FinPath
by HUB

Leaving a Legacy

Your guide to estate planning









Preparing for the inevitable can be a tough conversation. It's one that many people find difficult to have, but these conversations are important to have. This booklet will help guide you through the planning and conversations necessary to plan for your future and how to honor your final requests. You will cover topics such as: personal information and important contacts; your assets and liabilities; and who you want to handle decision-making if you become incapacitated.

Planning now will lessen the burden down the road for your loved ones as they ensure your wishes are carried out as you want. It will also help lessen the added stress for your beneficiaries because it will give them details on your assets and how you would like them to be distributed. Making these decisions now will help minimize any possible conflicts in the future. Within this guide, we outline a short list of documents and tasks that your loved ones will need to handle according to your wishes:

- Contact the funeral home for burial arrangements and associated costs
- Contact an attorney to obtain will and/ or trust documents
- Contact the accountant and collect all tax information
- Contact the county or state vital records office to get copies of the death certificate
- Contact the bank and all financial institutions for account information
- Have the location and keys to all safety deposit boxes and/or safes
- Get a list of all credit cards, monthly bills, and outstanding debts
- Get the list of key phone numbers, access codes, and passwords to shut down services and social media accounts
- Collect all insurance policies

Keep this booklet safe

Make sure to keep this booklet in a locked location, such as a fire-resistant safe or bank safety deposit box. If you are saving this digitally, keep the file saved on a flash drive and keep that flash drive in a secure location. You should only give it to people you can trust with your most personal information.

Taking inventory of your life can be daunting. We can help you by developing a roadmap which breaks down this potentially overwhelming project into priority-driven, manageable tasks, starting with having:

- **A will or living trust** - A will is a legal document that designates your executor(s) and directs how your assets should be distributed after you have passed on. If you have minor dependents, it also names the guardians for those individuals. A living trust is also a legal document. However, the designated person or trustee is given responsibility for managing your assets for the benefit of your beneficiary(ies).

- **Living will** - This is a written statement that expresses what you want regarding your medical treatment if you are no longer able to express informed consent.

- **Medical power of attorney** (also known as healthcare proxy) - This grants someone the power to make medical decisions for you if you become incapacitated.

- **Durable general power of attorney** - This document gives authority to a trusted friend or relative to manage your assets if you are unable

- **This booklet of information** - Helps prepare your family for your later life by providing the information they need to make important decisions.to do so.

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Personal Information & Key Contacts

About you and your spouse/partner

Full Name	Address	Date of Birth

In case of emergency, please contact:

Name	Phone #	Relationship

Phone Numbers & Other Access Codes

Include all phone numbers, computers, tablets, home/ office alarm codes, Wi-Fi access, etc.

Item	Number (if applicable)	Access Code/Password

Passwords

Website	Username	Password	2FA Location

Online Safety Tips

- Create long, unique passwords
- Enable multi-factor authentication
- Use secure Wi-fi
- Think before you click. Look out for malicious links and downloads
- Keep your personal information private

Important Numbers

Include Social Security, Driver's License, Medicare, Passport, etc.

Item	Number	Location of Orignal

Your financial and asset advisors

Include your financial professional, attorneys, CPA/accountant, etc.

Type of Advisor	Name	Phone Number

Your medical doctors

Include your Primary Care Physician, Any Specialists, Dentist, Physical Therapist, etc.

Doctor's Name	Specialty	Location

Your pharmacy

Name	Address	Phone Number

Your medications

Name	Dosage	Prescribing Doctor	Instructions

Your Assets

Your retirement assets

Include Social Security, IRAs, 401(k)s or other employer sponsored plans, stock options, deferred compensation plans, military retirement benefits, and annuities.

Type of Plan	Institution	Account #	Customer Service #	Primary Beneficiary

Your stocks, securities, bank, and custodial accounts

Institution	Account #	Owners	Customer Service #	ID/Passwor

Real estate

Type of	Owners	Address	Est. Value	Location of Documents

Personal property

Include belongings such as vehicles, jewelry, collectibles, artwork, etc. and how you'd like them to be distributed.

