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“*FAMILY LOVE LETTER*”

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Planning for the future

The future is a place of uncertainty, of the unknown. People don't like to dwell on things they have no control over. They don't like to make arrangements for their mortality, or for that time down the road when they may no longer be able to articulate their choices and desires. However, it is this very uncertainty which everyone needs to address and think about, to make sure that those who will make decisions for you know your thoughts and desires, and will make them in accordance with your wishes.

Prepared especially for:

As estate planners, we strive to educate our clients on the importance of properly planning for their incapacity and death. Unfortunately, our focus often begins and ends with the execution of proper documents and the titling of assets. We often fail to make sure the client's family and decision makers will have adequate information about the client's assets, liabilities and intents. For example, how many children know where a parent wants to be buried, or who the pallbearers should be? While many clients are reluctant to discuss the tragedy of their death or disability with family members, they have less concern about leaving written information behind. This is the purpose of the Family Love Letter.

The incapacity or death of a family member is always a traumatic event. However, the emotional turmoil and family pain is often magnified by the resulting confusion over the plans, assets and desires of an incapacitated or deceased family member. The mental fogginess that accompanies the family's trauma is magnified by the inability to make basic decisions because of the lack of basic information.

This Family Love Letter is designed to provide “**INFORMATION IN A TIME OF CONFUSION**” and help minimize the types of inadvertent mistakes that often occur in these times of turmoil. While the document certainly will help save time, that is not its primary purpose. The primary purpose is to reduce the confusion and stress that almost always accompanies the death or disability of a loved one.

We recommend that clients complete the document, keep a copy with important records and, perhaps, provide a copy to family member(s) and/or professional advisor(s). In many cases, clients have provided a copy of The Family Love Letter and their other estate planning documents to their heirs. The client may call a family meeting where the advisors and heirs can discuss both the documents and the desires the client has for his or her family using a Family Mission Statement as the catalyst. This meeting assures that those who will be making decisions upon the client's death or disability know what the client wanted to see happen. These meetings encourage a broad range of discussion on topics - including areas of potential conflict (e.g., choice of trustees) that the client might not have anticipated. It also allows the advisors to gain a greater understanding of the family dynamics that may impact the client's plans.

Because the information in The Family Love Letter is only one part of the larger estate plan, we have also provided in the form basic information on other documents the client should consider signing.

Fundamental Estate Planning

Estate planning consists of two principal elements: the execution of documents that properly provide for your incapacity and death, and detailed facts about your assets, liabilities, and desires upon either event. We recommend that every client review creating each of the following documents:

1. **A Will** or Will substitute (e.g. a living trust) which disposes of your assets. Your will is your final declaration of how your assets and family (e.g., guardianship of minors) should be treated after your death. As such, it needs to be well thought out and deal with all of the potential issues that may face your survivors. Many clients want "simple" wills, but fail to realize the importance of a well drafted will.
2. **A Personal Property Disposal List** is critically important. We have seen more family conflict over insubstantial personal property than over any other issue. Ask your children what assets they would want when you are gone and then prepare a detailed list (perhaps with pictures) directing how the assets should pass. In many states, if properly referenced in your will, this list will be legally enforceable. If your children are too young, use the list to describe which assets (e.g., family heirlooms) you want your Personal Representative to hold for the children until they are more mature. If you are married, you should consider preparing a descriptive list of which assets belong to you and which assets belong to your spouse - especially if you have children from a prior marriage.
3. **The Family Love Letter** is designed to provide basic information to your family about your assets, liabilities, and personal desires upon your death or incapacity. A copy of the form is attached.
4. **A Living Will and Medical Power of Attorney** is your declaration that you do not desire life-sustaining treatment if there is no significant hope of recovery. In the Nancy Cruzan decision, the U.S. Supreme Court ruled that to be taken off life support (including

intravenous nourishment and fluids), you must have declared your desire before becoming incapacitated. A 1992 study in the Archives of Internal Medicine reported that having a living will or medical power of attorney saved more than \$60,000 per patient in the final stay in the hospital. This document is also designed to grant someone the power to make any medical decisions for you upon your incapacity. Having this document generally assures that the family, not the doctors have the final say in such treatment. But if it is clear that life cannot be sustained, the power holder can step away and allow the living will to take affect. *“This is his decision, not mine”* can make it much easier psychologically for the power holder and the family.

5. **A Durable General Power of Attorney** provides for who will manage your assets upon your incapacity. In some states, such a document has to specifically provide that it survives your incapacity and so it is always wise to make sure such language is in the document. Moreover, such a document should be drafted with to assure that your power holder has as much authority as possible.

We believe you should use competent counsel to draft these documents.

