

# Love Letter to my Family



A good man leaves an inheritance  
for his children's children.

Proverbs 13:22



“A good man leaves an inheritance for his children’s children.” Proverbs 13:22 ... As we read this verse in Proverbs, the inheritance a man leaves for his children and grandchildren is referring to passing on our love of Christ as our Savior and being good

stewards with the blessings we receive. As Christians, we do this with our family in reading the scriptures, praying, coming together in community and through our service, talents and gifts to God and the church. We thank you!

The Congregational Care Committee of First Presbyterian Church offers seminars, from time to time, on how we can prepare for the transitions of our lives. Many participants have expressed an interest in how we can plan for the future, including the use of a method to document important family and estate information. Important information includes the location of your vital documents. The names of key advisors and contact information are useful as well.

This booklet, entitled *Love Letter to My Family*, will assist you in capturing information about family history and financial and estate details, and will serve as a personal family record when a “life transition” occurs. It’s not always easy to think about what a family would need to know in difficult circumstances, but taking time together to discuss, review and document your family records can prepare those who would need it the most. We hope the process of collecting and documenting this information will inspire prayerful reflection and conversation with family members on your future and the legacy of your lives.

Our hope is that this booklet will be a comfort knowing that your medical, financial and estate wishes are easily documented and in one location.

First Presbyterian Church of Nashville would like to thank Fellowship Bible Church of Northwest Arkansas, Roger, Arkansas, for sharing the content and format of a document that provided the foundation of much of this booklet.

The pastors of First Presbyterian Church, Nashville, are available to assist you as you plan for or undergo a life transition. An on-call pastor is available to assist you during the evening and weekend hours. You may contact one of your pastors, or obtain information about reaching the on-call pastor, by calling the church office at 615-383-1815.

If you have any questions or suggestions concerning how your pastors and your church can be of assistance to you, please know we would love to hear from you.

God's blessings on you and your loved ones.

A handwritten signature in black ink that reads "Sandra Randleman". The script is cursive and elegant, with a large initial 'S' and 'R'.

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# Love Letter to My Family

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

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

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:

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

My Driver's License number is: \_\_\_\_\_

My Passport number is: \_\_\_\_\_

## **LOCATION OF IMPORTANT DOCUMENTS** (See also pages 15-17)

Adoption: \_\_\_\_\_

Annulment: \_\_\_\_\_

Automobiles: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Boats: \_\_\_\_\_

Divorce: \_\_\_\_\_

Immigration and Naturalization: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Memberships and Season Tickets: \_\_\_\_\_

Military Records: \_\_\_\_\_

Passport and Travel Papers: \_\_\_\_\_

Property Deeds and Surveys: \_\_\_\_\_

Social Security Cards / Statements: \_\_\_\_\_

Tax Returns: \_\_\_\_\_

## **ADVISORS**

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

### **Attorney**

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

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

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

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

### **Insurance Agent**

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

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

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

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

### **Accountant**

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

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

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

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

### **Mortgage Holder**

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

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

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

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

### **Financial Planner**

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

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

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

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

**Tax Preparer**

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

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

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

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

**Other**

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

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

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

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

**FINANCIAL INFORMATION**

Contact Social Security to change survivor's benefits or apply for benefits for minor child.

**Income**

I work at: \_\_\_\_\_

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

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

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

Years of employment: \_\_\_\_\_

**I have the following benefits where I work or worked (briefly describe):**

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

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

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

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

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

**I am an owner of the following business:**

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

Ownership Percentage: \_\_\_\_\_

Other owner(s):

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

**I have the following benefits through my business (briefly describe):**

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

Buy/Sell Agreement: \_\_\_\_\_

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

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

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

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

**I am retired and have the following pension income:**

Company	Years of Employment	Date of Retirement	Phone Number	Monthly Income	Survivor Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**I receive monthly income from the following annuity:**

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

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

**I am entitled to veterans benefits due to the following military service:**

Description of military service: \_\_\_\_\_

Years of service: \_\_\_\_\_

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

Contact the Veterans Administration at: \_\_\_\_\_

**Assets**

Here is a list of all my accounts. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_

Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_

Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_



Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_

Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_

Custodian: \_\_\_\_\_

Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

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

Website/password: \_\_\_\_\_

Statements are located: \_\_\_\_\_

**Here is a list of other investments I own:**

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

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

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

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

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

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

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

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

**Here is a list of jointly owned real property:**

Address of property: \_\_\_\_\_

Location of deed: \_\_\_\_\_

**Here is a list of real property not jointly owned:**

Address of property: \_\_\_\_\_

Location of deed: \_\_\_\_\_

**Here is a list of automobiles owned or leased:**

Automobile: \_\_\_\_\_

Payment plan or leasing contract information: \_\_\_\_\_

\_\_\_\_\_

**Money is owed to us by:**

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

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

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

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

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

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

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

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

**Liabilities:**

Here is a list of our liabilities, including a contact name and phone number for 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:**

Company: \_\_\_\_\_

Card No: \_\_\_\_\_

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

Company: \_\_\_\_\_

Card No: \_\_\_\_\_

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

Company: \_\_\_\_\_

Card No: \_\_\_\_\_

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

Company: \_\_\_\_\_

Card No: \_\_\_\_\_

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

Company: \_\_\_\_\_

Card No: \_\_\_\_\_

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

**INSURANCE COVERAGE**

**Life Insurance**

I have the following life insurance policies. Please check with each company and determine if:

- *The policy allows for pre-payment of death benefits in the case of disability.*
- *The policy allows you to stop making premium payments in the case of disability.*

Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Company/Agent: \_\_\_\_\_

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

Location of Policy: \_\_\_\_\_

Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Company/Agent: \_\_\_\_\_

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

Location of Policy: \_\_\_\_\_

Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Company/Agent: \_\_\_\_\_

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

Location of Policy: \_\_\_\_\_

**Other Insurance**

I have the following other insurance policies.

**Disability**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Long-Term Care**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Health Insurance**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Umbrella**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Homeowners**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Auto**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**Other**

Company/Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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

**DOCUMENTS**

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

**Will**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

**Medical or Health Care Power of Attorney**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

**Health Care Advance Directive**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **General Power of Attorney**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **Living Trust**

Attorney's law firm and contact information: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **Insurance Trust**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **Charitable Trust**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **Minor's Trust:**

Attorney's law firm and contact information: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## **Pre-Nuptial Agreement:**

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_



## Post-Nuptial Agreement

Date Signed: \_\_\_\_\_

Location of the original: \_\_\_\_\_

Location of copies: \_\_\_\_\_

## Citizenship Papers

Date Signed: \_\_\_\_\_

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

## Retirement Plan Beneficiary Designation:

Date Signed: \_\_\_\_\_

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

**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: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2nd: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## Power of Attorney for Medical Decisions

1st: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2nd: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## Guardian over my Property

1st: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2nd: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## Guardian over my Person

1st: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2nd: \_\_\_\_\_ Contact Info: \_\_\_\_\_

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.

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

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

## HOME SECURITY

### Passwords

Entrance to Home(s): \_\_\_\_\_

Location of Key(s): \_\_\_\_\_

Home Security Codes: \_\_\_\_\_

Home Security Passwords: \_\_\_\_\_

Website or URL: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

PIN: \_\_\_\_\_

Additional Security Questions: \_\_\_\_\_

Website or URL: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

PIN: \_\_\_\_\_

Additional Security Questions: \_\_\_\_\_

Website or URL: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

PIN: \_\_\_\_\_

Additional Security Questions: \_\_\_\_\_

Website or URL: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

PIN: \_\_\_\_\_

Additional Security Questions: \_\_\_\_\_

Website or URL: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

PIN: \_\_\_\_\_

Additional Security Questions: \_\_\_\_\_

## **GENERAL INFORMATION**

My Safe Deposit Box can be found at: \_\_\_\_\_

and the key can be found at: \_\_\_\_\_

The following people have signature authority on the box: \_\_\_\_\_

\_\_\_\_\_

My Personal Safe can be found at: \_\_\_\_\_

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

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

I am currently the Trustee for a trust. If I am a Trustee, the trust document is located at: \_\_\_\_\_

I am a beneficiary of a trust. If I am a beneficiary, the trust document is located at: \_\_\_\_\_