Description	Location	Person to Receive Property

Rewards programs

Program/Company	Account #	Password

Other assets

Include partnerships/ business ownerships, as well as any foreign and unclaimed assets

Type of Asset	Company/Location	Account #

Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become In Memorial pages. As you consider your legacy, you should discuss with family and friends whether you want to live on social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	Username	Password

Safety deposit box

Box Location	Key Location

The following people have authority to open the box:

Storage unit/ facility

Location	Site Contact

The following people have authority to access the unit/facility:

Personal safe

Location	Combination

Assets you've loaned to other

Object	Person/place holding	Phone Number

Money Owed to you

Who owes	Phone #	Amount Loaned	Balance due (as of)	Details

Your financial responsibilities

Liabilties

Include mortgages, loans such as home equity loans, lines of credit and student loans, liens and borrowed items.

Type of Debt	Creditor	Amount Owed (as of)	Payment Due

Credit/Debit Cards

Include if there are any joint owners on the card.

Creditor	Account #	ID/Password	Customer Service #	Joint?

Please note: Some credit cards may include a policy that pays off the balance at your death. You should investigate this before cancelling a card.

Leases

Include any assets you currently lease from others.

Asset	Leased	Payment/due date	Exp. Date	Phone #

Other financial obligations

Include any other ongoing personal financial responsibilities you have.

Obligation for	Amount Owed	Payment	Details

Subscriptions

Include memberships, professional services, online or print newspapers, magazines, ID protection, software services, movie/tv streaming, etc.

Subscription for	Exp. Date	Account #	ID/Password

Lawsuits

Include information about any lawsuits in which you are currently involved.

◯ I am the plaintiff ◯ I am the defendant

Case Details

Attorney's contact information:

Name	Phone Number	Email

Insurance and other benefits

Life Insurance

Include what happens if you are disabled or need long-term care: can you use a portion of the death benefit for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include a copy of your policy.

Carrier	Policy #	Benefit Amount	Cost/ how	Beneficiary

*You should confirm whether the policy is paid annually by check, monthly by debit from a bank account (list bank account number), etc.

Other insurance coverage

Include long- and short-term disability, long-term care, medical, dental, vision, prescription drug and Medicare and Medigap policies you have.

Carrier	Policy #	Premium	Cost/ how paid	Phone #

Real estate

Type of	Owners	Address	Est. Value	Location of Documents

Personal property

Include belongings such as vehicles, jewelry, collectibles, artwork, etc. and how you'd like them to be distributed.

Description	Location	Person to Receive Property

Rewards programs

Program/Company	Account #	Password

Household insurance

Include policies you own to cover your auto, home, boat, valuables (art, jewelry, wine), as well as umbrella (excess liability), etc.

Type of Policy/Carrier	Policy #	Premium	Cost/ how paid

Other employer benefits

Include any benefits you have through a current or previous employer.

Type of	Employer	Phone #

Insurance best practices

- Review your needs annually (or after any life events)
- Determine how much coverage you actually need
- Shop around
- Apply *before* you need it
- If able, pay annually

Important Documents

Wills, trusts and power of attorney

Include any of the following: last will and testament; living will; medical, general and/or limited power of attorney; life insurance trust; charitable trust, minor's trust and other medical directives.

Document	Date Signed	Location of	Contact	Phone #

Accounts, deeds and titles

Include Section 529 or other educational plans, custodial accounts, organ donation forms, family partnership or LLC, deeds to real property, automobile title, boat title.

Document	Date Signed	Location of	Contact	Phone #

Family Forms

Include marriage license, domestic partner agreement, cohabitation agreement, pre- or post-nuptials agreement, divorce or separation agreement, birth certificate, adoption papers, guardianship papers, citizenship papers, burial or pre-need agreement.

Document	Date Signed	Location of	Contact	Phone #

Business documents

If you are owner or co-owner in a business, please include information about any ownership or buy-sell agreements.

Business	Date Signed	Location of business	Partners	Contact info

For buy-sell or buy-out and overhead expense agreements, please list the life insurance used.

Carrier	Policy #	On the life of...	Primary Bene.	Secondary

If you become incapacitated

Appointment	Name	Phone #
Power of attorney for medical decisions:		
Power of attorney over my assets:		
Guardian of my person:		
Guardian of my property:		

Additional information or instructions:

Discussions to have with your medical and financial power of attorney(s)

- Do you think you would want to have any of the following medical treatments if recommended by your physician? Kidney dialysis, CPR, respirator, artificial nutrition, artificial hydration.
- What will be important to you when you are dying: physical comfort, no pain, family and friends present, being at home, access to pets, religious/clergy present, etc.?
- How do you feel about the use of life-sustaining measures in the face of terminal illness/ permanent coma?
- What else do you feel is important for someone making health care decisions for you to know?
- Who will have access to your finances?
- Under what timeframe or specific conditions do you want the power of attorney to become active?

