



*Making arrangements for your passing is never a pleasant task, but it is necessary to ensure your family can handle your affairs efficiently and according to your wishes.*

*The fillable guide aims to assist you in cataloging your assets and resources and providing crucial information that your loved ones will need.*



## **A LETTER TO MY LOVED ONES**

**A Fillable Guide to Asset Management & Post-Mortem Instructions**

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# A LETTER TO MY LOVED ONES

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 when the time arises:

## SECTION ONE: Advisors & Financial Information

### MY ADVISORS

Having the right advisors is a critical part of my planning. Some of the people you will need to contact are listed below:

#### ACCOUNTANT

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ATTORNEY

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### EMPLOYER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### FINANCIAL PLANNER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

MORTGAGE HOLDER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PENSION BENEFITS

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PROPERTY AND CASUALTY INSURANCE ADVISOR

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

STOCKBROKER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

STOCKBROKER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MY ASSETS**

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

I  have  have not attached a financial statement.

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing     Yes     No

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing     Yes     No

I  have  have not made any substantial deposits on certain accounts. If applicable, the accounts are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MY LIABILITIES

Here is a list of my 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: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

I presently carry the following credit cards:

CREDIT CARD	ACCOUNT NUMBER	WEB ADDRESS	ACCESS NAME	PASSWORD

I lease the following assets:

ASSET	LOCATION	PAYMENT	LESSOR	PHONE NUMBER
		\$		
		\$		
		\$		
		\$		
		\$		

Regarding my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

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## SECTION TWO: Insurance & Benefits

### MY INSURANCE COVERAGE

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

TYPE	OWNER	BENEFICIARY	FACE VALUE	LOANS	CASH VALUE	CARRIER	POLICY NUMBER	ANNUAL PREMIUM
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$

These life insurance policies can be found at: \_\_\_\_\_

I  have  have not attached a policy in force statement for the above life insurance policies.

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.

I have the following disability insurance policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS 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

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

I have the following long-term care insurance policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS 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

I have the following health insurance policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS 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



I have the following other policies:

TYPE	CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM
Auto				\$
Umbrella				\$
Home				\$
Boat/Airplane				\$
Overhead Expenses				\$
Jewelry				\$
				\$
				\$

### MY EMPLOYMENT BENEFITS

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

Retirement Plan(s): \_\_\_\_\_

Military Retirement Benefits: \_\_\_\_\_

Military Survivor Benefits: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Long-Term Care Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Deferred Compensation: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

Flexible Spending Accounts: \_\_\_\_\_

Other: \_\_\_\_\_

I  am  am not entitled to military and/or governmental benefits. List the benefits:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regarding my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know:

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## SECTION THREE: Documents & Other Information

### MY DOCUMENTS

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

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
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			
Children Adoption Papers			
Section 529 Education Plan			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Divorce Decree or Settlement			
Citizenship Papers			
Burial Agreement			

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Papers (DD214)			
Employment or Independent Contractor Contract			
Other			
Other			
Other			
Other			
Other			

My important records can generally be found at:

- my home filing cabinet
- my safe deposit box
- my home safe
- my attorney's office
- my accountant's office
- my financial planner's office
- other: \_\_\_\_\_

My most recent personal and any business tax returns can be found at: \_\_\_\_\_

I  have  do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

I may receive an inheritance from: \_\_\_\_\_

The amount of the inheritance may be as much as \$ \_\_\_\_\_

Upon my 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  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: \_\_\_\_\_

I am currently Legal Guardian for the following person(s): \_\_\_\_\_

Documents appointing me can be found at: \_\_\_\_\_

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

BUSINESS	DATE SIGNED	LOCATION	PARTNER

I have buy-out insurance for the following businesses: \_\_\_\_\_

I have a buy-sell agreement for the following businesses: \_\_\_\_\_

## MY GENERAL INFORMATION

I  do  do not have a safe deposit box.

It can be found at: \_\_\_\_\_

The key can be found at: \_\_\_\_\_

The following people have signature authority on the box:

\_\_\_\_\_  
\_\_\_\_\_

I  do  do not have a personal safe.

The combination is: \_\_\_\_\_

The safe can be found: \_\_\_\_\_

The Password to my Computer is: \_\_\_\_\_

My Email Address is: \_\_\_\_\_ Password: \_\_\_\_\_

Other Passwords: \_\_\_\_\_

My Internet Account is with: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other important Passwords Include:

ITEM, PROGRAM OR BANK	ACCESS NAME	PASSWORD

I  have  have not attached a list of the persons I want to receive my personal property when I die. I  have  have not attached a list of important personal property which I own.

My Social Security number is: \_\_\_\_\_

My driver's license number is: \_\_\_\_\_

My Medicare number is: \_\_\_\_\_

My passport number is: \_\_\_\_\_

The passport can be found: \_\_\_\_\_

I am a member of the following group(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have provided the following for the education of my family in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a special needs family member or friend who I take care of:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Special services they receive: \_\_\_\_\_

Primary Physician & Phone #: \_\_\_\_\_

Is there a Trust for such person?  Yes  No

Trust Documents are at: \_\_\_\_\_

I have been Appointed Legal Guardian for such person:  Yes  No

I believe the following person should take over this responsibility: \_\_\_\_\_

Information on any Accounts I handle for this person:

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Regarding my general information, the following is additional information which I think is important for my family and advisors to know:

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## SECTION FOUR: FINAL WISHES

### IN THE EVENT OF MY INCAPACITY

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

Power of Attorney over my Assets: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Power of Attorney for Medical Decisions: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Property: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Person: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

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.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

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## IN THE EVENT OF MY DEATH

I have the following final wishes:

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Funeral Home: \_\_\_\_\_

Location: \_\_\_\_\_

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: \_\_\_\_\_  
and 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:

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SPECIAL REQUESTS:

Obituary Reading: \_\_\_\_\_

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Tombstone Engraving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organs for Donation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In lieu of flowers, please ask for donations to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like the following songs, music, poetry, etc. at my funeral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I currently have the following pets: \_\_\_\_\_

I ask that \_\_\_\_\_ take care of my pets and receive as a debt of my estate the sum of \$ \_\_\_\_\_ for taking care of such pets for the rest of their lives.







## **DISCLOSURE STATEMENT**

This document contains sensitive and confidential information about your personal and financial affairs. It is intended to provide guidance and instructions to your loved ones in the event of your death or incapacity. However, this document is not a legal document and does not replace or supersede any legal documents, such as your will, trust, power of attorney, or health care directive. You should consult with an attorney and other professionals to ensure that your legal documents are valid and up to date.

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We take a holistic approach to wealth management services by prioritizing goals related to your financial health. The firm provides various investment strategies, benefit plan structuring, business succession planning, and insurance solutions through comprehensive financial planning. By leading with your goals in mind, we can help simplify complex strategies and the administration.

Choosing a wealth management service provider is deeply personal. It all starts with earning your trust and providing the information, guidance, and planning strategies needed to help meet your goals and overcome challenges along the way.

Whether it's adapting to market volatility, planning for retirement, managing financial risks, or preserving wealth for future generations, the advisors at Adams Brown Wealth Consultants are ready to go [above+beyond](#) for you.

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