

Message to My Loved Ones

*My life, my legacy, my wishes*

**Busey** WEALTH<sup>®</sup>  
MANAGEMENT

This packet is designed to complement your estate plans and documents. It is intended to provide basic information to your loved ones about your intentions, assets, benefits, advisors, insurance policies and funeral requests.

No detail is too small—remember this is your final goodbye to your loved ones. This is a blueprint to help them through a difficult and emotional time.

The process for planning your estate involves many steps beyond having a will or a trust. One of the first steps to take in the planning process is to determine how much planning you need to undertake. No two situations are alike. And even individuals who do not have a great deal of wealth require some degree of planning.

Some documents you may consider executing include:

- Will or Will Substitute
- Personal Property Disposal List
- Living Will
- Medical Power of Attorney—also referred to as Durable Healthcare Power of Attorney
- Durable General Power of Attorney
- Ethical Will

### **Have more questions? We can help.**

Busey Wealth Management grants the peace of mind that comes with understanding your intentions are

spelled out and will be implemented accordingly, while also providing the assurance your loved ones will be provided for and adequately protected by your efforts. Working with a team that makes your priorities and desires into a real life plan is critical, and you can expect no less from the team of professionals at Busey Wealth Management.

We provide the initial guidance you need and can work with your personal attorney to draft the legal documents that go hand in hand with this packet in carrying out your intentions. Our continued relationship provides you with the comfort of knowing you have taken the necessary steps to provide and protect for the here and now, as well as your heirs in the future.

### **Caution**

Identity theft has become a major problem in the United States. This Message to My Loved Ones is purposely designed to provide your family and advisors with as much information as possible about you and your personal financial situation. It is also information, which in the wrong hands, could help someone steal your identity and/or your assets.

We strongly advise you to (1) keep all copies of this Message in a locked location which is only accessible by people you fully trust and (2) provide copies of the Message only to persons who you are confident can be trusted to maintain the secrecy of your information.

## 1. My Personal Information

My full name: \_\_\_\_\_

My date of birth: \_\_\_\_\_

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

My driver's license number: \_\_\_\_\_

My Medicare number: \_\_\_\_\_

My passport number: \_\_\_\_\_

## 2. My General Information

I  do  do not have a safe deposit box.

It is located: \_\_\_\_\_

The key is located: \_\_\_\_\_

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

\_\_\_\_\_

I  do  do not have a personal safe.

The combination is: \_\_\_\_\_

The safe is located: \_\_\_\_\_

The password to my computer is: \_\_\_\_\_

My email address is: \_\_\_\_\_ password: \_\_\_\_\_

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

My internet account is with: \_\_\_\_\_ account number: \_\_\_\_\_

Other important passwords include:

Item, Program or Bank	Login Name	Password

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

\_\_\_\_\_

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

\_\_\_\_\_

I have provided the following for the education of my family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. My Documents

Document	Date Signed	Location	Not Applicable
Will			<input type="checkbox"/>
Living Will			<input type="checkbox"/>
Medical Power of Attorney			<input type="checkbox"/>
Medical Directive			<input type="checkbox"/>
General Power of Attorney			<input type="checkbox"/>
Living Trust			<input type="checkbox"/>
Insurance Trust			<input type="checkbox"/>
Charitable Trust			<input type="checkbox"/>
Minor's Trust			<input type="checkbox"/>
Custodial Account			<input type="checkbox"/>
Organ Donation			<input type="checkbox"/>
Children Adoption Papers			<input type="checkbox"/>
Section 529 Education Plan			<input type="checkbox"/>
Pre-Nuptial Agreement			<input type="checkbox"/>
Post-Nuptial Agreement			<input type="checkbox"/>
Divorce Decree or Settlement			<input type="checkbox"/>
Citizenship Papers			<input type="checkbox"/>
Burial Instructions			<input type="checkbox"/>
Retirement Plan Beneficiary			<input type="checkbox"/>

I have a special needs family member or friend who I care for:

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

Relationship: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Special services they receive: \_\_\_\_\_

