



Getting Your Farm & Family Affairs in Order David Marrison, Associate Professor

The emotional loss of a loved one is an extremely difficult time for families; especially for farm families. We can make it easier by having all our important information summarized in one document.

This planning document allows you to summarize your assets and how each is owned, valued, and titled. This information along with liabilities will be needed by your attorney or estate planning professional as you plan your estate.

The location of important documents and agreements can be listed as well as a summary of farm and personal advisors. Your personal wishes for your funeral can also be expressed. The information also will be helpful to your executor(s) as they settle your estate:

Inputting Data

The document has been designed in a writeable format. To complete the forms, simply click inside the boxes and type in the appropriate information. You may also print the forms off and fill them in by hand.

Saving the Document

To save your work, go to the **File** Menu and select **Save As**. Rename the file using a unique file name with the date the document was updated. By renaming the file, you will still have access to a blank copy for future recordings. Save the document to a secure location on your desktop or to a jump drive. It is recommended that you

save the file in two locations for backup purposes. It is also recommend that you password protect the document.

Safeguarding the Information:

When you are finished with your entries, print the completed document. Due the confidential information contained in the document, it is recommended it be placed in a secure location such as your lawyer's office or a safe deposit box.

It is important that your spouse and ancestors know where the document is and have been given permission to access it in the case of an emergency or death.

Questions:

For questions on this document or to have an electronic copy mailed to you, contact your local OSU County Extension office or email David Marrison, OSU Extension at marrison.2@osu.edu or 740-622-2265.

Acknowledgements:

The author would like to thank the Wright & Moore Law Company, LPA in Delaware, Ohio for their technical assistance and review of this document.

References:

Estate Planning: Your Records and Personal Information. University of Kentucky: FCS5-422. Hunter, Jennifer. <http://www.ca.uky.edu/agc/pubs/fcs5/fcs5422/FCS5422.PDF>

Estate Planning Information. Wright & Moore Law Company.



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Your Information

Your Name: _____

Name(s) when signing legal documents (others used, past, present) _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Military Branch & Number: _____

Employment Information: _____

Location of Marriage Documents: _____

Your Spouse's Name: _____

Maiden Name: _____

Name(s) when signing legal documents (others used, past, present) _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Date of Marriage: _____

Military Branch & Number: _____

Employment Information: _____

Location of Marriage Documents: _____

Ex-Spouse Name: _____

Maiden Name: _____

Name(s) when signing legal documents (others used, past, present) _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Date of Marriage: _____

Employment Information: _____



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Date of Divorce, Annulment, Legal Separation or Death: _____

Location of Marriage/Divorce Documents: _____

Your Children

First Child's Name: _____

____ biological ____ stepchild ____ adopted

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Grandchildren's Name(s), Date of Birth, and Relationship to Your Child (biological, step or adopted)

1. _____
2. _____
3. _____
4. _____
5. _____

Second Child's Name: _____

____ biological ____ stepchild ____ adopted

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Grandchildren's Name(s), Date of Birth, and Relationship to Your Child (biological, step or adopted)

1. _____
2. _____
3. _____
4. _____
5. _____



Third Child's Name: _____

___ biological ___ stepchild ___ adopted

Spouses Name: _____

Grandchildren's Name(s) _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Grandchildren's Name(s), Date of Birth, and Relationship to Your Child (biological, step or adopted)

1. _____

2. _____

3. _____

4. _____

5. _____

Fourth Child's Name: _____

___ biological ___ stepchild ___ adopted

Spouses Name: _____

Grandchildren's Name(s) _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Grandchildren's Name(s), Date of Birth, and Relationship to Your Child (biological, step or adopted)

1. _____

2. _____

3. _____

4. _____

5. _____



Your Parents

Mother's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

If Deceased: date of death/resting place: _____

Location of Death Certificate: _____

Father's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

If Deceased: date of death/resting place: _____

Location of Death Certificate: _____

Your Spouse's Parents

Mother's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

If Deceased: date of death/resting place: _____

Location of Death Certificate: _____

Father's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth/birthplace: _____

Social Security Number: _____

If Deceased: date of death/resting place: _____

Location of Death Certificate: _____



Important Estate Planning Questions

There are many questions which your attorney and estate planning attorney will need to ask to you as you develop your estate plan. These questions will help them plan for the needs of your surviving spouse, children, and grandchildren as well as help you analyze the potential federal and state tax potential of your estate.