How often should you review your documents? We generally advise clients to review their documents at least every 2-3 years or when a significant change occurs, such as marriage, divorce, birth of a child or grandchild, or receipt of a significant inheritance. Remember: *“Estate planning is a process, not a conclusion. The conclusion begins with your death.”* Your documents will continue to change and evolve as your personal and family situations change. Remember that you are the only one who can leave this information and your failure to make adjustments as your life changes is potentially creating major turmoil for your family. Your death or incapacity is enough of a family tragedy, without adding to it by **not** updating your information and plans. Reviewing these documents every decade or after, is not advisable.

LOVE LETTER TO MY FAMILY FROM

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 arises:

ADVISORS

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

Attorney:

Name:

Address:

Phone:

Email:

Accountant:

Name:

Address:

Phone:

Email:

Stockbroker:

Name:

Address:

Phone:

Email:

Insurance Advisor:

Name:

Address:

Phone:

Email:

Financial Planner:

Name:

Address:

Phone:

Email:

Stockbroker:

Name:

Address:

Phone:

Email:

Pension Benefits:

Name:

Address:

Phone:

Email:

Employer:

Contact:

Address:

Phone:

Email:

Other:

Name:

Address:

Phone:

Email:

Mortgage Holder:

Name:

Address:

Phone:

Email:

Other:

Name:

Address:

Phone:

Email:

Other:

Name:

Address:

Phone:

Email:

ASSETS

Here is a list of all my 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 _____ have not _____ attached a financial statement.

Investment:

Contact:

Phone:

Documents are located:

Money is owed to us by:

Name:

Address:

Phone:

Amount:

Money is owed to us by:

Name:

Address:

Phone:

Amount:

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:

Money is owed to us by:

Name:

Address:

Phone:

Amount:

Deposits

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

My important records can be found at: my home filing cabinet _____, my safety deposit box _____, my home safe _____, attorney's office _____, my accountant's office _____, my financial planner's office _____, Other (list):

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 are located:

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

I am also a guarantor of the following debt

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

Liability:

Phone:

Documents are located:

I presently carry the following credit cards:

Name of Card: _____

Name on Card: _____

Account Number: _____

Phone Number: _____

Name of Card: _____

Name on Card: _____

Account Number: _____

Phone Number: _____

Name of Card: _____

Name on Card: _____

Account Number: _____

Phone Number: _____

Name of Card: _____

Name on Card: _____

Account Number: _____

Phone Number: _____

INSURANCE COVERAGE

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

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Existing Loans</u>	<u>Cash Value</u>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Existing Loans</u>	<u>Cash Value</u>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of the policies can be found at:

I have the following disability insurance policies:

Company _____ Policy Located At:

I have the following long term care insurance policies:

Company _____ Policy Located At:

I have the following health insurance policies:

Company _____ Policy Located At:

I have the following other policies:

Type Company Policy Located At

Auto _____

Umbrella _____

Home _____

Boat/Airplane _____

If I become disabled, please make sure to pay the premiums on the policies that will provide my family benefits or me.

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 (briefly describe):

*Retirement Plan(s):

*Life Insurance:

*Health Insurance:

*Long Term Care Insurance:

*Disability Insurance:

*Deferred Compensation:

*Stock Ownership:

*Stock Options:

*Flexible Spending Account(s):

*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>
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*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 or Settlement

*Citizenship Papers

*Burial Agreement

*Retirement Plan Beneficiary

Designation:

*Insurance Beneficiary

Designation:

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 who have 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 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 _____
And the key can be found _____.

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 is:

My Email Address is:

Password is:

Other Passwords (attach list if necessary):

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 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:

My social security # is:

My Driver's License # is:

My passport # is:

The passport can be found:

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

I am _____ am not _____ entitled to other benefits. List the benefits:

I am a member of the following religious group:

I am a member of the following fraternal groups:

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

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home:

Location:

Cemetery:

Plot/Drawer #:

I have _____ have not _____ prepaid my burial costs, I have _____ have not _____ prepaid my burial plot, I have _____ have not _____ prepaid 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.

I do _____ do not _____ want to be cremated.

Crematory:

Minister/Rabbi to Perform Service:

Pallbearers:

Special Requests:

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers please ask for donations to:

Other special requests:

FAMILY HISTORY

I was born in _____ on _____, 19__ .

My parents were _____ **and** _____

My maternal grandparents were _____ **and** _____

My paternal grandparents were _____ **and** _____

My children are:

Born _____

Born _____

Born _____

Born _____

Born _____

I have no children _____

I have _____ do not _____ have detailed information on my family's history. It is located at _____

Some important facts about my family history:

Desires for My Family

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

I believe that the most important things in life are:

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:

I have signed this Family Love Letter this _____ (day) of _____ (month) 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 my family and I.

Signature: _____
Print Name:

Copies of this document were delivered to: