling out this document will take time and it will be a work in progress. Whatever the time commitment looks like for you, it will be one of the most important investments of your time.

To simplify the moments after your death, discuss estate distribution instructions with a trusted advisor. Keep them updated on any changes throughout the years.

To the heir(s):

Grief looks different for every individual. We hope you are coping with this time in whichever way you find most appropriate for yourself. If you are reading this, someone wanted to make things as easy as possible for you by gathering critical information to help you through this difficult time.

The sections in this document include:

1. Important information and documents
2. Advisors and critical financial information
3. Insurance and benefits
4. Family history and ethical will/legacy letter
5. Guidance on next steps

You may choose to store this document in a variety of ways:

1. Keep all copies in a locked location that is accessible only by people you fully trust
2. Provide copies only to persons who you are confident can be trusted to maintain the privacy of your information
3. Ensure that any electronic copies of the document are saved only on a secure device or in a secure online location
4. Avoid sharing the document electronically, but if you choose to do so, use appropriate security measures

Above all, this document is designed to consolidate and supplement, not replace or supersede, a legal will or any other estate planning documents. Please see page 15 for delivery instructions.

Dear Loved Ones,

As an attempt to simplify matters for you during this difficult time, I have written this “I Love You Letter” to provide you with crucial information and necessary contacts.

To start, I would like you to know:

A large, empty rectangular box with a thin black border, occupying most of the page below the introductory text. It is intended for the user to write their 'I Love You Letter'.

Section 1: Important information and documents

My general information

- I do / do not have a safe deposit box. It is located _____ .

The key can be found at _____ .

The following names have access to the box:

- I have a personal safe. The combination is _____ . The safe is located _____ .
- My mobile phone passcode is _____ .
- My computer password is _____ .
- My email address is _____ . The password is _____ .
 - My secondary email address is _____ . The password is _____ .
- My internet service provider is _____ . My account number is _____ .
- Other important passwords include:
 - Social media _____
 - Subscriptions _____
 - Other devices _____
- My Social Security number is: _____ .
- My driver's license number is: _____ .
- My Medicare number is: _____ .
- My passport number is _____ . It is located _____ .

- My religious affiliation includes _____
- I am a member of the following community groups:

- Emergency contact information:
 - Name _____
 - Phone number _____
 - Relationship _____

I think it is also important for my family and advisors to know the following information regarding my general information:

My documents

My important records can generally be found at: _____

Document	Date signed	Exact location	Not applicable
Will			<input type="checkbox"/>
Living will			<input type="checkbox"/>
Medical power of attorney			<input type="checkbox"/>
Medical directive			<input type="checkbox"/>
General power of attorney			<input type="checkbox"/>
Living trust			<input type="checkbox"/>
Insurance trust			<input type="checkbox"/>
Charitable trust			<input type="checkbox"/>
Minor's trust			<input type="checkbox"/>
Custodial account			<input type="checkbox"/>
529 education plan			<input type="checkbox"/>
Prenuptial agreement			<input type="checkbox"/>
Postnuptial agreement			<input type="checkbox"/>
Divorce decree or settlement			<input type="checkbox"/>
Citizenship papers			<input type="checkbox"/>
Retirement plan beneficiary designation			<input type="checkbox"/>
Insurance beneficiary designation			<input type="checkbox"/>
Military discharge papers (DD214)			<input type="checkbox"/>
Employment or independent contractor contract			<input type="checkbox"/>
Burial agreement			<input type="checkbox"/>
Organ donation			<input type="checkbox"/>
Children adoption papers			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>

Upon my death, my beneficiaries will / will not receive a distribution of benefits from a trust.

If applicable, the trust instrument was created by _____ .

If applicable, the trust instrument can be found _____ .

I am / am not a beneficiary of a trust. If applicable, the trust document is located _____ .

I am Legal Guardian for the following person(s): _____ .

Guardian documents can be found at _____ .

I have ownership for the following businesses:

Business	Partner	Date signed	Location	Buy-sell agreement	Buy-out insurance
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

It is also important for my family and advisors to know the following information regarding my business:

Section 2: Advisors and critical financial information

Important contact information:

- Accountant name: _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Attorney name: _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Employer name: _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Financial advisor name: _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Insurance advisor
 - Life, health, and disability
 - Name _____
 - Address: _____
 - Phone: _____
 - Email: _____
 - Property and casualty
 - Name _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Mortgage servicer name: _____
 - Address: _____
 - Phone: _____
 - Email: _____
- Other: _____
 - Name: _____
 - Address: _____
 - Phone: _____
 - Email: _____

My assets (e.g., 401k, IRA, brokerage accounts, stocks, bonds)

