



Ohio National  
Financial Services®

# Estate Planning Workbook



**Estate Planning  
Strategies & Solutions**

**Inform survivors  
of your final wishes  
and the location of  
important documents**

# Conveying Your Final Wishes

By working closely with your Ohio National representative, 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 should be the legal plan for your estate. However, a will is not well tailored to conveying 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, bank account information and passwords, 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

\*Consider this: According to the National Association of Unclaimed Property Administrators, state treasurers and other government agencies currently hold \$32.9 billion in unclaimed property.

# I. 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/Heathcare Surrogate is \_\_\_\_\_

# II. 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?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Family Information

#### Spouse/Significant Other

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

#### Children

Name	Date of Birth	Living?	Address	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 \_\_\_\_\_

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 \_\_\_\_\_

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

Date Deceased (if applicable) \_\_\_/\_\_\_/\_\_\_ Burial Place \_\_\_\_\_

**Siblings**

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

**Grandchildren**

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

**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 \_\_\_\_\_

# IV. 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 #	Password (if applicable)
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/Ph #
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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# V. 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 \_\_\_\_\_

Ante-Nuptial Agreement \_\_\_\_\_ Safe Deposit Box \_\_\_\_\_

Adoption Papers \_\_\_\_\_ Safe Deposit Box Key \_\_\_\_\_

Military Discharge \_\_\_\_\_ List of Memberships \_\_\_\_\_

**I have a personally-owned safe: Y / N** Location \_\_\_\_\_

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

# VI. Computers & Passwords

Computer security experts recommend changing your passwords every 1-2 months (or at least when your account or service provider requires). Therefore, it will be necessary to update this section often. You may choose to reference a separate attachment to avoid the necessity of filling out the entire booklet every time you change passwords.

Description	Login ID or Username	Password
(Sony laptop, Gmail account, 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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# VII. Contacts

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

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

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Current Phone (\_\_\_\_) \_\_\_\_\_

Investment Adviser \_\_\_\_\_  Check here if investment adviser is also insurance agent

Address \_\_\_\_\_  
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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# VIII. 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 insurance specialist.

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

- Contact family members, friends, and employer.
- Make burial, interment, 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 (1-800-772-1213).
- Gather all important documents such as
  - Wills
  - Trusts
  - Birth Certificate
  - Marriage Certificates
  - Divorce Decrees
  - Adoption Papers
  - Death Certificates
  - Investment Documents
  - Employee Benefits Information
  - Military Service Records
  - Social Security Card
- Locate all insurance policies (life, mortgage, auto, annuities, etcetera) and contact all insurance companies.
- Contact the decedent's attorney.

## **Within nine months you should...**

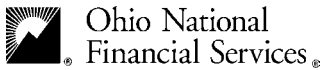
- File for probate.
- Notify all heirs, beneficiaries and creditors. You should do this by mail and by placing notice in the local newspaper.
- Continue to collect any income due to the estate (such as rental income).
- Pay all valid debts, taxes, expenses and bequests.
- File state and federal estate tax returns, 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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Financial Services®

*Life changes. We'll be there.®*

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Form 2492 Rev. 4-12

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