



**SUREPATH**  
Financial Services, LLC

*Timeless Principles, Innovative Strategies*

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# **Estate Planning**

## **Guide to Essentials**

## Disclaimer

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**Please note that this guide is a tool that provides basic forms, and is not considered to be the rendering of legal counsel, advice, or services.**

**Revisions of state law may affect your circumstances. For counsel specifically tailored to your state's laws and your situation, please seek consultation with an attorney licensed to practice in your state.**

**State laws vary and the following forms provided in this guide were not prepared by a person licensed to practice law in your state.**



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## **Greetings!**

In life, we hope to leave behind a legacy that stands the test of time, a testament to our existence and values. Many times, the intricacies of estate planning can be overwhelming, but fear not, for there are resources available to guide you through this process with ease.

This guide previews the essential aspects of estate planning, equipping you with the knowledge and tools to navigate this important journey. While it is not a substitute for legal advice, it serves as a valuable resource in organizing your affairs and providing clarity for your loved ones.

It will help you in your journey of gathering the data necessary for estate planning and leaving clear and defined instructions for your loved ones.

Should you require further assistance, our team of seasoned professionals stands ready to support you every step of the way. With over 25 years of experience in financial advising and asset management strategies, we are dedicated to helping you create a lasting legacy that transcends your time on this earth.

Remember, by planning ahead and seeking the right guidance, you can ensure that your legacy endures for generations to come.



### **Phone**

office: 770-924-7071  
cell: 770-656-3600



### **Email**

ken@surepathfs.com



### **Address**

3380 Trickum Road,  
Bldg 100, Suite 100  
Woodstock, GA 30188

**Warm Regards,**

**Ken O'Leary**

# Estate Planning Checklist

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## List of Essential Documents for Estate Planning

- Will and/or Trust**
- Durable Power of Attorney (POA)**
- Audit of Beneficiary Designations/ Account Registrations**
- Letter of Intent / Memo to Loved Ones**
- Advanced Directive/ Healthcare Power of Attorney (HCPA)**
- Guardianship Designations**

### Other Considerations:

- Long-term Care Insurance**
- Lifetime Income Planning/ Annuity**
- Life Insurance (Pass Money to Beneficiaries without Probate)**
- Plan for Immediate Expenses Upon Death**
- Final Arrangements**

## A Memo: Letter to Loved Ones

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**Date:** .....

**Full Name:** .....

**Access Information for our Personal Devices (Computer, Phone, Laptop, etc.):**

.....  
.....  
.....

### **Our Will**

**Will (and trust, if applicable) location:** .....

.....

**Our Attorney with the copy on file is:** .....

**Their phone number is:** .....

**Their address is:** .....

.....

**The executor of our will (designee to carry out the provisions thereof) is:**

.....

**If they decline, or cannot serve our alternate is:** .....

**Our accountant is:** .....

**Their phone number is:** .....

**Two other people (financial advisors) I recommend to you to assist with financial matters are:**

..... **Phone:** .....

..... **Phone:** .....

## A Memo: Letter to Loved Ones

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**Our Will Continued...**

**The main provisions of the will are:** .....

.....

.....

.....

**Our will includes a trust:** Yes  No

**Trust: Main Provisions**

**Trustee:** .....

**Assets in the trust:**

.....

.....

.....

**Trust Beneficiaries:**

.....

.....

**Terms:**

.....

.....

**Special Items**

**Distribute these items as instructed below (add additional page if necessary):**

**Item**

**Recipient**

.....

.....

.....

.....

.....

## A Memo: Letter to Loved Ones

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### Desires for Life Support

My desires as far as keeping me on life support are:    Yes     No

.....

.....

.....

### Organ Donation

I am an organ donor:    Yes     No

I would like my organs to go to: .....

.....

### Net Worth Statement (Copy Attached)

#### Banking

#### Total List of Accounts

	Bank Name & Address	Account No.	PIN	Approx. Balance	Phone No.
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....

**Bank statements, cancelled checks, and registers are located:**

.....

.....

.....

## **A Memo: Letter to Loved Ones**

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### **Net Worth Statement Continued...**

#### **Retirement Accounts Total List of Accounts**

<b>Account Name</b>	<b>Account No.</b>	<b>Approx. Balance</b>	<b>Phone No.</b>
1 .....			
2 .....			
3 .....			
4 .....			

#### **Retirement account statements, cancelled checks, and registers are located:**

.....

.....

.....

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#### **Credit Cards**

#### **Total List of Accounts**

<b>Credit Card Name</b>	<b>CC Number</b>	<b>Expiration Date</b>	<b>Bal. Due</b>
1 .....			
2 .....			
3 .....			
4 .....			



## A Memo: Letter to Loved Ones

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### Insurance

#### Total List of Life Insurance Policies

**Instructions: Contact the insurance company and submit a death certificate copy.**

	Insurance Company	Policy No.	Insured	Coverage Amt.	Phone No.
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....

**Homeowner's insurance company name:** .....

**Agent's Name:** ..... **Phone No.:** .....

**Automobile insurance company name:** .....

**Agent's Name:** ..... **Phone No.:** .....

#### Insurance Policy Location(s):

.....

