

***LOVE LETTER TO MY FAMILY***  
**MY ESTATE PLANNER**

**FROM:** \_\_\_\_\_

**(Effective: \_\_\_\_\_)**



*2448 S 102<sup>nd</sup> St., Suite 130 West Allis, WI 53227*  
*414-545-1890 ~[www.hammernikassoc.com](http://www.hammernikassoc.com)*

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 will need to contact are listed below:

**Attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Insurance Advisor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Accountant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Financial Planner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Stockbroker:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Stockbroker:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Pension Benefits:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Mortgage Holder:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Employer:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

**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:**

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Money is owed to us by:**

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Deposits:**

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

**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:  
\_\_\_\_\_

**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 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:**

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located:  
\_\_\_\_\_

**Liability:**

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located:  
\_\_\_\_\_

**Liability:**

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located:  
\_\_\_\_\_

**Insurance Coverage:**

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

| <u>Type</u> | <u>Owner</u> | <u>Beneficiary</u> | <u>Face</u> | <u>Existing</u> | <u>Cash Value</u> |
|-------------|--------------|--------------------|-------------|-----------------|-------------------|
|-------------|--------------|--------------------|-------------|-----------------|-------------------|

|       |       | <u>Amount</u> | <u>Loans</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** policies:

**Company**

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

**Policy Located at:**

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

I have the following **health insurance** policies:

**Company**

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

**Policy Located at:**

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

I have the following other Insurance policies:

**Type**

**Company**

|          |       |
|----------|-------|
| Auto     | _____ |
| Umbrella | _____ |
| Home     | _____ |
| _____    | _____ |
| _____    | _____ |
| _____    | _____ |
| _____    | _____ |

**Policy Located at:**

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

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

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 (briefly describe):

- **Retirement Plans:** \_\_\_\_\_
  
- **Life Insurance:** \_\_\_\_\_
  
- **Health Insurance:** \_\_\_\_\_
  
- **Long Term Care Insurance:** \_\_\_\_\_
  
- **Disability Insurance:** \_\_\_\_\_
  
- **Deferred Compensations:** \_\_\_\_\_
  
- **Stock Ownership:** \_\_\_\_\_
  
- **Stock Options:** \_\_\_\_\_
  
- **Cafeteria Plan:** \_\_\_\_\_
  
- **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> |
|---|--------------------|-----------------|
| 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                          | _____              | _____           |
| Citizenship Papers                      | _____              | _____           |
| Burial Agreement                        | _____              | _____           |
| Retirement Plan Beneficiary Designation | _____              | _____           |
| Insurance Beneficiary Designation       | _____              | _____           |

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

|                                   |                         |                         |
|-----------------------------------|-------------------------|-------------------------|
| Power of Attorney over my Assets: | 1 <sup>st</sup> ; _____ | 2 <sup>nd</sup> ; _____ |
| Power of Attorney – Medical:      | 1 <sup>st</sup> ; _____ | 2 <sup>nd</sup> ; _____ |
| Guardian over my Property:        | 1 <sup>st</sup> ; _____ | 2 <sup>nd</sup> ; _____ |
| Guardian over my Person:          | 1 <sup>st</sup> ; _____ | 2 <sup>nd</sup> ; _____ |

It is my desire that the persons having the above powers 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 have not \_\_\_\_ 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 at \_\_\_\_\_

and the key can be found \_\_\_\_\_.

I do \_\_\_ do not \_\_\_ have a personal safe. The combination is \_\_\_\_\_.

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

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:

\_\_\_\_\_

**Personal Data & Records:**

These are required for insurance purposes, social security, pensions, and in many cases, where legal proof of age, relationship or place of birth is required.