- Investment: _____
 - Contact name: _____
 - Phone: _____
 - Documents are located: _____
- Investment: _____
 - Contact name: _____
 - Phone: _____
 - Documents are located: _____
- Investment: _____
 - Contact name: _____
 - Phone: _____
 - Documents are located: _____
- Investment: _____
 - Contact name: _____
 - Phone: _____
 - Documents are located: _____
- Investment: _____
 - Contact name: _____
 - Phone: _____
 - Documents are located: _____
- Money is owed to us by: _____
 - Address: _____
 - Phone: _____
 - Amount: _____
 - This loan is verified by signed writing. Yes No
- Money is owed to us by: _____
 - Address: _____
 - Phone: _____
 - Amount: _____
 - This loan is verified by signed writing. Yes No
- Money is owed to us by: _____
 - Address: _____
 - Phone: _____
 - Amount: _____
 - This loan is verified by signed writing. Yes No

Loaned and stored assets

I have loaned the following personal property:

Loaned assets (art, collectibles, etc.)	Holder

I have stored assets in the following locations. If a written agreement exists, I have attached a copy.

Stored asset (art, collectibles, etc.)	Storage location

The key(s) to the storage facility are located _____ .

My liabilities

- 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 am also a guarantor of the following debt:

- Liability: _____
- Contact: _____
- Phone: _____
- Documents are located _____ .
- Liability: _____
- Contact: _____
- Phone: _____
- Documents are located _____ .

Bank accounts

Bank	Account number	Balance as of	Username	Password
		<input type="text"/>		
		\$		
		\$		
		\$		
		\$		
		\$		

Credit cards

Credit card	Account number	Username	Password

Assets I lease

Asset	Location	Payment	Lessor	Contact information
		\$		
		\$		
		\$		
		\$		
		\$		

I think it is also important for my family and advisors to know the following information regarding my assets and liabilities:

My charitable donations

Charities I would like you to continue supporting:

Section 3: Insurance and benefits

My insurance coverage — *If I become disabled, please make sure the policy premiums continue to be paid.*

Life insurance policies

Type	Owner	Beneficiary	Carrier	Policy number	Face value	Loans	Cash value	Premium
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$

Disability insurance policies

Carrier	Policy location	Policy number	Annual premium	Paid by the business
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Long-term care policies

Carrier	Policy location	Policy number	Annual premium	Paid by the business
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health insurance policies

Carrier	Policy location	Policy number	Annual premium	Paid by the business
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Title insurance policies

Carrier	Policy location	Policy number	Annual premium	Paid by the business
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional policies

Type	Carrier	Policy location	Policy number	Annual premium	Automatic bank payment
Auto				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat/airplane				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jewelry				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overhead expenses				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Umbrella				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity theft				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If my premium payments are paid automatically from my bank account, please make sure the account is not closed without ensuring this payment.

My employment benefits

- Retirement plan(s): _____
- Life insurance: _____
- Health insurance: _____
- Long-term care insurance: _____
- Disability insurance: _____
- Military retirement benefits: _____
- Military survivor benefits: _____
- Deferred compensation: _____
- Stock ownership: _____
- Stock options: _____
- Other: _____

The governmental and/or military benefits I am entitled to include:

Other benefits I am entitled to include:

Section 4: Family history

Family history

- I was born in _____ (city, state) on _____ (date) .
- My parents/guardians are _____ and _____ .
- My maternal grandparents are _____ and _____ .
- My paternal grandparents are _____ and _____ .

My brothers and sisters (including step and half-siblings) are:

My children are:

- I was adopted, and my birth parents are _____ and _____ .
- Important facts about my family history include the following:

Section 5: Guidance on next steps

To simplify this stressful and confusing time for you, I have created a second document that contains my final wishes and ethical will. I have coordinated distribution instructions with my financial advisor, so please see below for guidance on next steps.

Instructions

My final wishes and ethical will can be found in a document titled *I Love You Letter: Final wishes and ethical will*. As soon as possible, please contact my financial advisor for instructions on how to obtain this document. Their contact information is below.

Financial advisor name: _____

Financial advisor firm: _____

Address: _____

Phone: _____

Email: _____

They have been instructed to give access to the *I Love You Letter: Final wishes and ethical will* document to the following people:

They have been instructed to:

Attached, you will find copies of the following documents:

- My current financial statement
- My current life insurance
- My personal property ownership list
- My personal property disposition list
- My personal property agreements

This document is designed to supplement, not replace or supersede, my will or any other estate planning documents signed by me. I hope that each heir, family member, Power Holder, Executor, Trustee, and Guardians will use this and other documents signed by me in making any decisions for my family and me.

Signature _____

Print name _____

Date _____

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