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 440-576-9008.

Acknowledgements:

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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.

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:_____

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_____

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	
1st _____	
2nd _____	
Power of Attorney for Medical Decisions	
1st _____	
2nd _____	
Guardians over my Person	
1st _____	
2nd _____	
Guardians for Minor Children	
1st _____	
2nd _____	
Guardians for Domestic Pets	
1st _____	
2nd _____	

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Your Family Advisors

Type of Advisor	Name	Address	Phone(s)	Email
Accountant				
Attorney				
Banker				
Broker				
Clergy				
Dentist				
Doctor				
Financial Advisor				
Funeral Director				
Life Insurance Agent (s)				
Property Insurance Agent (s)				

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Your Farm Advisors

Type of Advisor	Name	Phone	Email	Comments (what service do they provide for farm)
Accountant				
A.I. Technician				
Attorney				
Banker				
Crop Advisor				
Dairy Cooperative Representative				
Extension Educator				
Insurance Agent				
Seed Salesman				
Veterinarian				

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Location of Valuable Papers

Type of Information	Location (Include address or description on how to locate)
Personal Documents	
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_____	
Personal Property	
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	
Wills/Trusts & Instructions	
End of life/funeral directions	
Wills and trust documents	
Health care power of attorney	
Living will	
Power of attorney	
Special letters of instruction	
Other_____	

Contact Information for Credit Card Information

Credit Card Company	Account #	Contact Information (address/phone)

Account Log-in & Password

List the on-line accounts you have and the access to them. This could include on-line banking, Facebook/Twitter Accounts, Retirement Accounts, Credit Card Companies, On-Line Reward Accounts

Account	Web Address	Log-in Name	Password

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

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 (Owner Name & parcel ID)	How Titled?	Value & Date of Acquisition	Current Market Value	Loan Balance

Personal Assets

List your personal assets (non-business assets) such as computers, antiques, jewelry, books, tools, and special collections which you own. 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.

Name of Asset	Date Acquired	Purchase Price or Value	Current Value	Other Useful Information (name of owner, where acquired, where stored or who should inherit)

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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.

Name of Asset & Owner	How Titled	Value & Date of Acquisition	Current Market Value	Loan Balance

Farm Assets

List your farm assets. These could include machinery and livestock. If the farm is not owned by a corporation or partnership, you will need to treat it as a sole proprietorship. It is recommended to include a current balance sheet and depreciation schedule for the farm with this document. Add additional sheets if needed.

Name of Asset	Date Acquired	Purchase Price or Value	Current Value	Depreciation Claimed	Other Useful Information (name of owner, where acquired, where stored or who should inherit)

Farm Assets (continued)

Name of Asset	Date Acquired	Purchase Price or Value	Current Value	Depreciation Claimed	Other Useful Information (name of owner, where acquired, where stored or who should inherit)

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

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

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

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

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

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

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

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

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

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

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

Other Assets

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

Type	Owner	Value

Projected Retirement Income

List your projected retirement income.

Source	Recipient	Estimated Annual Income

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)

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

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)

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

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

Other Debts

List any other debts you currently have

Person or Company Owed	Contact Information	Current Amount Owed	Terms of Payment

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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				

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:

_____

_____

_____

_____

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.

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Close Friends or Relatives

List those friends and close relatives who should be notified when a serious emergency or death occurs.

Name	Contact Information (address, phone, email)

Additional Information/Instructions:

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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.