### Investments

**Stock broker or investment advisor name:** .....

**Phone No.:** .....

**List of stocks and bonds are located:** .....

.....

#### Total List of Brokerage Accounts

	Brokerage Firm	Account No.	PIN	Approx. Balance	Phone No.
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....

## A Memo: Letter to Loved Ones

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**Additional Assets**

**Total List of Other Assets  
(Land, partnerships, etc.)**

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....

**Debts**

**Debts Owed to Me**

Description	Terms	Current Balance	Documentation Location
-------------	-------	-----------------	------------------------

- 1 .....
- 2 .....
- 3 .....

**Debts Owed to Others**

Owed To	Original Balance	Monthly Payment Amt.	Due Date
---------	------------------	-------------------------	----------

- Car Payment** .....
- Credit Card #1** .....
- Credit Card #2** .....
- Credit Card #3** .....
- Credit Card #4** .....
- Add. Liability** .....
- Add. Liability** .....

## **A Memo: Letter to Loved Ones**

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### **Social Security Benefits**

**Upon my death, contact the Social Security Office.**

**Phone Number** ..... **Benefit Amount** .....

### **Social Security Information**

**Social Security should be notified as soon as possible when an eligible worker dies. In most cases, the funeral director will report the person's death to the Social Security Administration.**

**They will need the deceased's Social Security number to make the report.**

**Some of the deceased's family members may be eligible to receive monthly benefits in the form of survivors benefits, including:**

- **Widow(er) age 60 or older, if disabled age 50 or older**
- **Widow(er) who is caregiver for the deceased's child age 16 or younger, or who is disabled**
- **Unmarried child of the deceased who is:**
  - **Under the age of 18 (19 if enrolled as a full time student in elementary/secondary school)**
  - **age 18 or older with a disability that began before age 22**
- **A stepchild, grandchild, step-grandchild or adopted child under certain circumstances**
- **Parents, age 62 or older, who were dependent on the deceased for at least half of their support**
- **A surviving divorced spouse, under certain qualifying circumstances**

**If deceased was receiving Social Security benefits, the benefit received for the month of death or any later months must be returned.**

**e.g. If individual dies in July, the August benefit must be returned.**

**If benefits were paid by direct deposit, the bank/ financial institution should be contacted.**

**If benefits were paid by check, the checks must be returned to the Social Security Administration as soon as possible. Eligible family members may be able to receive death benefits for the month in which the beneficiary died.**

## **A Memo: Letter to Loved Ones**

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### **Documents**

**Location of Deed to Home** .....

**It states that it is owned as (nature of title)** .....

**I feel that the value is approximately \$** .....

**The original mortgage balance was \$** .....

**Monthly payment amount \$** .....

### **Second Mortgage (If Applicable)**

**The original mortgage balance was \$** .....

**Monthly payment amount \$** .....

**The files associated to the home such as: cost of purchase, improvements, original closing, etc. are located** .....

### **Computers & Devices**

**Instructions for accessing personal computer and mobile devices are as follows:**

.....

.....

### **Safety Deposit Box**

**A safety deposit box is owned:**    Yes     No

**Safety deposit box contents:** .....

.....

## **A Memo: Letter to Loved Ones**

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**Documents Continued**

**Tax Record Location** .....

**Birth Certificate Location** .....

**Any Vehicle(s) are registered in the name of** .....

**Location of Title(s) to the Vehicle(s)** .....

**Marriage Certificate Location** .....

**Information of Dependent Children**

<b>Child's Name &amp; Address</b>	<b>DOB</b>	<b>Social Security #</b>
.....		
.....		
.....		
.....		

**Special Desires for Children**

**I have the following special desires for the children:**

**Child's Name**

**Special Desires**

**1** .....

**2** .....

**3** .....

**4** .....

**5** .....

## **A Memo: Letter to Loved Ones**

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### **Funeral Arrangement Instructions**

#### **Upon Death Contact the Following Individuals As Soon A Possible**

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....

### **Gravesite & Burial**

**A gravesite is already purchased: Yes  No**

**Location of gravesite** .....

**Contact Person Name:** ..... **Phone:** .....

### **Funeral Home**

**Contact the following funeral home(s)** .....

**Contact Person Name:** ..... **Phone:** .....

### **Disposition of Remains**

**I direct my remains for cremation: Yes  No**

**No Ashes to Remain**

**Disposition of Ashes as Follows:** .....

**I request burial in the following manner:** .....

## A Memo: Letter to Loved Ones

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### Funeral Arrangement Instructions Continued

#### Funeral Services

I request the following services:

Memorial Service with No Casket Present

Funeral with Remains Present

Open Casket  Closed Casket

Church .....

Clergy .....

Other Service Participants .....

Special Music/Hymns .....

Soloist(s) .....

Special Scripture/Poem(s) .....

Other Instructions .....

#### Readings

There are written notes to surviving family members to be read at my service.

These notes are located .....

#### Memorial Gifts

I request that memorial gifts be given to:

Church/Organization .....

Address .....

Contact Person .....

Phone .....