My Legal Residence is: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: (City, Country, State) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Passport Number (If Applicable): \_\_\_\_\_

Married to: (First, MI, Maiden Name) \_\_\_\_\_

On: \_\_\_\_\_ Where: \_\_\_\_\_

Marriage Records At: \_\_\_\_\_

Birth Date of Spouse: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My Children Are: (List Name, Birth Date, & Social Security Number)

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

\_\_\_\_\_ **I Have a Will**      \_\_\_\_\_ **I Do Not Have a Will**

My will is located at: \_\_\_\_\_

Attorney who drew my will is: \_\_\_\_\_

Named as Executor and Trustee: \_\_\_\_\_  
\_\_\_\_\_

Named as Guardians of my child / children: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **I Have a “Living Will”**

Located: \_\_\_\_\_

\_\_\_\_\_ **I Have Executed a Durable Power of Attorney**

Located: \_\_\_\_\_

**Military Service:**

\_\_\_\_\_ **Check Here if No Record of Service**

Branch of Service: \_\_\_\_\_ Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Highest Grade of Rank Attained: \_\_\_\_\_

Veteran’s Claim Number: \_\_\_\_\_

Military Records & Discharge Papers Located at: \_\_\_\_\_

Pension & Retirement Benefits Data Located at: \_\_\_\_\_

**In the Event of My Death:**

I have the following wishes:

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

Cemetery: \_\_\_\_\_

Plot / Drawer #: \_\_\_\_\_

I have \_\_\_ have not \_\_\_ prepaid my burial cost \_\_\_\_\_, for my burial plot \_\_\_\_\_, for my casket \_\_\_\_\_.

Information can be found at: \_\_\_\_\_

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 have signed this family love letter this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(yr). 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, Executor, Trustee, and Guardian will use this love letter and the other documents signed by my in making any discretionary decisions for me and my family.

\_\_\_\_\_ (Sign)

\_\_\_\_\_ (Print)

**Copies of this document were delivered to:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Checklist Prior to Death**

\_\_\_\_\_ Have a Will Prepared

- \_\_\_\_\_ Plan for the Financial Welfare of your Survivors
- \_\_\_\_\_ Registration of Investment Accounts
  - \* Transfer on Death (TOD)
  - \* Joint Tenants with Rights of Survivorship
  - \* Tenants in Common
  - \* Trusts
- \_\_\_\_\_ Identify the Funeral Arrangements You Prefer
- \_\_\_\_\_ Choose a Personal Representative
  - \* For Responsibilities see Survivor's Checklist
- \_\_\_\_\_ Make Sure Someone has Access to this Booklet
- \_\_\_\_\_ Discuss With Your Survivors Their Responsibilities
- \_\_\_\_\_ Power of Attorney's; Health & Financial

### **A Will?**

It is highly recommended that every person have a will. If you die and leave no will, the state in which you live "makes your will". Your property is distributed in accordance with state law. No matter how small or large your estate, not leaving a will may cause trouble and inconvenience for your survivors. A will gives you the advantage of specifying:

- \* To whom your property should be left.
- \* When it should be distributed.
- \* In what amounts it should be divided.
- \* How it should be safeguarded.
- \* By whom it should be handled.
- \* Choice of guardianship for minor children.

A will is extremely important to have if you have children from a prior marriage. In a Community Property State, such as Wisconsin, your current spouse **Does Not** automatically receive your entire estate. If your wish is to leave all assets to your current spouse, you must have a will that so designates.

**Probate** is the process of collecting the deceased's assets, paying his/her debts, taxes, and administrative costs, and distributing his/her property.

### **Duties Of An Executor**

- \_\_\_\_\_ Inventory Safe Deposit Box
- \_\_\_\_\_ Protect Assets Before Probate