Do you or your spouse receive social security, disability or other governmental benefits? yes no

If yes, please describe _____

Do you have long-term care insurance? yes no

If so, please list details on page____

Are you or your spouse making any payments pursuant to a divorce or property settlement order? yes no

If yes, please attach a copy to this document

If married, have you and your spouse signed a pre or post marriage contract?

yes no

If yes, please attach a copy to this document

Have you or your spouse been widowed? yes no

If yes, please include the federal estate tax return or state death tax return with this document.

Have you or your spouse ever filed a federal gift tax return which is required for gifts made over the federal gift tax annual exclusion per year person?

yes no

If yes, please include copies of these returns with this document.

Have you and your spouse completed previous wills, trusts or other estate planning documents? yes no

If yes, please include a copy with this document.

Are there any charitable organizations you wish to donate at the time of your death? yes no

If yes, please describe _____

Are you or your spouse currently the beneficiary to anyone else's trust or expect to receive an inheritance from someone?

yes no

If yes, please provide details _____



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Do you have adopted or children or step children? yes no

If yes, please provide details on page 3 or 4.

Do any of your children have special educational, medical or physical needs?

yes no

If yes, please describe _____

Do any of your children receive governmental support or benefits?

yes no

If yes, please provide details _____

Do you provide primary or other major financial support to adult children or others?

yes no

If yes, please provide details _____

Do you own any interests in a Partnership?

yes no

Do you own any interests in an LLC?

yes no

Do you own any interests in any C corporations?

yes no

Do you own any interests in any S corporations?

yes no



Power of Attorney

| Name | Contact Information (address, phone, email) |
|------------------------------------------------|--------------------------------------------------------|
| Power of Attorney over my Assets | |
| 1 st _____ | |
| 2 nd _____ | |
| Power of Attorney for Medical Decisions | |
| 1 st _____ | |
| 2 nd _____ | |
| Guardians over my Person | |
| 1 st _____ | |
| 2 nd _____ | |
| Guardians for Minor Children | |
| 1 st _____ | |
| 2 nd _____ | |
| Guardians for Domestic Pets | |
| 1 st _____ | |
| 2 nd _____ | |



Location of Valuable Papers

| Type of Information | Location (Include address or description on how to locate) |
|-------------------------------------------------------|---------------------------------------------------------------|
| <u>Personal Documents</u> | |
| Adoption certificates | |
| Birth certificates | |
| Baptism certificates | |
| Death certificates | |
| Diplomas | |
| Divorce decrees | |
| Employment records | |
| Family health records | |
| Military records | |
| Marriage licenses | |
| Passports | |
| Naturalization papers | |
| Social security cards | |
| Tax Returns | |
| Other _____ | |
| | |
| <u>Personal Property</u> | |
| Checkbooks | |
| Deeds | |
| Insurance (life, health, accident) papers & documents | |
| Income tax records | |
| Inventory of household goods | |
| Jewelry appraisal records | |
| Mortgage papers | |
| Motor vehicle titles | |
| Records of property improvements | |
| Safe | |
| Savings accounts | |
| Savings bonds | |
| Stock certificates | |
| Safe deposit box and key | |
| Secret hiding locations | |
| | |
| <u>Wills/Trusts & Instructions</u> | |
| End of life/funeral directions | |
| Wills and trust documents | |
| Health care power of attorney | |
| Living will | |
| Power of attorney | |
| Special letters of instruction | |
| Other _____ | |
| | |



Insurance Policies

List primary health care insurance, major medical, other employer's insurance, Medicare, long-term care insurance, funeral and other policies. Add additional sheets if needed.

| Person(s) Insured | Type of Policy | Amount of Coverage | Policy Number | Name of Group or Company Providing Insurance |
|--------------------------|-----------------------|---------------------------|----------------------|-----------------------------------------------------|
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Property Insurance

Owners of property carry insurance for different kinds of risk. These include fire, wind, liability, theft, etc. In this section, list your insurance policies (real estate, farm, motor vehicle, personal liability, other property, and any other insurance. Add additional sheets if needed.

| Description of Property Insured | Kind of Risk Insured | Amount of Coverage | Policy Number | Name of Group or Company Providing Insurance |
|----------------------------------------|-----------------------------|---------------------------|----------------------|-----------------------------------------------------|
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Real Estate Property

List real estate owned by your family or business interest. Include your family residence, vacation home, farmland, rental properties, and time shares. List how each asset is titled. This could include joint tenancy-in-common, Joint tenants with right of survivorship, or single ownership. Add additional sheets if needed.

