

New Light Church • Bishop I.V. & Pastor Bridget Hilliard
281-875-4448 • www.newlight.org



Love Letter To My Family



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Dear Loved Ones:

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



TABLE OF CONTENTS

Advisors.....	4
Assets & Deposits.....	5
Liabilities.....	6
Insurance Coverage.....	7
Employment & Documents.....	8
General Information.....	9
In The Event Of My Death.....	11

ADVISORS

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

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Benefits:

Name: _____

Address: _____

Phone: _____

Fax: _____

Employer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Financial Planner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Mortgage Holder:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____



ASSETS

Here is a list of all stocks, bonds and other investments, including property. I have listed a contact person and telephone number for each item, as well as the location of any documents.

I have I have not attached a financial statement.

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Investment: _____
Contact: _____
Phone: _____
Documents Location: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by:
Name: _____
Address: _____
Phone: _____
Amount: _____

DEPOSITS

I have I 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 Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

I am also a guarantor of the following debt

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____

Liability: _____
Contact: _____
Phone: _____
Documents Location: _____



INSURANCE COVERAGE

I have the following life insurance policies (including company owned):

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any of these policies can be found at: _____

I have the following **disability insurance** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following **long term care insurance** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following **health insurance** policies:

<u>Company</u>	<u>Policy Location</u>
_____	_____
_____	_____
_____	_____

I have the following other policies:

<u>Type</u>	<u>Company</u>	<u>Policy Location</u>
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 allows does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy allows does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy allows does not allow you to stop making premium payments.



EMPLOYMENT

I have the following disability and/or death 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: _____
- *Other: _____

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/Post Nuptials	_____	_____
*Divorce Decree	_____	_____
*Burial Agreement	_____	_____
*Retirement Plan Beneficiary	_____	_____

I have appointed the following persons to act on my behalf if I become disabled:

Power of Attorney over my Assets:	1 st _____	2 nd _____
Power of Attorney for Medical:	1 st _____	2 nd _____
Guardian of my Property:	1 st _____	2 nd _____
Guardian over my Person:	1 st _____	2 nd _____

It is my desire that the persons having the above power(s) of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is best.

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.

GENERAL INFORMATION

I do do not have a safety deposit box. It can be found at _____ and the key can be found at _____.

I do do not have a personal safe. The combination is _____ and the safe is found at _____.

I have have not 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 of 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: _____ The 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 groups: _____

I am a member of the following fraternal groups: _____

I presently carry the following credit cards: _____

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: _____

Cemetery: _____ Plot/Drawer # : _____

I have have not prepaid my burial costs ____ for my burial plot ____ for my casket ____ . Information can be found at: _____.

I have a deceased spouse parent child who is buried at ____ .
I wish to be buried next to such person if I check here ____ .

I do do not want 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: _____

I have signed this family love letter this ____ day of _____ 20____ . 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.

Print Name: _____

Copies of this document were delivered to:





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