

ESTATE PLANNING

# Estate Planning Workbook

FOR USE WITH THE GENERAL PUBLIC

# Conveying your final wishes

By working closely with your Ohio National financial professional, you are taking steps to plan your estate.

This workbook is a way to inform your survivors of what your wishes are and where important documents are located. This is not a legally binding document, but instead it is meant to help others carry out your wishes for you. It is a guidepost for your heirs to follow.

Your will and trust are the legal foundation for your estate plan. However, these documents are not well tailored to conveying informal personal wishes. This booklet gives you the opportunity to express your wishes. It also enables you to record, in one location, many of the details that, if left undiscovered, can cause weeks, months or even years of needless delays in settling an estate.

Because this booklet will contain confidential information, such as policy numbers and bank account information, consider keeping it in a secure location such as a lock box or safety deposit box. If you update your information and use a new booklet, make sure to destroy the old one.

“A man’s dying is more the survivors’  
affair than his own.”

– Thomas Mann

# Personal information

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Marital status  Single  Married  Divorced  Widowed Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (hospital, city and state) \_\_\_\_\_

Religion \_\_\_\_\_

If you are a United States Veteran, is your status active or inactive? \_\_\_\_\_

Branch \_\_\_\_\_ Rate/Rank \_\_\_\_\_

I  do  do not have a personal will. It is located \_\_\_\_\_

I  do  do not wish to donate my organs in the event of my death.

Specific organs to be donated are \_\_\_\_\_

I  do  do not have a Living Will. It is located \_\_\_\_\_

My living will personal representative/healthcare surrogate is \_\_\_\_\_

# Burial requests

I would like my remains to be handled in the following way (cremation, burial, donation)

\_\_\_\_\_

Cemetery preference \_\_\_\_\_ Casket preference \_\_\_\_\_ Headstone preference \_\_\_\_\_

Epitaph \_\_\_\_\_

I  do  do not wish to have a memorial service. Location of service \_\_\_\_\_

Pastor preference \_\_\_\_\_

Pall bearers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Music (specific songs/hymns and/or musicians) \_\_\_\_\_

Flowers \_\_\_\_\_

Other requests (favorite scripture, memorial ideas) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obituary (In summary, what would you like it to say and where would you like it published?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family information

### Spouse/significant other

Name	DOB	Living?	Address	Email	Phone
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____

### Children

Name	DOB	Living?	Address	Email	Phone
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____
_____	__/__/__	<input type="checkbox"/>	_____	_____	(____) _____

In the event we both die, my spouse/significant other and I would like our minor children to be cared for by

\_\_\_\_\_

**Parents**

Mother's full Name \_\_\_\_\_ Maiden name \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Birthplace (hospital, city and state) \_\_\_\_\_

Current address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Date deceased (if applicable) \_\_\_/\_\_\_/\_\_\_ Burial place \_\_\_\_\_

Father's full name \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Birthplace (hospital, city and state) \_\_\_\_\_

Current address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_ Current Phone (\_\_\_\_) \_\_\_\_\_

Date deceased (if applicable) \_\_\_/\_\_\_/\_\_\_ Burial place \_\_\_\_\_

**Siblings**

Name	DOB	Living?	Address	Email	Phone
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____

**Grandchildren**

Name	DOB	Living?	Address	Email	Phone
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____
_____	___/___/___	<input type="checkbox"/>	_____	_____	(____) _____

**Individuals with special needs**

Name	Relationship	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

*For more information, request our Letter of Intent Workbook (Form 2462) from your Ohio National financial professional.*

**Friends and significant people**

Name	Date of birth	Living?	Address	Phone
_____	___/___/___	<input type="checkbox"/>	_____	(___) _____
_____	___/___/___	<input type="checkbox"/>	_____	(___) _____
_____	___/___/___	<input type="checkbox"/>	_____	(___) _____

**Pets**

I would like my pets to be cared for by \_\_\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Medications \_\_\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Medications \_\_\_\_\_

Vet name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_) \_\_\_\_\_

Monetary distribution for pet \_\_\_\_\_

# Assets and liabilities

Instructions: This is a summary of your assets (things you own) and liabilities (amounts you owe). Asset values and liabilities will vary over time so it is not crucial to get the values down to the penny. Where applicable, give your best estimate of each asset's realistic, fair market value (FMV) or account balance. Update the list annually. For assets such as real estate or securities, the original cost is important because it can help save capital gains and/or income taxes. The amount you owe is important because debts are deductible when it comes time to calculate estate taxes.

