

***Important information for my family**

Do not dispose of*

Dear family,

In an attempt to make things easier for you, I have written this letter to provide you with information that will be necessary for you when the time arises

Family Love Letter created by:

Name: _____

Date created: _____

This is not a legal document and should not be used as a replacement for any formal estate planning or legal directives.

Personal identification information

Social security number: _____ Drivers license number: _____
Passport number: _____ Passport can be found at: _____

Documents

Important documentation regarding my finances, identification, and estate can be found: _____

Advisors

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

Attorney name: _____ Insurance agent name: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Accountant name: _____ Mortgage holder name: _____
Phone: _____ Phone: _____
Email: _____ Account number: _____

Financial Planner: Marcus Luckeneder
Lincoln Financial Advisors
602.793.3123
Marcus.luckeneder@lfg.com
Other name/role: _____
Phone: _____
Email: _____

Other notes:

Will

My will can be found in the following place: _____

The estate attorney that drew up the will's name: _____

The estate attorney's contact number: _____

Trust

My trust can be found in the following place: _____

Name of trust: _____ Date of trust: _____

TIN/SSN of trust: _____ Trustee(s): _____

Phone number for trustee(s): _____

Estate attorney that drew up the trust's name: _____

The estate attorney's contact number: _____

Medical power of attorney:

A copy of my medical power of attorney can be found in the following place: _____

Person(s) named as my medical power of attorney: _____

Medical power of attorney contact number(s): _____

Under what circumstances does the medical power of attorney become active: _____

Financial power of attorney:

A copy of my financial power of attorney can be found in the following place: _____

Person(s) named as my financial power of attorney: _____

Financial power of attorney contact number(s): _____

Under what circumstances does the financial power of attorney become active: _____

Safety deposit boxes

Entity: _____

Location: _____

Where the keys may be found: _____

Passwords

I have provided the following passwords to various entities:

Entity name: _____

Username: _____

Password: _____

Security questions/answers

Question: _____ Answer: _____

Question: _____ Answer: _____

Question: _____ Answer: _____

Question: _____ Answer: _____

Personal safe

My personal safe can be found at: _____

The combination of my safe: _____

Keys

Additional keys for various items such as cars, home, and file cabinets can be found at: _____

Other notes



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Employment and employer benefits

Employer name: _____

Helpful contact person at work (name): _____ Phone: _____

I have the following benefits at work (briefly describe) (EX—deferred compensation, employer life insurance, accidental death and disability, disability insurance, long-term care insurance, stock options, legal assistance, stock ownership):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Notable documents regarding my employment and benefits can be found by: _____

Business ownership

I am the owner of the following business:

Business name: _____ Percentage owned: _____

Other owners name(s): _____ Phone: _____

Notable documents regarding my business can be found by: _____

Other notes:

Pensions

I receive monthly income or have yet to claim the income from the pension(s) mentioned below:

Employer whom funded pension: _____

Monthly income: \$ _____/mo \$ _____/mo

Benefit to survivor : _____

Phone to contact: _____

Other income sources (briefly describe what they are, institution, and whom to contact):

Bank account(s)

Title of account: _____

Who can access: _____

Bank name: _____

Account number: _____

My monthly bills that are imperative that they get paid are:

Bill name: _____

Company: _____

Method of payment: _____

Payment amount: _____

Other notes:

Investments

I have the following retirement accounts (IRA, 401(k), ROTH IRA, SEP IRA, 403(b), etc):

Company: _____
Title of account: _____
Contact person: _____
Phone: _____

Company: _____
Title of account: _____
Contact person: _____
Phone: _____

I have the following non-retirement accounts (Employee stock, taxable investment acct, trust owned investment accounts, real estate investment trusts, etc)

Company: _____
Title of account: _____
Contact person: _____
Phone: _____

Company: _____
Title of account: _____
Contact person: _____
Phone: _____

Real estate

I own the following properties:

Address: _____

Ownership title: _____

Mortgage company: _____

Renter phone number: _____

Title location: _____

Other assets and collectables (EX– previous medals, jewelry, cash, memorabilia, paintings, etc)

Briefly describe the asset, where to find it along with any documentation supporting it:

1.)

2.)

3.)

4.)

5.)

6.)

Money owed to us

The following people or entities owe money to us:

Name:	_____	_____	_____
Phone:	_____	_____	_____
Amount: \$	_____	\$ _____	\$ _____
Reason:	_____	_____	_____

Money owed

I owe money to the following individuals:

Name:	_____	_____	_____
Phone:	_____	_____	_____
Amount: \$	_____	\$ _____	\$ _____
Reason:	_____	_____	_____

Debt (Auto loans, credit cards, liens, lines of credit, etc)

1.)

2.)

3.)

4.)

Life insurance

Owner(s) of policy: _____

Carrier: _____

Policy number: _____

Hard copies of my policies can be found: _____

Disability insurance

Owner(s) of policy: _____

Carrier: _____

Policy number: _____

Hard copies of my policies can be found: _____

Long-term care insurance

Owner(s) of policy: _____

Carrier: _____

Policy number: _____

Hard copies of my policies can be found: _____

Other insurance

Type of policy:

Owner(s) of policy: _____

Carrier: _____

Policy number: _____

Hard copies of my policies can be found: _____

Other notes

Other important estate information (Information on pre-nuptial agreements, post-numptial, assets that are not community property, legal guardian information, citizenship papers, etc):

1.)

2.)

3.)

4.)

5.)

6.)

7.)

Other notes

Funeral parlor

Name: _____

Address: _____

Phone: _____

Information can be found by: _____

Prepaid cemetery plot

Cemetery: _____

Address: _____

Plot/drawer No.: _____

Information can be found by: _____

Organ donor

I am / am not an organ donor. My donor information is located: _____

Other notes

1.)

2.)

3.)

Desires for my family

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

I believe the most important things in life are:

- 1.) _____
- 2.) _____
- 3.) _____

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

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

Notes:

THIS IS NOT A LEGAL DOCUMENT

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, power holder, executor, trustee and guardian will use this Family Love Letter and the other documents signed by me in making any discretionary decisions for me and my family.

Printed Name

Signature

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