I am entitled to military/government benefits. The benefits are:

\_\_\_\_\_

I am entitled to other benefits. The benefits are: \_\_\_\_\_

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: \_\_\_\_\_

## **CHECKLIST FOR FAMILIES IN THE EVENT OF MY DEATH**

I am an organ donor. My donor information is located: \_\_\_\_\_

Desired funeral home: \_\_\_\_\_

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

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

### **Desired service of worship:**

Type of service:    Funeral       Memorial       Graveside

Location of service:    Sanctuary       Chapel       Other:

### **Desired location of Visitation:**

Cheek House       Courtenay Hall       Other:

### **Burial/Cremation Preferences:**

Burial

Prepaid Cemetery Plot: \_\_\_\_\_

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

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

Plot/Drawer No: \_\_\_\_\_

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

Cremation

Crematory and contact information: \_\_\_\_\_  
\_\_\_\_\_

Columbarium location: \_\_\_\_\_

Body donated to medical science

**Will there be any military or fraternal rites at the graveside?**

Yes      No

**Information for the Worship Bulletin**

Full name of deceased: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Pastor(s) requested to officiate: \_\_\_\_\_

**Scriptures requested**

Old Testament: \_\_\_\_\_

New Testament: \_\_\_\_\_

**Hymns requested:** \_\_\_\_\_  
\_\_\_\_\_

**Special Vocalists/Musicians:** \_\_\_\_\_

**Other persons to participate in the service**

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

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

***Please Note: To allow the family time to mourn and grieve, it is recommended that only the pastors speak during the service. However, if you do wish to have someone offer personal reflections it is recommended that only one person speak.***

**Pallbearers and contact information:** \_\_\_\_\_  
\_\_\_\_\_

I have a deceased    spouse    parent    child who is buried at:  
I    wish            do not wish to be buried next to such person.

**Tombstone engraving:** \_\_\_\_\_

\_\_\_\_\_

**Wishes regarding Memorial Contributions:** \_\_\_\_\_

\_\_\_\_\_

**Other special requests:** \_\_\_\_\_

\_\_\_\_\_

**My obituary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Presbyterian Church Contact Information**

For assistance with planning a funeral or memorial service, please call the church office or on-call pastor:

First Presbyterian Church of Nashville  
4815 Franklin Pike • Nashville, TN 37220 • (615) 383-1815

# FAMILY HISTORY

I was born in \_\_\_\_\_  
on \_\_\_\_\_ 19 \_\_\_\_\_

My parents (*name and contact information*): \_\_\_\_\_  
\_\_\_\_\_

My maternal grandparents (*name and contact information*): \_\_\_\_\_  
\_\_\_\_\_

My paternal grandparents (*name and contact information*): \_\_\_\_\_  
\_\_\_\_\_

My siblings (*name and contact information*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My children (*name and contact information*):

_____	Born: _____
_____	Born: _____
_____	Born: _____
_____	Born: _____
_____	Born: _____
_____	Born: _____

I have no children.

My grandchildren (*children of, name and contact information if different than child's*):  
\_\_\_\_\_  
\_\_\_\_\_

I have detailed information on my family's history. It is located at:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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How I would like to be remembered: \_\_\_\_\_

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**I HAVE UNDERAGE CHILDREN**

Date: \_\_\_\_\_

**Name(s) of Child or Children:** \_\_\_\_\_

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**Guardian(s)**

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Pediatrician**

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Family Physician**

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Dentist**

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Other Professional Service Providers**

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## Special Care Instructions

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## I AM THE CAREGIVER OF THE FOLLOWING ELDERLY PARENTS OR OTHER OLDER RELATIVES

Date: \_\_\_\_\_

### Names of Elderly Parents or Other Older Relatives or Friends:

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### Guardian(s)

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Physician Speciality

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## Physician Speciality

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Location of Medical Documents

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## Location of Living Will

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## Location of Other Important Papers

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

## MY PETS

### Location of Documents

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**Name of Pet:** \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

My Wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Pet:** \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

My Wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Copies of this document were delivered to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_















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[www.fpcnashville.org](http://www.fpcnashville.org)