

THE
Love
LETTER



PREPARING
THE
Family FOR
PEACE

Dear Good Steward,

Throughout life, you have worked tirelessly to demonstrate the love that you have for your family and to protect them from life's snares. A perfect way to express your love is to take time to invest in planning for your future through something that we call "The Love Letter." The Love Letter is a document that contains details of your personal finances and estate affairs and has been created to ensure that your family has the necessary information needed when life changes occur (e.g. sickness, mental illness, death, etc.). Although many of us are good at or may be efficient in the planning of our daily lives, most of us leave behind inadequate or incomplete records about our personal affairs and little to no information for family members to use in order to answer the many questions that come up when serious life changes occur - or in the words of Bishop Rosie S. O'neal "when life flips on you."

Does your family know where you keep your deeds, titles, and important documents? How and when will your benefits be dispersed to your family at the time of death? How will your estate be settled? Are there outstanding debts or bills that your family may be responsible to pay when life changes occur? These are just a few of the many questions that can go unanswered and that can leave families in turmoil and unfortunately, are the root of many family splits. When it comes to making decisions about how you want your finances and estate to be handled, you can't afford to put it off. Proper planning is essential in helping to eliminate confusion at difficult times.

This document does not replace your will or other estate planning documents. However, it is designed to assist the person you designate to handle your affairs and carry out your final wishes in conjunction with the other documents you may have signed to properly handle your affairs and final wishes.

We encourage you to keep the completed letter along with the other suggested documents (referenced in The Love Letter) in one central location. Once the documents are properly labeled and securely stored in a fireproof safe, let the designee know where to find this vital information. The Love Letter should be reviewed annually in order to keep information current and accurate. Your family will appreciate you using this simple planning tool that will essentially put their minds at ease. The more prepared you are now, the better off you and your family will be in the future.

We trust that you will utilize the benefits of The Love Letter and pass it on as a "love gift" to friends and family members whom you cherish and hold dear to your heart.

Bishop Rosie S. O'neal preached a message entitled "Prepare for what you don't plan for". We're not planning for life to change anytime soon but this document helps make sure we're prepared and the family is empowered to plan!

Forever In His Love



Personal Information

| | | |
|----------------------------|------------------------|-----------|
| First, Middle & Last Name: | | |
| Maiden Name: | Date of Birth: | |
| Social Security Number: | Driver License Number: | |
| Passport Number: | | |
| Address: | | |
| City: | State: | Zip Code: |

Prior Address

| | | |
|----------------|--------|-----------|
| Prior Address: | | |
| City: | State: | Zip Code: |

Marital Information

| | | | | | |
|---|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| Marital Status: | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Divorced <input type="checkbox"/> | Widowed <input type="checkbox"/> | Separated <input type="checkbox"/> |
| Spouse's First, Middle, & Last Name: | | | | | |
| Date of Birth: | Social Security Number: | | | | |
| Marriage Date: | Married in what state? | | | | |
| | | | | | |
| Previous Spouse's First, Middle, & Last Name: | | | | | |
| Date of Birth: | Married in what state? | | | | |
| Marriage Date: | | | | | |

Children

| First, Middle, & Last Name | Date of Birth | Contact Number | Address |
|----------------------------|---------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Life Insurance

| Type | Company | Policy Number | Beneficiary | Amount To Beneficiary |
|------|---------|---------------|-------------|-----------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Contact the following in the event of serious injury or death

| | |
|--------|---------------|
| Name: | Relationship: |
| Phone: | City & State: |
| | |
| Name: | Relationship: |
| Phone: | City & State: |
| | |
| Name: | Relationship: |
| Phone: | City & State: |

Final Wishes

| | | |
|---|---|----------------------------------|
| Member of What Church? | | |
| Church Contact Number: | Pastor's Name: | |
| Church Address: | | |
| Funeral Home: | | |
| Funeral Director: | Phone: | |
| I am an organ donor <input type="checkbox"/> | I am NOT an organ donor <input type="checkbox"/> | |
| I am entitled to Veterans Benefits: Yes <input type="checkbox"/> No <input type="checkbox"/> | I am entitled to Military Honors Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Contact the following for Military Honors: | | |
| I have a pre-paid burial plan: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| I desire to be cremated & no service <input type="checkbox"/> | I desire to be cremated & have a memorial service <input type="checkbox"/> | |
| Do the following with my ashes: | | |
| I desire to have a graveside service <input type="checkbox"/> Cemetery: | City & State | |
| I desire to have a funeral & burial <input type="checkbox"/> Cemetery: | City & State: | |
| I have purchased a plot at: | City & State: | Plot #: |
| I desire to have a: Wake <input type="checkbox"/> | Viewing an hour before service <input type="checkbox"/> | Neither <input type="checkbox"/> |
| I do NOT want a Final Viewing <input type="checkbox"/> I give permission for a Final Viewing <input type="checkbox"/> | | |

Funeral / Memorial Service

| | |
|--|----|
| I would like the following minister to do my eulogy: | |
| My favorite scripture(s): | |
| I would like the following songs: | |
| 1. | 2. |
| 3. | 4. |
| I would like the following persons serve as pallbearers: | |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| I would like the following persons to speak at my funeral: | |
| 1. | 2. |
| 3. | 4. |

| |
|----------------------|
| Tombstone Engraving: |
|----------------------|

| |
|--|
| I believe the most important things in life are: |
|--|

| |
|------------------------------------|
| How I would like to be remembered: |
|------------------------------------|

Funeral / Memorial Service *Continued*

The most important things I have done in my life are:

It is very important to have the following documents located in a safe place with this love letter.