Primary physician & phone #: \_\_\_\_\_

Is there a trust for such person?  Yes  No

Trust documents are located: \_\_\_\_\_

I have been appointed legal guardian for such person:  Yes  No

I believe the following person should take over this responsibility: \_\_\_\_\_

Information on any accounts I handle for this person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With regard to my general information, the following is additional information which I think is important for my

family and advisors to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Document	Date Signed	Location	Not Applicable
Retirement Plan Beneficiary			<input type="checkbox"/>
Insurance Beneficiary Designation			<input type="checkbox"/>
Military Discharge Papers (DD214)			<input type="checkbox"/>
Employment Contract			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>

My important records are generally located:

- my home filing cabinet
- my safe deposit box
- my home safe
- my attorney's office
- my accountant's office
- my financial planner's office
- other: \_\_\_\_\_

My most recent personal and any business tax returns are located: \_\_\_\_\_

I  have  do not have a divorce decree which may require certain payments be made after I am disabled or after my death.

I may receive an inheritance from: \_\_\_\_\_

The amount of the inheritance may be as much as \$ \_\_\_\_\_

Upon my death, my heirs  will  will not receive a distribution or benefits from a trust.

If yes, the trust document was created by: \_\_\_\_\_

The trust document is located: \_\_\_\_\_

I am currently the trustee for the following trust: \_\_\_\_\_

The trust document is located: \_\_\_\_\_

I am a beneficiary of the following trust: \_\_\_\_\_

The trust document is located: \_\_\_\_\_

I am currently the legal guardian for the following person(s): \_\_\_\_\_

\_\_\_\_\_

#### 4. My Advisors and Agents

##### ACCOUNTANT

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

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

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

Fax: \_\_\_\_\_

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

##### ATTORNEY

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

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

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

Fax: \_\_\_\_\_

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



**EMPLOYER**

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

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

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

Fax: \_\_\_\_\_

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

**FINANCIAL PLANNER**

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

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

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

Fax: \_\_\_\_\_

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

**LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR**

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

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

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

Fax: \_\_\_\_\_

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

**MORTGAGE HOLDER**

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

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

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

Fax: \_\_\_\_\_

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

**PENSION BENEFITS**

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

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

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

Fax: \_\_\_\_\_

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

**PROPERTY AND CASUALTY INSURANCE ADVISOR**

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

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

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

Fax: \_\_\_\_\_

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

**INVESTMENT ADVISOR**

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

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

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

Fax: \_\_\_\_\_

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

**OTHER**

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

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

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

Fax: \_\_\_\_\_

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

## 5. My Assets

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 me by: \_\_\_\_\_

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

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

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

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

This loan is in a signed writing  Yes  No

Money is owed to me by: \_\_\_\_\_

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

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

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

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

This loan is in a signed writing  Yes  No

Money is owed to me by: \_\_\_\_\_

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

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

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

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

This loan is in a signed writing  Yes  No

Money is owed to me by: \_\_\_\_\_

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

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

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

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

This loan is in a signed writing  Yes  No

I want the following loan(s) forgiven at the time of my death (NOTE: Your will or the promissory note should be changed to reflect this forgiveness and make it legally enforceable.): \_\_\_\_\_

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I want the following loan(s) forgiven as a part of the bequest I am leaving to the borrower at the time of my death, i.e., the debt will be one of the assets used to satisfy my bequest to such heir in my will.: \_\_\_\_\_

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I have made substantial deposits to the following accounts: \_\_\_\_\_

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I have assets stored at the following locations: \_\_\_\_\_

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The key to the storage facility is located: \_\_\_\_\_

I have loaned the following personal property (furniture, art, collectibles etc.):

Objects	Person in Possessions

**6. My Liabilities**

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 am a guarantor of the following debts:**

Liability: \_\_\_\_\_

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

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

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

Liability: \_\_\_\_\_

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

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

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

I presently carry the following credit cards:

Credit Card	Account Number	Web Address	Access Name	Password

I lease the following assets:

Asset	Location	Payment	Lessor	Phone Number
		\$		
		\$		
		\$		
		\$		
		\$		

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### 7. My Insurance Coverage

Please make sure the premiums on these policies continue to be paid if I become disabled. Premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

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

Type	Owner	Beneficiary	Face Value	Loans	Cash Value	Carrier	Policy Number	Annual Premium

These life insurance policies are located: \_\_\_\_\_

I  have  have not attached a policy in force statement for the above life insurance policies.