Monthly budget and expenses

List your monthly income and where it comes from.

Income Source	Net Amount	Details

List your monthly expenses that will need to be paid.

Expense	Amount	How is it paid	ID/Password

Loved ones who will need care

Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently care.

Name	Relationship to you	Nature of disability

Services they receive	From whom?	Phone #

Primary physician	Phone #

Is there a trust set up for this person? ◯ Yes ◯ No

Location of trust documents: _____

If you are the legal guardian for this person, who is your successor guardian?

Name: _____ Phone #: _____

Pets

Include information about the pets you currently own including dietary needs, medical concerns, etc.

Type of pet	Pet Name	Age as of	Notes

Veterinarian	Address	Phone #

Pet insurance information

Who will take care of your pets

Name	Pet(s)	Phone #

Funeral Arrangements

It's natural for people to focus on their loved ones and providing for them, but there are costs associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement details	Name/Location	Phone #
Funeral Home		
Cemetery, if you wish to be buried		
Cemetery, if you wish to be cremated		

Item	Cost	Paid?
Plot		
Casket		
Headstone and engraving		
Plaque		

Attaining the death certificate

Funeral Director or county clerk's office
Your executor(s) and beneficiaries will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns, and even close some social media accounts.

People you'd like to be involved

	Name	Phone
Priest/Minister/Rabbi/Master of ceremonies:		
Pallbearers:		
To give eulogy at my service:		

In lieu of flowers, ask for donations to

People you'd like to attend your service

Name	Phone #	Name	Phone #

Ethical will

One of the most meaningful tasks you'll do as you plan for your future is to define your legacy. How do you want family, friends, and even someone new to know you? This is an opportunity to tell your story. It's a chance to express to your loved ones what you want them to share about you. Include your thoughts and feelings on topics that you'd like your family to know and understand after you're gone.

The most important things in life are:

I am most grateful for:

The most important things I've done in my life are:

I'd like my heirs to use their inheritance to:

The most important values I'd like to pass on to my loved ones

The most important traditions I'd like my loved ones to continue are:

I'd like to be remembered as:

The people who have influenced me the most are:

I'd like my loved ones to learn from my experiences:

About your family

Place of birth	Date

Parents Names	

Mother's maiden name

Maternal grandparents'	Paternal grandparents' names

Maternal grandmother's maiden	Paternal grandmother's maiden

Brothers and sisters	

Children

Grandchildren

Great-grandchildren

Coping with the loss of a loved one checklist

Contact:

- ◯ Funeral home
- ◯ Primary care physician
- ◯ Deceased's place of worship
- ◯ Close family and friends
- ◯ Deceased's current employer
- ◯ Associations, clubs, unions
- ◯ Financial advisor
- ◯ Insurance companies, including health, dental, life, disability, long term care, automobile, and home insurers
- ◯ U.S. Postal Office
- ◯ Social Security Administration
- ◯ Credit-reporting agencies
- ◯ State Department of Motor Vehicles
- ◯ Attorney, if necessary
- ◯ Accountant
- ◯ Executor
- ◯ Trustee
- ◯ Landlord
- ◯ Credit card companies
- ◯ Service providers, such as house keepers, landscapers, trash collectors
- ◯ Veterans Administration
- ◯ Doctors, dentists, and other healthcare professionals
- ◯ U.S. Citizenship and Immigration Services (if not a U.S. citizen)

Arrange for:

- ◯ Funeral, cremation, or memorial services, if not prearranged
- ◯ Your bereavement leave
- ◯ Obituary
- ◯ Certified copies of death certificates
- ◯ Security for deceased's home and close relative during the funeral
- ◯ Care for minors and dependent family members
- ◯ Care for pets

Locate:

- ◯ Estate documents (wills, trusts, and written preferences for final arrangements)
- ◯ Prior arrangement for an anatomical gift
- ◯ Prepaid funeral/cremation documents
- ◯ Deed to cemetery plot
- ◯ Safety deposit box, if any
- ◯ Deeds and titles of property
- ◯ Birth, marriage, divorce, prenuptial, child support, and military discharge documents
- ◯ Brokerage and bank account statements and checkbooks
- ◯ Credit card statements
- ◯ Pension and retirement plan administrators
- ◯ Annuity contracts
- ◯ Business buy-sell agreements
- ◯ Life insurance contracts, including policies through associations, employers, and banks

Please note: Some items will be completed by the executor or personal representative in the course of opening the probate process

Notes: