

Final Thoughts for My Family



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As a firm we spend a great deal of time working with our clients discussing why it's important to keep their estate plans current. We also help our clients to see that far beyond the minute details of estate planning, the most important planning occurs – the planning involved in gifting the family with final instructions to avoid the stress of guesswork.

Instructions

We encourage our clients to give their loved ones the gift of knowledge. When completed, this critical information is valuable to the loved ones who are helping settle the estate and personal matters.

“Love” Letter

We encourage our clients to capture their voice, vision and values in a letter (or multiple letters) they write to family members who may be left behind.

Dear Loved Ones:

In an attempt to simplify matters for you, I am providing these instructions to help you when the time arises.

Date Effective:

▶ MY ESTATE PLANNING DOCUMENTS ARE LOCATED:

List of Estate Planning Documents

(i.e. will, trust, POA, HCPOA, living will, etc.)

▶ IN THE EVENT OF MY DEATH

Those who should be contacted immediately:

Family/Friends

Phone

Financial Advisor

Phone

Other Financial Advisor

Phone

Funeral Home

Phone

Employer

Phone

Clergy

Phone

Attorney

Phone

Life Insurance Agent

Phone

BURIAL ARRANGEMENTS AND WISHES

I **have not** prepaid my burial costs for my burial plot.

I **have** prepaid my burial costs for my burial plot. Information regarding this can be found:

I **have not** prepaid my burial costs for my casket.

I **have** prepaid my burial costs for my casket. Information regarding this can be found:

I **have** a deceased parent (), spouse (), child () who is buried:

I **wish** to be buried next to such person.

I **do not wish** to be buried next to such person.

I **have the right** to be buried in a military cemetery.

I **have the right** to a military honor guard before my burial.

I **want** to be cremated.

I want my remains to be spread/divided.

I **do not want** to be cremated.

Other / Additional Information:

▶ FUNERAL ARRANGEMENTS AND WISHES

Minister/Rabbi to perform Service

Pallbearers

1

Obituary Reading

2

3

Tombstone Engraving

4

5

6

In lieu of flowers, please suggest donations to:

When family and friends leave your funeral, what do you hope they know about your life and the things that were important to you?

▶ ASSETS

Here is a list of important investment accounts, holdings and other investments, including real estate. I have listed a contact person and telephone number for each, as well as the location of any documents. **Contact my financial advisor for a complete list of my assets.** I have () / have not () attached a financial statement.

Bank/Investment Account

Bank/Investment Account

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

Retirement Account

Retirement Account

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

Real Estate

Real Estate

Legal Descr. / Address

Legal Descr. / Address

Ownership

Ownership

Other

Other

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

▶ **ASSETS (cont.)**

Other

Other

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

Other

Other

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

Other

Other

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

Other

Other

Contact

Contact

Phone

Phone

Financial Institution

Financial Institution

▶ NOTES RECEIVABLE

Money is owed to me by:

Name

Address

Address 2

City

State

Zip

Phone

Amount

▶ LIABILITIES

The following is a list of some of our liabilities, including a contact name and phone number of each, as well as the location of any related documents. **Contact my financial advisor for a complete list of my liabilities.**

Mortgage

Contact Phone

Document Location

Auto

Contact Phone

Document Location

Credit Card

Contact Phone

Document Location

Line of Credit

Contact Phone

Document Location

Credit Card / Other

Contact Phone

Document Location

2nd Mortgage

Contact Phone

Document Location

Student Loan

Contact Phone

Document Location

Home Equity Line of Credit

Contact Phone

Document Location

I presently carry the following credit cards:

Company Card Number

Company Card Number

Company Card Number

Company Card Number

► INSURANCE COVERAGE

Life Insurance Policies (including employer-provided group coverage)

Carrier	Policy #	Policy Owner	Face Amount	Insured/Last Premium Paid

I have the following disability insurance policies:

Carrier	Policy #	Contact	Located at
Carrier	Policy #	Contact	Located at
Carrier	Policy #	Contact	Located at

I have the following long-term care insurance policies:

Carrier	Policy #	Contact	Located at
Carrier	Policy #	Contact	Located at
Carrier	Policy #	Contact	Located at

▶ GENERAL INFORMATION

Social Security Number

Driver's License Number

Medicare Number

My passport can be found:

Cell Phone Passcode

Safe-Deposit Box

I **do** have a safe-deposit box.

I **do not** have a safe-deposit box.

The safe-deposit box can be located at:

The key can be found at:

The following people have signature authority on the safe-deposit box:

Personal Safe

I **do** have a safe.

I **do not** have a safe.

The safe can be located at:

The combination is:

▶ TRUSTS AND TRUSTEE

I am currently the trustee/beneficiary for a trust.

Name of Trust

Trust document can be found here:

The trust account is held at the following financial institution:

I am the beneficiary of a trust.

Name of Trust

Trust document can be found here:

I am the beneficiary of a trust.

Name of Trust

Trust document can be found here:

▶ ONLINE ACCOUNTS

Website / Online Service

Type of Information Stored (Photos, Documents)

****Please consult the attorney for my estate on whether you have legal authority to access my account online without my specific permission.***

▶ FAMILY HISTORY

My parents are/were:

1

2

My maternal grandparents are/were:

1

2

My paternal grandparents are/were:

1

2

My Children

Name

Date of Birth

I have no children.

My Siblings

Name

Date of Birth

▶ FAMILY HISTORY (cont.)

My Grandchildren

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

My Great-Grandchildren

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

▶ **FAMILY HISTORY (cont.)**

Information about my adoption or my children's adoption may be found:

Some important facts about my family history:

Some important facts about my medical history and my Family's medical history:

I **do not** have detailed information on my family's history.

I **do** have detailed information on my family's history.

If I do have detailed information on my family's history, it is located:

► SURVIVING PET CARE

Name of Pet

Type of Pet

Age of Pet

Name of Pet

Type of Pet

Age of Pet

Name of Pet

Type of Pet

Age of Pet

Name of Pet

Type of Pet

Age of Pet

Name of Veterinarian(s)

Location of Veterinarian(s)

Pet Groomer Information

Dog Walker Information

Please describe any current pet medication/supplements and medical issues.

Please describe all pet feeding information. (Type of food, brand, amount, timing, etc.)

Please describe any plans you have made within your will or trust for the care of your pet(s). If you have not planned for your pets in your estate plan please list all possible caretakers (individuals, non-profit organizations) for your pets.



▶ FINAL THOUGHTS FOR MY FAMILY

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

The most important things I have done in my life are:

The most important traditions/values I would like to pass on to my family are:

▶ **FINAL THOUGHTS FOR MY FAMILY (cont.)**

How I would like to be remembered:

What I hope for my family moving forward:

▶ **IN TIMES OF DIFFICULTY**

My favorite scriptures:

My favorite song:

My favorite poem/mantra:

My favorite story:

A Letter For My Family

Date:

Dear Family,

This is not a legal document and 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 to make their job easier.

Copies of this document were delivered to:

Investment advisory services offered through CWM, LLC, an SEC Registered Investment Advisor. Carson Partners, a division of CWM, LLC, is a nationwide partnership of advisors. 01458441_081222_CP_T



Thigpen Group Wealth Advisors
6360 I-55 N
Suite 240
Jackson, MS 39211

Local: 601.713.8328
Fax: 601.713.8329
thethigpengroup.com