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SUGGESTED LETTER TO ADULT CHILDREN OR AGENTS ACTING AS POWER OF ATTORNEY, PERSONAL REPRESENTATIVE, OR TRUSTEE

Dear Family/Children/Agents:

I have signed estate planning documents on _____, 20____, planning for my incapacity, illness, disability and death. You are nominated as my agent under my financial and health care power of attorney documents, the originals of which are (option 1) located _____ OR (option 2) which I have given to you for safekeeping. You are authorized to act on my behalf under these documents in the event I am not able to do so. You can only act as my agent under a power of attorney document if I am still alive but disabled or otherwise unable to act. The power of attorney authority ends at death. The Will takes effect only after my death, but your authority is not automatic. You may need to be appointed under the appropriate laws as my Personal Representative if my estate will be subject to a probate administration proceeding. I suggest you contact the attorney who assisted me with my estate planning documents, or an attorney of your own choosing if you need assistance. If I have executed a Revocable Living Trust Agreement, this provides for the management of my assets during lifetime and after death. Revocable Living Trusts avoid probate to the extent all assets are owned by the Trust at the time of my death. This letter is to assist you with matters requiring administration after my death or incapacity.

You should be aware that my estate consists of the following assets:

1. Bank Account(s) located at _____ Bank, (address) and (telephone number) and contact person(s): _____. The Account Number(s) is/are _____ (list them).
2. CD's located at _____ Bank, (address) and (telephone number) and contact persons(s): _____. The CD number(s) is/are: _____ (list them).
3. Life Insurance:
 - A. Policy Number: _____, _____ (Name of Company), Address of Home Office: _____, Telephone Number: _____, Face Amount: _____. Beneficiary: _____.

You will need a certified copy of the death certificate and a death claim form from the

Company in order to receive these proceeds. My original policy/ies are located

_____.

4. Annuity/ies: Same information as life insurance.
5. Mutual Funds/Stocks/Portfolio Accounts: Location, Telephone number, Account Fund Numbers, Contact persons, and amount(s).
6. Car(s). The Title is located _____ and the make, model, year and VIN numbers are on the title.
7. Real Estate located in _____ County, State of _____. The Deed and/or Title Insurance policy is located _____. The last tax bill is located _____ and the fair market value is approximately \$_____. The property insurance carrier is _____ (name of contact person, address, and telephone number). The original policy is located _____.
8. Cash located _____ (if any).
9. Credit Card(s) through the following companies: _____ (list them). All credit cards are located _____.
10. I currently receive a pension through _____ (name of company, address, telephone number, and contact person). You ARE/ARE NOT entitled to payments after my death.
11. At this time, I have the following liabilities (including mortgages, if any): (List Them)
12. Safe Deposit Box number _____ located at _____ Bank, _____ (location). You are the named Agent and have access under my Durable Financial Power of Attorney document.
13. I prepared a list of personal property which I want distributed as provided for under the terms of my Will. This list is located _____.
14. I keep all personal tax returns filed _____ (location).
15. My Social Security number is _____ and my card is located _____.
16. My health insurance coverage is through Medicare, and my supplemental coverage is through _____ (name of company, address, telephone number, and contact person). My personal physician is _____ (name and location and phone number). I have executed a Durable Health Care Power of Attorney and Living Will which is located _____ and my physician has a current copy.
17. I have/have not prepaid or prearranged my funeral with _____ (Name of Funeral Home, Address, Telephone number, and contact person, if known). The deed for my burial plot is located _____. I want to be BURIED CREMATED

After my death, you should file the original Will with the Register in Probate office of the county in which I am domiciled in and contact an attorney if you need assistance. If I have executed a Revocable Living Trust, it will require administration by the Trustee after my death.

My Financial Advisor/Planner is: _____

My accountant/CPA is: _____

My attorney is: _____

