

“Parting Memoir” For My Family

Although we here at EDSALL • ARRIETA LLP specialize in estate planning and the allocation of property upon an individual’s incapacity or death, we realize that these preparations explore only certain aspects of one’s personal legacy and wishes. For this reason, it is our hope to further assist you and your family by suggesting the creation of a “parting memoir”. The parting memoir, although informal in its execution, is an important instrument for conveying more intimate information to surviving family members such as beliefs, life experiences and memories, advice, messages of love, etc. This document can also be useful to your family as a source of miscellaneous facts regarding assets, debts, and policies which they may otherwise be unaware of, but knowledge of which would prove beneficial and reassuring to them during difficult times.

Enclosed you will find a template meant to guide you in completing your parting memoir. It can, of course, be edited and added to as is appropriate to your specific needs and intentions. As always, please do not hesitate to contact our office if you have any questions or concerns.

Sincerely,

EDSALL • ARRIETA LLP
Attorneys at Law



Dear Loved Ones:

In an attempt to simplify matters for you, I have written this memoir to provide you with information that will be necessary when the time arises:

Effective date: _____

ADVISORS

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

ATTORNEY

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

STOCKBROKER

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

PENSION BENEFITS

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

EMPLOYER

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

INSURANCE ADVISOR

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

ACCOUNTANT

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

FINANCIAL PLANNER

NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

MORTGAGE HOLDER

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: _____

Money is owed to us by: _____
Name: _____
Address: _____
Phone: _____
Amount: _____

Money is owed to us by: _____
Name: _____
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: _____

I am also a guarantor of the following debt:

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

INSURANCE COVERAGE

I have the following life insurance policies (including company-owned) on my life:

TYPE	OWNER	BENEFICIARY	FACE AMOUNT	EXISISTING LOANS	CASH VALUE
			\$	\$	\$

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 insurance policies:

COMPANY	POLICY LOCATED AT

I have the following health insurance policies:

COMPANY	POLICY LOCATION

I have the following other policies:

TYPE	COMPANY	POLICY LOCATED AT
Auto		
Umbrella		
Home		

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 ☐ does allow ☐ does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy ☐ does allow ☐ does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy ☐ does allow ☐ does not allow you to stop making premium payments.

EMPLOYMENT

I have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plan(s): _____
Life Insurance: _____
Health Insurance: _____
Long-Term Care Insurance: _____
Disability Insurance: _____
Deferred Compensation: _____
Stock Ownership: _____
Stock Options: _____
Cafeteria Plan: _____
Other: _____

DOCUMENTS

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

DOCUMENT	DATE SIGNED	LOCATION
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 Beneficiary Designation		
Insurance Beneficiary Designation		

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 _____ 2nd _____

Power of Attorney for Medical:

1st _____ 2nd _____

Decisions:

1st _____ 2nd _____

Guardian over my Property:

1st _____ 2nd _____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a conservator being appointed, unless my family believes conservatorship 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 not have 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 safe deposit box.

It can be found: _____

The key can be found: _____

The following people have signature authority on the box:

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: _____

My Social Security number is: _____

My driver's license number is: _____

My passport number is: _____

My passport can be found: _____

I ☐ am ☐ am not entitled to military benefits. List the benefits:

I ☐ am ☐ am not entitled to other benefits. List the benefits:

I am a member of the following religious group(s):

I am a member of the following fraternal group(s):

I presently carry the following credit card(s):

My important records can be found:

☐ my home filing cabinet

☐ my safe deposit box

☐ my home safe

☐ my attorney's office

☐ my financial planner's office

☐ other: _____

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: _____

Cemetery: _____

Crematory: _____

Plot/Drawer #: _____

Minister/Rabbi: _____

Pallbearers: _____

I ☐ have ☐ have not prepaid my burial costs for my burial plot.

I ☐ have ☐ have not prepaid my burial costs for my casket.

Information can be found at: _____

I have a deceased ☐ spouse ☐ parent ☐ child who is buried at:

I ☐ do ☐ do not wish to be buried next to such person.

I ☐ do ☐ do not have the right to be buried in a military cemetery.

I ☐ do ☐ do not want to be cremated.

SPECIAL REQUESTS:

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers, please ask for donations to:

Other special requests:

FAMILY HISTORY

I was born in _____ on _____, 19____.

City, State Month, Day

My parents are/were _____ and _____.

Full Name Full Name

My maternal grandparents are/were _____ and _____.

Full Name Full Name

My paternal grandparents are/were _____ and _____.

Full Name Full Name

My children are:

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

☐ I have no children.

I ☐ have ☐do not have detailed information on my family's history. It is located at:

[illegible]

[illegible]

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

I have signed this Parting Memoir this ____ day of _____

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 memoir and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

Print Name

Copies of this document were delivered to:

NOTES

NOTES

NOTES

“Parting Memoir” For My Family

EDSALL * ARRIETA LLP
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*Note:

This document contains private financial information. Please keep in a secure location.