



MOSCARET
Investment Advisory

"My Family Love Letter"



MY FAMILY LOVE LETTER

As you know, one of the most important parts of your overall financial plan I have encouraged you to have is an estate plan for your heirs. The incapacity or passing of a family member is a very traumatic event for your loved ones. The emotional turmoil and family pain can be further magnified if your spouse or heirs are in the dark while trying to settle your financial and estate affairs. The mental foggiess that can accompany a family's trauma is further exasperated by their inability to locate and make decisions because of a lack of financial and estate information.

As your financial advisor, I believe one of the most important and valuable guidance I can provide grief-stricken clients and their families is to help them begin to put together the puzzle that might be left for them. While many people are reluctant to discuss the tragedy of their inevitable passing or incapacitation with family members, they have less concern about leaving written information behind to help their heirs put the pieces of the puzzle together.

With that said, I have created a piece entitled, "My Family Love Letter".

The purpose of this document is to help organize your financial life now, so your loved ones can successfully handle your affairs during a difficult time and carry on your legacy. To be proactive, I highly advise you to contact the individuals listed in any formal documents (i.e. Durable Power of Attorney, Successor trustees) who are to act on your behalf upon your potential incapacitation or passing and inform them of their responsibilities.

I would encourage you to try to complete as much of the document as possible. You can either print the document or save it your computer. The document was created so you can complete it on your computer, if you wish. The document should have all the information that you need to provide your family the necessary answers. I tried to be as comprehensive as possible in designing this piece, and some of the requested information may not be applicable to your situation. It might take some time to complete, but the time spent will be far less than that of your heirs in putting together your life puzzle without this document. Keep in mind that some of the information will change over time, so I encourage you to update the document periodically.

When you complete the "Love Letter", I would encourage you to keep it in a location that is accessible to your family. If you would like for me to have a copy of it for your file, please feel free to forward one to me.

Warmest regards,



Jeffrey D. Moscaret, CFP
Register Investment Adviser

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• P 626.577.0984 • F 626.486.0718

Jeffrey D. Moscaret (CA Insurance License #0618270) is a Registered Representative and Investment Adviser Representative with/and offers securities through Commonwealth Financial Network, Member FINRA/SIPC, a Registered Investment Adviser. Jeffrey is also an Investment Adviser Representative of Moscaret Investment Advisory, a Registered Investment Adviser. Advisory services offered by Moscaret Investment Advisory are separate and unrelated to Commonwealth. Fixed insurance products and services offered through CES Insurance Agency.

Dear Loved Ones,

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

Effective Date: _____

ADVISORS: (people you will need to contact are listed below): _____

Wealth Manager:

Name: Jeffrey D. Moscaret (Assistant: Lance Hedgpeth)

Phone: (626) 577-0984

Email: jeff@moscaretadvisory.com (lance@moscaretadvisory.com)

Address: 180 So. Lake Ave., Suite 315, Pasadena, CA 91101

Attorney:

Name: _____

Phone: _____

Email: _____

Address: _____

CPA/Tax Advisor:

Name: _____

Phone: _____

Email: _____

Address: _____

Insurance Advisor (Property Casualty):

Name: _____

Phone: _____

Email: _____

Address: _____

ADVISORS: (people you will need to contact are listed below): cont.

Insurance (Life, Disability, Long Term Care, Health):

Name: _____

Phone: _____

Email: _____

Other: _____

Employer:

Name: _____

Phone: _____

Email: _____

Address: _____

Pension Benefits:

Name: _____

Phone: _____

Email: _____

Account #: _____

Other:

Name: _____

Phone: _____

Email: _____

Other: _____

ASSETS

Real Estate Assets:

- Property Address: _____
Property Ownership: _____
If owned, location of deed: _____

- Property Address: _____
Property Ownership: _____
If owned, location of deed: _____

- Property Address: _____
Property Ownership: _____
If owned, location of deed: _____

Bank / Investment Company Accounts:

- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____

- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____

ASSETS

Bank / Investment Company Accounts (continued):

- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____
- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____
- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____
- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____
- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____
- Financial Institution: _____
Contact/Phone #: _____
Documents are located: _____

AUTOMOBILES

Make and Model of Vehicle: _____

Ownership of Vehicle: _____

Is vehicle owned? _____ If owned, location of pink slip? _____

If Financed or Leased, company name of Lender/Lessor: _____

Account number: _____ Location of statement: _____

Make and Model of Vehicle: _____

Ownership of Vehicle: _____

Is vehicle owned? _____ If owned, location of pink slip? _____

If Financed or Leased, company name of Lender/Lessor: _____

Account number: _____ Location of statement: _____

Money owed to us by:

Name: _____

Phone: _____

Address: _____

Amount: _____

LIABILITIES (mortgage, automobile, credit cards, student loans, etc.)

Here is a list of my/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: _____

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

LIABILITIES (mortgage, automobile, credit cards, student loans, etc.)

