



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

Name: _____

Address: _____

Phone: _____

Email: _____

ATTORNEY

Name: _____

Address: _____

Phone: _____

Email: _____

EMPLOYER

Name: _____

Address: _____

Phone: _____

Email: _____

FINANCIAL PLANNER

Name: _____

Address: _____

Phone: _____

Email: _____

LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Email: _____

MORTGAGE HOLDER

Name: _____

Address: _____

Phone: _____

Email: _____

PENSION BENEFITS

Name: _____

Address: _____

Phone: _____

Email: _____

PROPERTY AND CASUALTY INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Email: _____

STOCKBROKER

Name: _____

Address: _____

Phone: _____

Email: _____

STOCKBROKER

Name: _____

Address: _____

Phone: _____

Email: _____

OTHER

Name: _____

Address: _____

Phone: _____

Email: _____

OTHER

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:

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:

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:

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

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:

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
 - 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:

SPECIAL REQUESTS:

Obituary Reading: _____

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.

I have signed this letter this _____ day of _____.

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each heir, family member, Power Holder, Executor, Trustee and Guardian will use this letter and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

Print Name

Copies of this document were delivered to:

I have attached the following documents:

- my current financial statement
- a copy of my current life insurance
- a policy in force statement for my life insurance policies
- a personal property ownership list
- a personal property disposition list
- a more detailed ethical will
- personal property agreements

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.

To protect your privacy and security, you should keep this document in a safe and secure place, such as a fireproof safe, a safety deposit box, or a trusted online storage service. You should also inform your executor, trustee, agent, or other trusted person about the location and access details of this document. You should not share this document with anyone who does not need to know its contents, as it may expose you to the risk of identity theft and fraud. You should also review and update this document periodically to reflect any changes in your situation or wishes.



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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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