- \_\_\_\_\_ Probate of Will
- \_\_\_\_\_ Responsible to Advertise Grant of Letters
- \_\_\_\_\_ File Claims for Life Insurance, Pension, and Profit Sharing, Social Security
- \_\_\_\_\_ Obtain Values on All Assets at date of the death and at 6 months following date of death if alternative valuation method is to be considered for estate tax purposes.
- \_\_\_\_\_ File Notice of Fiduciary Relationship with IRS
- \_\_\_\_\_ Open Bank Accounts for the Estate
- \_\_\_\_\_ Responsible for Paying all debts of the Estate
- \_\_\_\_\_ Obtain 3 years prior Income Tax Returns and all Gift Tax Returns filed.
- \_\_\_\_\_ Obtain Comparative Financial Statements for any Closely Held Businesses.
- \_\_\_\_\_ Decide whether any assets should be sold.
- \_\_\_\_\_ Schedule Cash Needs of the Estate
- \_\_\_\_\_ Consider Stock Redemption under IRC Section 303.
- \_\_\_\_\_ Obtain Appraisals of Real Estate and Personal Property.
- \_\_\_\_\_ Review Unpaid Medical Bills
- \_\_\_\_\_ Obtain a list of the decedents debts.
- \_\_\_\_\_ File Final Individual Income Tax Returns.
- \_\_\_\_\_ Decide on deducting administrative expenses on the Income or Estate Tax Returns.
- \_\_\_\_\_ File US Estate Tax Return or consider extension
- \_\_\_\_\_ Review the possibility of special valuation on Farm or Business Real Estate.
- \_\_\_\_\_ Consider QTIP Election
- \_\_\_\_\_ File for a Tax ID Number for Estate Income Tax Returns
- \_\_\_\_\_ File Fiduciary Income Tax Return after choosing year-end
- \_\_\_\_\_ Allow for safeguarding of any assets distributed to minors.
- \_\_\_\_\_ Prepare a statement regarding distribution of assets.
- \_\_\_\_\_ Notify Officers of S Corp in which decedent owned stock before funding any testamentary trusts that could cause termination of S status.
- \_\_\_\_\_ Notify any Partnerships in which decedent held an interest to consider filing a section 754 Election to step up the basis of partnership assets.

### **Survivor Checklist**

- \_\_\_\_\_ Make Funeral Arrangements
- \_\_\_\_\_ Collect Copies of Last Will
- \_\_\_\_\_ Certified Copies of Death Certificates

- \_\_\_\_\_ (Minimum of 6 from Funeral Director)
- \_\_\_\_\_ Insurance Policies
- \_\_\_\_\_ Latest Financial Statements
- \_\_\_\_\_ Location & Account #'s Bank Accounts
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Marriage License
- \_\_\_\_\_ Social Security Number
- \_\_\_\_\_ List of Employer Fringe Benefits
- \_\_\_\_\_ Last 3 years Income Tax Returns
- \_\_\_\_\_ Contact Attorney to notify witnesses to will
- \_\_\_\_\_ Advise Executor of the Estate
- \_\_\_\_\_ Contact Banks to verify status of accounts & Safe Deposit Box
- \_\_\_\_\_ Notify Casualty Insurance broker to modify homeowners insurance
- \_\_\_\_\_ Locate Securities and contact broker / agent, to re-title if necessary and basis step up
- \_\_\_\_\_ Have executor adjust ownership of any insurance policies on lives of others owned by deceased.
- \_\_\_\_\_ Have executor re-title real estate owned by the deceased.
- \_\_\_\_\_ Have will updated
- \_\_\_\_\_ Change beneficiaries on life insurance, retirement accounts
- \_\_\_\_\_ Power of attorneys updated

### **Insurance Policies**

- \_\_\_\_\_ Contact insurance company to obtain death claim form.
- \_\_\_\_\_ Complete form and return it along with a certified copy of death certificate and policy.

### **Social Security**

- \_\_\_\_\_ Apply to Social Security Office in person and bring Social Security Number of deceased, Certified copy of death certificate, and proof of relationship (marriage license, birth certificate)
- \_\_\_\_\_ Follow up if benefits have not been received within 60 days.

### **Fringe Benefits**

- \_\_\_\_\_ Contact Employee Benefit Department immediately and request a listing of death benefits payable and how paid.
- \_\_\_\_\_ Provide Employee Benefits Department with adequate number of certified death certificates and any other documentation required.

### **Veteran's Benefits**

- \_\_\_\_\_ Inquire in person as to eligibility
- \_\_\_\_\_ Deliver required documentation; Death Certificate, Birth Certificate, Social Security #, Veterans Affairs Records.

### **Safe Deposit Box**

- \_\_\_\_\_ Arrange with executor to inventory contents
- \_\_\_\_\_ Determine whether contents, if any, may be removed with receipt

### **Filing Of Tax Returns**

- \_\_\_\_\_ Make a decision on who is to file appropriate tax returns: Estate Tax Return, State Inheritance Reports, Fiduciary Returns, Individual Income Tax Returns.