If I am disabled, my life insurance policy  allows  does not allow for pre-payment of death benefits to support me.

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

I have the following disability insurance policies:

Carrier	Location	Policy Number	Annual Premium	This Policy is Paid by the Business
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

I have the following long-term insurance policies:

Carrier	Location	Policy Number	Annual Premium	This Policy is Paid by the Business
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following health insurance policies:

Carrier	Location	Policy Number	Annual Premium	This Policy is Paid by the Business
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following other policies:

Type	Carrier	Location	Policy Number	Annual Premium
Auto				
Umbrella				
Home				
Boat / Airplane				
Overhead Expenses				
Jewelry				

The following insurance premiums are paid automatically from my bank account. Please do not close my account without making sure the premiums are still being paid.: \_\_\_\_\_

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**8. My Benefits**

Retirement Plan(s): \_\_\_\_\_

Military Retirement Benefits: \_\_\_\_\_

Military Survivor Benefits: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Long-Term Care Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

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

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

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

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

Flexible Spending Accounts: \_\_\_\_\_

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

I am entitled to the following military and/or governmental benefits: \_\_\_\_\_

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I am entitled to the following other benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With regard to my insurance and employment benefits, the following is additional information which I think is

important for my family and advisors to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **9. In the Event of My Incapacitation**

Power of Attorney over my assets:

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Power of Attorney for medical decisions:

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my property:

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my person:

1st \_\_\_\_\_ 2nd \_\_\_\_\_

It is my desire 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.

In the event of my incapacity, I  do  do not want to be kept at home as long as possible, taking into account the cost.

With regard to my general information, the following is additional information which I think is important for my family and advisors to know: \_\_\_\_\_

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**10. In the Event of My Death**

I have the following final wishes: \_\_\_\_\_

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Funeral Home: \_\_\_\_\_

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

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

Plot/Drawer #: \_\_\_\_\_

I  have  have not prepaid my burial costs.

Information is located: \_\_\_\_\_

I  have  have not prepaid my casket.

Information is located: \_\_\_\_\_

I have a deceased  spouse  parent  child who is buried: \_\_\_\_\_

and I wish to be buried next to such person if I check here .

I  do  do not want to be cremated. Crematory: \_\_\_\_\_

Minister/Rabbi to Perform Service: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

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### **SPECIAL REQUESTS**

Obituary: \_\_\_\_\_

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Tombstone Engraving: \_\_\_\_\_

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Organs for Donation: \_\_\_\_\_

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In lieu of flowers, please ask for donations to the following organizations/groups: \_\_\_\_\_

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Other Special Requests: \_\_\_\_\_

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I would like the following songs, music, poetry, etc. at my funeral: \_\_\_\_\_

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I currently have the following pets: \_\_\_\_\_

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I ask \_\_\_\_\_ to care for my pets  
and receive, as a debt of my estate, the sum of \$ \_\_\_\_\_ for caring for  
such pets for the rest of their lives.

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

In the event of my death, the following is additional information which I think is important for my family and advisors  
to know: \_\_\_\_\_

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### 11. My Family History

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

My parents are/were: \_\_\_\_\_ and \_\_\_\_\_

My maternal grandparents are/were: \_\_\_\_\_ and \_\_\_\_\_

My paternal grandparents are/were: \_\_\_\_\_ and \_\_\_\_\_

I have the following brothers and sisters (including step and half-siblings):

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

My children are:

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

I have no children



I was adopted and my birth mother and father are/were: \_\_\_\_\_

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

\_\_\_\_\_

Some important facts about my family history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 12. My Ethical Will

I  have  have not attached a more comprehensive Ethical Will.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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

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I have attached my favorite  quote  poem  story  scripture.

I have signed this Message to My Loved Ones on this \_\_\_\_\_ day of \_\_\_\_\_.

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my expressed desire each heir, family member, power holder, executor, trustee and guardian use this Message 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: \_\_\_\_\_

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I have attached the following documents to the Message to My Loved Ones:

- my current financial statement
- a copy of my current life insurance
- a policy in force statement for my life insurance policies
- a personal property ownership list
- a personal property disposition list
- a more detailed ethical will
- personal property agreements

Notes: \_\_\_\_\_

\_\_\_\_\_

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