## Real estate

	Location	FMV	Original cost	Amount you owe
Residence	_____	_____	_____	_____
Farm/ranch	_____	_____	_____	_____
Vacation home	_____	_____	_____	_____
Other realty	_____	_____	_____	_____
Other realty	_____	_____	_____	_____

## Bank accounts, certificates of deposit and credit cards

	Institution name (1 <sup>st</sup> Nat'l Bank, Visa, etc.)	Acct type (checking, CD, etc.)	Account #	Account value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## Mutual funds, stocks, bonds and securities accounts

	Type of asset (mutual funds, etc.)	Company (Fidelity, Janus, etc.)	Account #	Account value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Business ownership**

Name/type (Joe's Plumbing/LLC)	Location	FMV	Business debt
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Retirement accounts**

Plan type (IRA, 401(k), etc.)	Company (Fidelity, P&G, etc.)	Account #	Beneficiary
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Insurance/annuity policies**

Policy type (life, auto, home, long term care, etc.)	Insurer/issuer (Ohio National, etc.)	Policy #	Agent/Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____



**Notes receivable or amounts owed to you**

Description (loans, royalties, renewals etc.)	Amount	Date of loan (if applicable)	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Other assets (vehicles, art, jewelry, collections) or personal items of interest (military awards, keepsakes)**

Description	Location	FMV	Original cost
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**Other liabilities or amounts you owe**

Description	Amount	Date of loan	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**My suggestions concerning the distribution or disposal of my personal property and personal effects:**

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# Location of important information

(Filing cabinet at residence,  
bank safe deposit box, etc.)

Original will \_\_\_\_\_ Trust agreements \_\_\_\_\_

Copy of will \_\_\_\_\_ IRA/401(k)/pension papers \_\_\_\_\_

Living will/healthcare proxy \_\_\_\_\_ Annuity contracts \_\_\_\_\_

Insurance policies \_\_\_\_\_ Stocks/bonds \_\_\_\_\_

Life \_\_\_\_\_ Business papers \_\_\_\_\_

Health \_\_\_\_\_ Tax returns \_\_\_\_\_

Accident \_\_\_\_\_ Money accounts \_\_\_\_\_

Homeowners \_\_\_\_\_ Checking \_\_\_\_\_

Auto \_\_\_\_\_ Savings \_\_\_\_\_

Business \_\_\_\_\_ Credit cards \_\_\_\_\_

Birth certificates \_\_\_\_\_ Automobile/vehicle titles \_\_\_\_\_

Marriage certificates \_\_\_\_\_ Housing/land deeds \_\_\_\_\_

Divorce papers \_\_\_\_\_ Mortgage papers \_\_\_\_\_

Prenuptial agreement \_\_\_\_\_ Safe deposit box \_\_\_\_\_

Adoption papers \_\_\_\_\_ Safe deposit box key \_\_\_\_\_

Military discharge \_\_\_\_\_ List of memberships \_\_\_\_\_

**I have a personally owned safe:**  Yes  No Location \_\_\_\_\_

The combination is \_\_\_\_\_ or the combination can be found at \_\_\_\_\_

# Computers and online accounts

Experts recommend changing your passwords every 1-2 months and keeping your passwords in a safe place, such as an online password manager or encrypted folder. Listing them here is not recommended. If appropriate, consider sharing the location of your stored passwords with your executor. Help them get started by alerting them to important online accounts you may have:

Account description

(Gmail account, cloud storage, iPad, PayPal acct, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Special computer or software instructions** (location of thumb drives, computer files or folders of interest)

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# Contacts

Attorney \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Accountant \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Insurance agent \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Investment advisor \_\_\_\_\_  Check here if investment advisor is also insurance agent  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current phone (\_\_\_\_) \_\_\_\_\_

Home alarm company \_\_\_\_\_ Phone \_\_\_\_\_ Security code \_\_\_\_\_

Charities I support \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Survivors' checklist

Please take note: This simplified checklist is merely a guidepost. It should not take the place of working closely with an attorney, accountant and financial professional.

## **Immediately following your loved one's death, you, as the survivor, should:**

- Contact family members, friends, and employer.
- Make burial, internment, or cremation arrangements. Engage a funeral home/funeral director, if appropriate.
- Write an obituary and send it to the newspaper.
- Make arrangements for payment of funeral expenses.
- If the deceased was a business owner, make provisions for the short-term continuation of the business.
- Report the death to Social Security and inquire about survivor's benefits (800.772.1213).
- Gather all important documents such as:

Wills	Divorce decrees	Employee benefits information
Trusts	Adoption papers	Military service records
Birth certificate	Death certificates	Social Security card
Marriage certificates	Investment documents	
- Locate all insurance policies (life, mortgage, auto, annuities, etc.) and contact all insurance companies.
- Contact the decedent's attorney.

## **Within nine months you should:**

- File for probate.
- Notify all heirs, beneficiaries and creditors. You should do this by mail and by placing notice in the local newspaper.
- Continue to collect any income due to the estate (such as rental income).
- Pay all valid debts, taxes, expenses and bequests.
- File state and federal estate tax returns and make a portability election, if applicable.
- Ensure that mortgage and insurance payments continue to be made while the estate is settled.
- Re-title any jointly held assets including bank accounts, automobiles, stocks and bonds, and real estate.
- Keep up with real estate maintenance.
- Submit timely accounting reports to the court, where required.

## **Within one year you should:**

- Establish any trusts as required in the decedent's will.
- Distribute remaining assets to heirs and beneficiaries.
- File a final income tax return.
- Close out any estate bank accounts.
- Review your budget, finances and estate plan. Many executors and estate administrators tend to neglect their own planning when they focus on the decedent's estate.





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*Life changes. We'll be there.®*