| General Description (address & parcel ID) | Owner(s) Name | How Titled? | Date Acquire d | Value at Acquisitio n | Current Market Value | Loan Balance |
|----------------------------------------------------------|--------------------------|------------------------|-------------------------------|--------------------------------------|-------------------------------------|-------------------------|
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Titled Assets

List your non-business assets which are titled. These could include automobiles, boats, planes and recreational vehicles. It is recommended list where the title is located and evidence of purchase or inheritance. You may wish to list who you wish to inherit (these need to be listed in your notarized will or trust documents to be legally binding). Add additional sheets if needed.

| General Description of Asset | Owner(s) Name | How Titled? | Date Acquired | Value at Acquisition | Current Market Value | Loan Balance |
|-------------------------------------|----------------------|--------------------|----------------------|-----------------------------|-----------------------------|---------------------|
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Partnership Interests

List any of your general or limited partnership interest. State the percentage interest you have in the partnership as a general or limited partner. Include in your documentation the partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.

Percentage of Partnership Interest

| Partnership Name | General Partner | Limited Partner | Owner | Value |
|------------------|-----------------|-----------------|-------|-------|
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Corporate Business & Professional Interests

List any privately owned (non-publicly traded) stock. Please indicate if a Buy/Sell Agreement exists and if stock is owned jointly with someone other than spouse. Please furnish name and relationship.

| Company | Number of Shares | Buy/Sell Agreement | Percentage Ownership | Owner | Value |
|---------|------------------|--------------------|----------------------|-------|-------|
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Sole Proprietorship Business & Professional Interests

List any sole proprietorship business (non-farm) interests which you may have. Include assets for this business. It is recommended to include a current balance sheet and depreciation schedule with this packet.

| Name of Business | Description of Business | Owner | Value |
|------------------|-------------------------|-------|-------|
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Bank & Savings Accounts

List your financial accounts such as checking, savings, certificates of deposits, and money market accounts. Do not include IRA or 401K accounts here. Add additional sheets if needed.

| Name of Institution and type of account | Owner(s) Name | Account Number | Transferrable on death? (to whom) | Estimated Current Value |
|------------------------------------------------|----------------------|-----------------------|------------------------------------------|--------------------------------|
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Investment Accounts

List your investment accounts such as mutual funds and money market accounts. Add additional sheets if needed.

| Name of Brokerage Firm and type of account | Owner(s) Name | Account Number | Transferrable on death? (to whom) | Estimated Current Value |
|---------------------------------------------------|----------------------|-----------------------|------------------------------------------|--------------------------------|
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Stocks

List any stocks in publicly owned corporations which is stock traded on an exchange or over the counter. Note that stocks owned in family or nonpublicly traded companies should be listed under "Corporate Business & Professional Interests." Stocks held in a street name or investment account should be listed under "Investment Accounts." Add additional sheets if needed.

| Name of Brokerage Firm and type of account | Owner(s) Name | # of Shares | Transferrable on death? (to whom) | Estimated Current Value |
|---------------------------------------------------|----------------------|--------------------|------------------------------------------|--------------------------------|
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Bonds

List any bonds which you own such as U.S. Savings Bonds, corporate and municipal bonds. Add additional sheets if needed.

| Type of Bond | Owner(s) Name | Estimated Current Value |
|---------------------|----------------------|--------------------------------|
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Retirement Accounts

List retirement accounts owned by immediate family. Some of the types which may be listed include: Social Security, Public or Private Pension programs (State Teacher's Retirement System, Public Employees Retirement System), IRA-individual retirement accounts, SEP-Simplified Employee Pension, and other pension programs. Add additional sheets if needed.

| Company & Type of Retirement Account | Owner | Current Value | Account Number | Contact Information for Account |
|-------------------------------------------------|--------------|----------------------|-----------------------|----------------------------------------|
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Money Owed to Me

List any money that is owed to you.

| Person or Company Who Owes You Money | Contact Information | Size of Original Debt | Current Amount Owed | Terms of Payment & Documentation |
|---------------------------------------------|----------------------------|------------------------------|----------------------------|---------------------------------------------|
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Anticipated Inheritance, Gift, or Lawsuit Judgement

Please List any gifts or inheritances you expect to receive at some time in the future or moneys that you anticipate receiving through a judgement in lawsuit. Describe in detail

| Type (inheritance, gift, lawsuit) | Details | From Whom |
|-----------------------------------|---------|-----------|
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Life Insurance & Annuities

List all life insurance policies and annuities owned by the family. Indicated the type of policy such (i.e. term, whole life). If the owner is not the person insured, list both the owner and the person insured. Add additional sheets if needed.

| Name of Insurance Company | Type of Policy | Policy Face Value | Policy Number | Person Insured & Owner | Beneficiary (ies) Primary & Secondary |
|---------------------------|----------------|-------------------|---------------|------------------------|---------------------------------------|
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Other Assets

List any other property that does not fit into any of the previous categories.

| Type | Owner | Value |
|------|-------|-------|
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Projected Retirement Income

List your projected retirement income.

| Source | Recipient | Estimated Annual Income |
|--------|-----------|-------------------------|
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Liabilities

This list helps you examine how much of future income or other assets you owe to others. This list would be extremely helpful to those who handle your families during any illness or after your death. Add additional sheets if needed.