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

I/we are also the guarantor of the following debt:

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

SERVICE PROVIDERS

Home Phone: _____

Name: _____

Phone: _____

Account #: _____

Cell Phone: _____

Name: _____

Phone: _____

Account #: _____

Cable/Satellite: _____

Name: _____

Phone: _____

Account #: _____

Internet: _____

Name: _____

Phone: _____

Account #: _____

Electric: _____

Name: _____

Phone: _____

Account #: _____

Water: _____

Name: _____

Phone: _____

Account #: _____

SERVICE PROVIDERS (continued)

Trash: _____

Name: _____

Phone: _____

Account #: _____

Landscaping: _____

Name: _____

Phone: _____

Account #: _____

Pool: _____

Name: _____

Phone: _____

Account #: _____

Alarm/Security Service: _____

Name: _____

Phone: _____

Account #: _____

Service Agreements (Pest Control): _____

Name: _____

Phone: _____

Account #: _____

SERVICE PROVIDERS (continued)

Other: _____

Name: _____

Phone: _____

Account #: _____

Other: _____

Name: _____

Phone: _____

Account #: _____

SUBSCRIPTIONS

Newspaper: _____

Phone #: _____

Magazines: _____

Phone #: _____

Other: _____

Phone #: _____

Other: _____

Phone #: _____

INSURANCE COVERAGE (see Advisor page for contact information)

I/we have the following life insurance policies (including company-owned) on my/our life:

Company Name	Type	Owner	Beneficiary	Face Amount	Cash Value

Any of these policies can be found: _____

I/we have the following Disability Insurance policies:

Company Name	Policy Located

I/we have the following Long-Term Care Insurance policies:

Company Name	Policy Located

I/we have the following Health Insurance Policies:

Company Name	Policy Located

INSURANCE COVERAGE

In the event of disability, please make sure to pay the premiums on the following types of policies if necessary.

Life Insurance:

Disability Insurance:

Long Term Care Insurance:

Refer to Advisor Page (page 13) and contact insurance advisor to determine if premiums need to be paid.

EMPLOYMENT BENEFITS

I/we have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plans (401K): _____

Life Insurance: _____

Health Insurance: _____

Long Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

Other: _____

PROPERTY AND CASUALTY INSURANCE [see Advisor Page (p.3) for contact info]

I/we have the following Automobile Insurance Policy(s):

Company Name	Policy Located

I/we have the following Homeowners Insurance/Earthquake Policies:

Company Name	Type of Policy	Policy Located

I/we have the following Personal Liability (Umbrella) Insurance Policy(s):

Company Name	Policy Located

DOCUMENTS

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

Document	Date	Location
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		

I/we have appointed individual(s) in the above applicable documents to act on my/our behalf, in the event of my incapacitation or passing. If I/we have not already informed you of your various responsibilities, please locate the document to identify the designated individual(s).

GENERAL INFORMATION

I/we ☐ do ☐ do not have a safe deposit box.

It can be found: _____

The key can be found: _____

The following people have authorized access to the box:

I/we ☐ do ☐ do not have a personal safe.

The combination is: _____

The safe can be found: _____

I/we ☐ have ☐ have not attached a list of the persons I/we want to receive my/our personal property when I/we die.

I/we may receive an inheritance from: _____

Upon my/our 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/we ☐ am ☐ am not currently the trustee for a trust.

If I/we are the trustee, the trust document is located: _____

I/we ☐ am ☐ am not a beneficiary of a trust.

If I/we are a beneficiary, the trust document is located at: _____

GENERAL INFORMATION

My social security number: _____

My driver's license number: _____

My passport number: _____

My passport may be found: _____

I ☐ am ☐ am not entitled to military benefits.

Benefits: _____

I ☐ am ☐ am not entitled to other benefits.

Benefits: _____

I am a member of the following religious groups:

I am a member of the following fraternal groups:

My important records can be found:

- ☐ My home filing cabinet
- ☐ My safe deposit box
- ☐ My home safe
- ☐ My Wealth Manager's office
- ☐ My Attorney's office

Other: _____

ON-LINE PRESENCE

I/we have the following online accounts (i.e. credit card, bank accounts, streaming services, social media, on-line storage services, etc.) that you may need access to in the event of my/our incapacitation and/or death:

Website/Company: _____

Username: _____

Password: _____

Website/Company: _____

Username: _____

Password: _____

Website/Company: _____

Username: _____

Password: _____

Website/Company: _____

Username: _____

Password: _____

Website/Company: _____

Username: _____

Password: _____

Website/Company: _____

Username: _____

Password: _____

ON-LINE PRESENCE (continued)

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

Website/Company:_____

Username:_____

Password:_____

IN THE EVENT OF MY/OUR DEATH

I/we have the following final wishes:

Funeral Home: _____

Cemetery: _____

Crematory: _____

Plot/Drawer #: _____

Minister/Rabbi: _____

Pallbearers: _____

I/we ☐ have ☐ have not prepaid my burial costs for my/our burial plot(s).

I/we ☐ have ☐ have not prepaid my burial costs for my/our casket(s).

Information can be found at: _____

I/we have a deceased ☐ spouse ☐ parent ☐ child who is buried at:

I/we ☐ 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 requests:

FAMILY HISTORY

Individual #1: _____

I was born in _____ on date of _____

My parents are/were: _____

My grandparents are/were: _____ and _____

=====

Individual #2: (spouse/significant other): _____

I was born in _____ on date of _____

My parents are/were: _____

My grandparents are/were: _____ and _____

=====

My/Our children are:

_____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

I/we ☐ have ☐ do not have detailed information on my/our family's history. It is located at:

DESIRES FOR MY FAMILY

When I/we am gone, I/we hope my/our family will learn from my/our experiences:

The most important thing I/we have done in my/our life is:

How I/we would like to be remembered:

SIGNATURE PAGE

I/we have signed this letter on _____ in year _____.

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.

X _____

Name

X _____

Name

Copies of this document were delivered to:

Moscaret Investment Advisory and Commonwealth Financial Network® do not provide legal or tax advice. Nothing in the accompanying pages should be construed as specific tax or legal advice. Consult a legal professional for legal service and legal advice regarding your individual situation.

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