\_\_\_\_\_ While the above returns should be reviewed by the probate attorney, they can be prepared by your Tax Preparer.

### **Safe Deposit Box Contents**

As a general rule, only those documents and valuables that are irreplaceable or difficult to replace need to be kept in a safe deposit box. Items that can be replaced with minimal inconvenience can be kept in a safe at home. However, it is a good idea to keep **COPIES** of items in a safe deposit box.

When filing out the rental forms for a safe deposit box you should be aware that if the renter dies, there are specific rules governing access to the box and its contents. Many people assume that, should they die; a joint box holder or authorized deputy can immediately remove necessary documents from the box.

In many states, the safe deposit box is sealed upon death of the renter. If there is a surviving tenant or deputy, he or she would not have access to the contents of the box until inheritance Tax Department of the County Auditor makes an inventory of the box and removed the will for probate.

The arrangements for the tax inventory are usually made by the deceased person's attorney. It generally takes a minimum of 2-3 days and frequently a month before the process is completed. After the tax inventory, the county auditor issues an authorization stating who may remove contents from the box.

Banks normally do not recommend what a tenant should or should not keep in a safe deposit box. Many box holders keep valuable articles, such as collections, that belong to their children or spouse. It is the presumption that these belong to the box holder, it is important to keep with them any papers denoting the owner and the origin of ownership or purchase.

### **Items That Should Be In A Safe Deposit Box**

- |                           |                             |                             |
|---------------------------|-----------------------------|-----------------------------|
| * Abstracts of Properties | * Deeds/Titles              | * Videotape/Photos of       |
| * Adoption Papers         | * Disability Ins.           | Household Contents          |
| * Appraisals of Valuables | * Divorce Decree            | * Patents/Designs           |
| * Automobile Titles       | * Employment Contracts      | * Pension Certificate       |
| * Birth Certificates      | * Household Inventory       | * Precious Metals           |
| * Bonds                   | * Jewelry                   | * Promissory Notes          |
| * CD's                    | * Life Insurance            | * Property Insurance        |
| * Collections             | * Marriage Certificate      | * Stock Certificates        |
| * Contracts               | * Military Discharge Papers | * Treasured Photo Negatives |
| * Credit Card List        | * Mortgage Instruments      | * Trust Agreements          |
| * Copies of Will          | * Naturalization Papers     | * Valued Letters            |
| * Death Certificates      |                             |                             |

### **Power of Attorney**

A power of attorney agreement should not be placed in a safe deposit box. The absence or disability of the maker would leave the instrument inaccessible at the time it may be needed. It is an excellent idea to execute two copies. Deliver one to the person holding the power and keep the other in a safe place.

Likewise, documents that comply with state regulations as "living wills" and constitute instructions with regard to life support and resurrection efforts should not be placed in a person's safe deposit box where it may be inaccessible when needed most.

### **Items That Should NOT Be In A Safe Deposit Box**

- \* Burial Instructions
- \* Cemetery Deeds and Requests

- \* Funeral Arrangement Requests
- \* Large Amounts of Cash (Causes IRS Questions)
- \* Medical & Disability Policies (Put only list in the box)
- \* Medical Directive or Instructions Regarding Care
- \* Property Owned By Someone Else (Will be taxed as yours unless clearly documented as to origin or gift)

# Leaving a Living Legacy—

## This Is My Story

1. What is your full name? Explain why your parents gave you that name.  

---
2. When and where were you born? Describe your home, your neighborhood, and the town you grew up in.  

---

---
3. What memories do you have of your father (his name, birth date, birthplace, parents, etc.)?  

---

---
4. What memories do you have of your mother (her name, birth date, birthplace, parents, etc.)?  

---

---
5. What kind of work did your parents do (farmer, salesman, manager, seamstress, nurse, stay-at-home mom, professional, laborer, and so on)?  

---
6. Have any of your family members died? If so, explain what they died from and what you remember of their death; the circumstances of their death.  

---
7. What kind of hardships or tragedies did your family experience while you were growing up? \_\_\_\_\_
8. Are there any obvious or unusual genetic traits that run in your family line?  