Loans Payable

List any loans which you family currently has. These loans could include loans on vehicles and personal loans. Do not include real estate mortgages in this section

| Name of Institution | Loan Number | Date of Loan | Interest Rate | Amount of Loan | Term of Loan (months) |
|----------------------------|--------------------|---------------------|----------------------|-----------------------|------------------------------|
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Accounts Payable

List any accounts payable which you may have. This include outstanding credit card bills and utility payments

| Name of Payee | Description | Amount Owed |
|----------------------|--------------------|--------------------|
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Real Estate Mortgage

List the mortgages you currently are carrying on your real estate property.

| General Description (address & parcel ID) | Loan Institution & Loan Number | Start Date of Loan | Interest Rate | Amount of Loan | Term of Loan (months) |
|-------------------------------------------|--------------------------------|--------------------|---------------|----------------|-----------------------|
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Loans Against Life Insurance

This list helps you examine how much of future income or other assets you owe to

| Name of Insurance Policy | Policy Number | Face Value of Insurance | Date of Loan | Amount of Loan |
|--------------------------|---------------|-------------------------|--------------|----------------|
| | | | | |
| | | | | |
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Unpaid Taxes

List any unpaid tax obligations you have. This could include federal income tax, state taxes, and local/municipal taxes.

| Name of Taxing Authority | Details | Amount Owed |
|--------------------------|---------|-------------|
| | | |
| | | |
| | | |



Summary of Values

| | Husband | Wife | Joint* | Total Value |
|-------------------------------------------------------|---------|------|--------|-------------|
| ASSETS | | | | |
| Real Estate Property | | | | |
| Personal Assets | | | | |
| Titled Assets | | | | |
| Farm Assets | | | | |
| Partnership Interests | | | | |
| Corporate Business & Professional Interests | | | | |
| Sole Proprietorship Business & Professional Interests | | | | |
| Banks & Savings Accounts | | | | |
| Investment Accounts | | | | |
| Stocks | | | | |
| Bonds | | | | |
| Retirement Plans | | | | |
| Money Owed to You | | | | |
| Anticipated Inheritance, Gift or Lawsuit Judgement | | | | |
| Life Insurance & Annuities | | | | |
| Other Assets | | | | |
| TOTAL ASSETS | | | | |
| | | | | |
| LIABILITIES | | | | |
| Loans Payable | | | | |
| Accounts Payable | | | | |
| Real Estate Mortgage | | | | |
| Loans Against Life Insurance | | | | |
| Unpaid Taxes | | | | |
| Other Debts | | | | |
| TOTAL LIABILITIES | | | | |
| | | | | |
| NET ESTATE | | | | |



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Funeral Requests:

In the event of my death, the following can be used as a guide for my funeral and burial arrangements.

Funeral Home _____
Address: _____
Phone Number(s): _____
Email Address: _____

I have a living will ___yes ___no

I am an organ donor ___yes ___no

Organs for donation are: _____

I wish to: ___to be cremated ___have a traditional burial

I have pre-paid for the following expenses:

- Burial Costs ___yes ___no
- Burial Plot ___yes ___no
- Casket ___yes ___no
- Gravestone ___yes ___no

Information about these prepaid expenses can be found at:

Cemetery Name: _____

Address: _____

Cemetery Sexton Contact Information: _____

Cemetery Plot Number _____

I would like the following special information in my obituary:



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I have the following requests for my funeral service (music, scriptures, Minister/Rabbi to perform the service, person to give eulogy, calling hours, person(s) to be buried by.

I wish the following persons to be pallbearers

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

In lieu of flowers, please ask for donations to:

I am a member of the following religious denominations/groups:

I am a member of the following fraternal organizations

Please write any special instructions for my funeral.



Statement of Intent

Please list any clarification on how assets will be left to your heirs. This information will be needed by your attorney or estate planning professional to be included in your will and/or trust documents.



Additional Instructions

Please write additional information which may be needed by your family.