- Will & Estate Plan- you need a will! Gather all information pertaining to your will and estate including names of the executor and Power of Attorney.
- Health Care Power of Attorney- this is who will make the decisions regarding your medical care in the event you are unable to do so for yourself.
- Insurance Policies- a copy of all insurance policies: health, auto, life, umbrella, long-term care, homeowners, disability and any other types policies you may have.
- Important Documents- any legal or other important documents such as deeds, birth certificates, social security cards and titles.
- Tax Return- from the previous year
- Monthly Budget- a copy of your written budget. This will be a tremendous help to your spouse and loved ones to see what are the expenses of the household.
- Passwords- write down all passwords, usernames, combinations, and PINs

Real Estate

| | | | |
|--------------------------------|------------------|--------------------|--|
| Type of Property: | | Mortgage held by: | |
| Address: | | | |
| Monthly Payment: \$ | Loan Balance: \$ | Property Value: \$ | |
| Homeowner's Insurance Held By: | | | |
| Type of Property: | | Mortgage held by: | |
| Address: | | | |
| Monthly Payment: \$ | Loan Balance: \$ | Property Value: \$ | |
| Homeowner's Insurance Held By: | | | |
| Type of Property: | | Mortgage held by: | |
| Address: | | | |
| Monthly Payment: \$ | Loan Balance: \$ | Property Value: \$ | |
| Homeowner's Insurance Held By: | | | |

Income

Current Employer

Contact Name: _____ Phone: _____

I have the following benefits where I work:

Deferred Compensation:

Stock Ownership:

Stock Options:

Business Owner - I own the following business

Business Name:

Owner Percentage:

Other owner(s): _____ Phone: _____

Pension - I receive monthly income from the following pension income

| Company | Contact Phone Number | Monthly Income | Survivor Benefit |
|---------|----------------------|----------------|------------------|
| | | | |
| | | | |
| | | | |

Annuity- I own/received monthly income from the following annuity

Company: _____ Company: _____

Policy Number: _____ Policy Number: _____

Monthly Income: _____ Monthly Income: _____

Phone: _____ Phone: _____

Veteran Benefits – I am entitled to benefits due to the following military service

Branch Served:

Years of Service: From- _____ To- _____

Veterans Administration Phone Number:

Checking / Saving / Investment Accounts

Bank /Institution: _____ Bank /Institution: _____

Type of Account: _____ Type of Account: _____

Account #: _____ Account #: _____

PIN/Password: _____ PIN/Password: _____

Account Beneficiary: _____ Account Beneficiary: _____

Bank /Institution: _____ Bank /Institution: _____

Type of Account: _____ Type of Account: _____

Account #: _____ Account #: _____

PIN/Password: _____ PIN/Password: _____

Account Beneficiary: _____ Account Beneficiary: _____

Bank /Institution: _____ Bank /Institution: _____

Type of Account: _____ Type of Account: _____

Account #: _____ Account #: _____

PIN/Password: _____ PIN/Password: _____

Account Beneficiary: _____ Account Beneficiary: _____

Credit Cards / Loans

| | | | |
|-----------------------|-----------|-----------------|--|
| Company: | | Account Number: | |
| Name on Card/Account: | | | |
| Type of Loan: | Username: | Password: | |
| | | | |
| Company: | | Account Number: | |
| Name on Card/Account: | | | |
| Type of Loan: | Username: | Password: | |
| | | | |
| Company: | | Account Number: | |
| Name on Card/Account: | | | |
| Type of Loan: | Username: | Password: | |
| | | | |
| Company: | | Account Number: | |
| Name on Card/Account: | | | |
| Type of Loan: | Username: | Password: | |
| | | | |
| Company: | | Account Number: | |
| Name on Card/Account: | | | |
| Type of Loan: | Username: | Password: | |

Vehicles / Motorcycles / Boats / Trailers / RVs

| | |
|----------------------|----------------------|
| Type of Vehicle: | Type of Vehicle: |
| Year: | Year: |
| Make: | Make: |
| Model: | Model: |
| Vin #: | Vin #: |
| Insured by: | Insured by: |
| Registered to: | Registered to: |
| Status of Ownership: | Status of Ownership: |
| | |
| Type of Vehicle: | Type of Vehicle: |
| Year: | Year: |
| Make: | Make: |
| Model: | Model: |
| Vin #: | Vin #: |
| Insured by: | Insured by: |
| Registered to: | Registered to: |
| Status of Ownership: | Status of Ownership: |
| | |
| Type of Vehicle: | Type of Vehicle: |
| Year: | Year: |
| Make: | Make: |
| Model: | Model: |
| Vin #: | Vin #: |
| Insured by: | Insured by: |
| Registered to: | Registered to: |
| Status of Ownership: | Status of Ownership: |



Koinonia
CHRISTIAN CENTER CHURCH



BROTHER TOIRISTE &
BISHOP ROSIE S. O'NEAL