---
9. What are the names of your brothers and sisters? Describe traits and memories that stand out in your mind about each of your siblings.  

---
10. What are some of your family traditions that you remember?  

---

11. Did your family have special ways of celebrating specific holidays?

---

---

12. Share some memories of your grandparents.

---

---

13. Did your grandparents live close by? If so, describe how they were involved in your life. If they lived far away share some memories of visiting them or of them traveling to visit you.

---

---

14. Who were your aunts and uncles? Write about any of your aunts or uncles who really stand out in your mind. Give some details about them (names, personalities, events that you remember doing with them, and so on).

---

---

15. Where did you go to school? Give some details about what was school like for you and some of your memorable experiences.

---

---

16. What were your favorite subjects in school? Explain why.

---

---

17. What subjects did you like the least? Explain why.

---

---

18. Who were some of your friends in school? Explain what your friends were like and what they are doing today if you know that.

---

---

19. If you went to college or a vocational school, what school did you attend? Describe what memories you have of those years and what subjects you studied.

---

---

20. What do you see as your greatest strengths?

---

---

21. What were some of the challenges you have had to deal with in your life?

---

---

- 
22. What medical issues have you had to deal with throughout your life?
- 
23. Was religion an important for you and your family? If so, explain what religion your family practiced and what it meant to you. Explain if it is or is not an important part of your life today. \_\_\_\_\_
- 
24. What foods do you like and dislike? Describe any food allergies you or other family members had.
- 
25. Were there two or three food dishes your mother or father made that were especially memorable? \_\_\_\_\_
26. How did you meet your spouse?
- 
27. What was your courtship like? Describe your marriage day.
- 
- 
28. Share some stories about your spouse.
- 
- 
29. How many children do you have? List their names and share a few memories about each one. \_\_\_\_\_
- 
- 
30. Describe some of the major community, national, and world events you lived through. How did these events change your life? \_\_\_\_\_
- 
- 
31. What are some of your life philosophies or life views that you would share with others? \_\_\_\_\_
- 
- 
32. What are some of the personal values that are very important to you? Share some examples of what have you done and what are you doing now to teach these values to your children, grandchildren and others.
-

---

33. List at least five people who have had a memorable influence on your life. What did they do that had such an influence on you? \_\_\_\_\_

---

34. What are somethings about yourself that make you uniquely you.

---

---

35. What are the things that you are grateful for.

---

---

36. What is your philosophy on money. \_\_\_\_\_

37. If you could spend a day with any famous person in the world, who would it be, and what would you do during your day with him or her? \_\_\_\_\_

---

---

38. What scares you? \_\_\_\_\_

39. What makes you stop and go "Wow!"? \_\_\_\_\_

40. What are some of the things you enjoy doing in your leisure time? \_\_\_\_\_

---

41. If you could go back in time and spend an hour visiting with yourself at age 15, what would you tell your younger self? \_\_\_\_\_

---

---

42. What are some of your talents? Explain how you discovered them and what you have done to cultivate and improve them. Describe how your talents have they affected your life. \_\_\_\_\_

---

43. What did you do for a career? Explain how you chose that career. \_\_\_\_\_

---

44. What were some of the jobs you had throughout your life and what were some of the memorable experiences you had with these jobs?

---

45. What are 5 significant events or experiences in your life, and explain what effects they have had on you.

---

46. What are some of the life lessons that you have learned and would like to pass on to your descendants?

---

47. In how many places have you lived during your lifetime? Provide a brief description of each place you've lived, why you lived there, and why you moved.

---

48. If you could go back in time and do things over again, what would you change?

---

49. When all is said and done, what do you want to be remembered for? Write about what you are doing now to create a legacy worthy of remembering.

---

50. If you were to leave 5 different bits of advice for your future posterity, what would they be?

---

---

51. Have you traveled to any place outside of your home country? If so, explain the reasons for your trip(s) and what memorable things happened on some of those trips. \_\_\_\_\_

---

52. If a newspaper wanted to do a story about you, what would the story be about?

---

53. What were some of the popular fads you experienced during your life?

---