



LEGACY LETTER

FAMILY & ESTATE DIRECTORY

Prepared for:

Presented by:

Date:

INVEST WITH CLARITY®

FAMILY INFORMATION

Spouse: _____ Maiden Name: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

FAMILY INFORMATION

Child: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child: _____

Date of Birth: _____ Birth Place: _____

Home Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

| Pet Name | Age | Type | | |
|----------|-------|-------|-------|-------|
| | | Dog | Cat | Other |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Notes / Other Family Information: _____

ADVISORS AND REPRESENTATIVES

Financial Advisor: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attorney: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Accountant: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Agent: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

ADVISORS AND REPRESENTATIVES

Doctor: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Doctor: _____

Business Phone #: _____ Cell Phone #: _____ Other: _____

E-mail address(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Power of Attorney (Financial): _____

Healthcare Agent / Power of Attorney: _____

Personal Representative (Will): _____

Trustee(s): _____

Notes: _____

LOCATION OF IMPORTANT RECORDS

Records in My Home are Located: _____

Records in My Office are Located: _____

My Safe Deposit Box is Located: _____

Digital Records are Located (i.e. Flash Drive, Storage Media, Computer Hard Drive, Cloud Drive, etc.):

_____ Password: _____

_____ Password: _____

_____ Password: _____

| Location: | Home | Office | Safe Deposit | Digital | Other |
|--|------|--------|--------------|-----------|-------|
| <i>Example: Tax Returns</i> | X | | | x-Dropbox | |
| Current Will (Dated: _____): | | | | | |
| Trust (Dated: _____) (Amendment #: _____): | | | | | |
| Healthcare / Advanced Directive / Living Will: | | | | | |
| Power of Attorney (Financial): | | | | | |
| Birth Certificate / Citizenship Papers: | | | | | |
| Marriage Documents: | | | | | |
| Tax Returns: | | | | | |
| Insurance Policies: | | | | | |
| Deeds & Other Real Estate Documents: | | | | | |
| Vehicle Titles: | | | | | |
| Investment Account Information: | | | | | |
| Outstanding Loan/Creditor Information: | | | | | |
| Credit Cards: | | | | | |
| Personal Valuables: | | | | | |
| Other: | | | | | |
| Other: | | | | | |

IN THE EVENT OF MY DEATH

I am an organ donor: Yes No

Donor information is located: _____

Funeral Home: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I do wish to be cremated do not wish to be cremated

Prepaid Cemetery Plot: _____

I have a deceased spouse parent child and I do do not wish to be buried next to them.

Tombstone Engraving: _____

Minister(s) to perform service: _____

Pallbearers: _____

In lieu of flowers, please ask for donations to: _____

Special Requests: _____

ASSETS AND LIABILITIES

In lieu of providing Asset & Liability information here, I request you contact the following advisor(s):

| Asset: | Description | Ownership / Title | Company | Notes <small>(include approx. value if you wish)</small> |
|-------------------------------|--------------------|--------------------------|----------------|--|
| <i>Ex: Retirement Account</i> | IRA, 401k | John | TD Ameritrade | |
| <i>Ex: Real Estate</i> | Cabin | John & Jane | | Grand Marais, MN |
| <i>Ex: Investment Account</i> | Brokerage | John | TD Ameritrade | TOD in place |
| Real Estate: | | | | |
| Real Estate: | | | | |
| Real Estate: | | | | |
| Retirement Account: | | | | |
| Retirement Account: | | | | |
| Retirement Account: | | | | |
| Bank Account: | | | | |
| Bank Account: | | | | |
| Bank Account: | | | | |
| Investment Account: | | | | |
| Investment Account: | | | | |
| Investment Account: | | | | |
| Investment Account: | | | | |
| Mortgage: | | | | |
| Mortgage: | | | | |
| Loan or Credit Account: | | | | |
| Loan or Credit Account: | | | | |
| Loan or Credit Account: | | | | |
| Loan or Credit Account: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |

FAMILY HISTORY

I was born in: _____

My parents were: _____

My maternal grandparents were: _____

My paternal grandparents were: _____

I have a genealogy or other detail family information located at: _____

Other Family History Information: _____

DESIRES FOR MY FAMILY

When I am gone, I hope my family will learn from my experiences: _____

I believe the most important things in life are: _____

I hope my family will use its inheritance from me to accomplish the following goals in their lives: _____

How I would like to be remembered: _____

PEOPLE TO NOTIFY

Name: _____ **Phone:** _____

E-mail address(s): _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Phone:** _____

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City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Phone:** _____

E-mail address(s): _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SIGNED

Printed Name: _____

Signature: _____

Date: _____

Copies Delivered to: _____



For more information contact:

Nepsis, Inc.

(952) 746-2003 • Fax: (952) 746-2006

8674 Eagle Creek Circle, Minneapolis, MN 55378

www.InvestWithClarity.com

Blog: www.InvestingWithClarity.com

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