Family Estate Planning PORTFOLIO

A comprehensive guide and record book
For making clear decisions today - because security tomorrow depends on farsighted planning today.
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We Understand

We have seen countless people suffer tremendous confusion when there is a death in the family. Weary from grief and loss of sleep, they are forced to make numerous decisions, often costing thousands of dollars more than necessary.

To make matters even more confusing, many people do not have wills, often do not apply for government cash benefits, and do not make known to their loved ones the location of insurance policies, bank books, and other vital documents required by law. And many people neglect to make funeral and cemetery pre-arrangements.

A death in the family is extremely difficult, without placing the added burden of funeral and cemetery arrangements on the shoulders of those we love.

There is a way to avoid these problems. After years of assisting people in planning final arrangements, Edwards Funeral Service has created this valuable “Family Estate Planning Portfolio.” Prepared with the assistance of attorneys, accountants, bankers, clergy, and estate planning experts, this kit will make it easier for you to share your feelings and preferences with your loved ones.

For added benefit, give a photocopy of the information that you record in this portfolio to a relative or a close friend who resides outside your home.

For maximum benefit, give a photocopy of the information that you record in this portfolio to a Funeral Director at Edwards Funeral Service, along with the name and contact information of the people that you wish us to contact upon your death.

* There is No Charge for Edwards Funeral Service to keep a copy in our files.
Having your personal documents organized and accessible is an important first step in estate planning.

With more and more sudden deaths resulting from accidents, it is essential that family members know the location of wills, bank documents, bank accounts and other legal documents. Therefore, record the following information for the protection of your children and other close relatives.

Documents related to funeral and cemetery preferences should not be kept in a safety deposit box as they may be needed at night, on weekends or holidays. We suggest you keep them in a secure but accessible place.

Circle the location of each item:

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank books</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Check Books</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Deeds to real estate</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Income tax returns</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Receipts, checks</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Social Media Passwords</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Military discharge certificate</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Will</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Legal Birth Certificate</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Social Security card</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Marriage license</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Citizenship papers</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Insurance Policies</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Auto title</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Key to safe deposit box</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Deed to burial property</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
<tr>
<td>Funeral arrangements file</td>
<td>Home, Office, Safe Deposit, Attorney, Edwards</td>
</tr>
</tbody>
</table>
2: Your Will

No matter how large or small your estate, it is essential that you prepare your will and revise it regularly. Your will is the least expensive way to protect your life’s work and savings.

If you die without a will, state law and a probate judge will determine who will administer your estate, who will handle your finances, and who will be the guardian of your minor children. With a will, you are the one who makes these decisions, not a probate judge who is completely unfamiliar with your wishes.

Our (my) Will is located at: ___________________________________________
Address:__________________________________________________________
__________________________________________ Zip:___________
Telephone: ________________________________________________________

Our (my) Executor is: ______________________________________________
Address:__________________________________________________________
__________________________________________________ Zip:____________
Telephone: ________________________________________________________

Our (my) Attorney is: ______________________________________________
Address:__________________________________________________________
__________________________________________________ Zip:____________
Telephone: ________________________________________________________

When you realize what is at stake - the well-being of your entire family and the protection of your property - you will find the small legal fee for drafting a Will is one of the best investments you can ever make.
3: Living Will

A Living Will is an advance directive document that expresses your choices about life-sustaining treatment in case you are later unable to express them. However, its use is restricted to two situations. You must either be in a “terminal condition” or in a “permanently unconscious state”. It allows the signer to request not to be kept alive by medical life-support systems in the event of a terminal illness.

With advances in medical science everyday, and new techniques to keep the human body alive, issues surrounding “quality of life” and the “right to die” are receiving increased attention. We recommend that you and your family discuss these issues to avoid any uncertainty that could arise during a serious or prolonged illness.

If you have strong feelings regarding these issues, we recommend that you sign a “Living Will.” This document will give specific instructions to family members, doctors and hospitals regarding your wishes.

For more information about Living Wills, including Living Will forms appropriate for the State of Ohio, Please check the “Resources” section of the Edwards Funeral Service website, or ask one of our Funeral Directors for a Blank Copy.

Organ Donation

Husband (name): ________________________________________________________________
I hereby make an anatomical gift to be effective upon my death. (Initial your choice below)
_____ Any needed organ parts
_____ The following body parts:____________________________________________________
_____ Limitations (if any):___________________________________________________________
Donor’s Signature:_________________________________________________________________
Witness Signature:_________________________________________________________________
Date:____________________________________________________________________________

Wife (name): _________________________________________________________________
I hereby make an anatomical gift to be effective upon my death. (Initial your choice below)
_____ Any needed organ parts
_____ The following body parts:_____________________________________________________
_____ Limitations (if any):___________________________________________________________
Donor’s Signature:_________________________________________________________________
Witness Signature:_________________________________________________________________
Date:____________________________________________________________________________
A Health Care power of attorney allows the listed agent to make decisions about the medical treatment for you, but only if you are unable to make such decisions for yourself. A living will is a health care power of attorney that is limited to the refusal of certain medical treatment in the event of terminal illness or injury. Without a living will, doctors may decide they are legally obligated to perform certain procedures which you may not desire, in the event you become seriously ill and unable to communicate your desires. Sometimes a living will is referred to as an “advance directive” or “do not resuscitate (DNR)”.

A particular Advance Directive document authorized by Ohio Revised Code § 2108.70 that makes it possible for you to document in advance who will have the legal authorization to make funeral arrangements for you and determine the disposition of your bodily remains. This document, properly completed and made available to your Funeral Director will over ride who can make your funeral arrangement decisions. This directive document is available for download from the Edwards Funeral Service website under the resources tab.

Today, there are many options available for the final disposition of your body after the Traditional Funeral has been held.

Burial: The body is normally placed with a casket and buried in a cemetery Cremation: The body is placed within a large Kiln oven and reduced to dust with Fire Aquamation: The body is placed in a Special machine and reduced to dust with water. Composting: The body is placed in wood chips and decomposed to dirt and returned Entombment: Similar to burial above, but the casket is placed above ground in a tomb Donation to a Medical School: The body is used by student doctors to learn their skills

How will you leave your earthly existence?
7: Life Insurance Policies

Millions of dollars are lost every year in unclaimed life insurance because the family never knew that certain policies existed. When there is a death in the family, insurance companies do not look for the beneficiaries to give them their cash benefits. Insurance benefits must be applied for at the time of death.

Some people overlook insurance they may have through their employer, union, pension plan, credit card companies, auto finance companies, mortgage companies, or other sources.

So that your survivors will be aware of these policies, record the companies and policy numbers here. Use an additional sheet of paper if you have Insurance with more then 4 companies.

Insurance Company: ____________________________________________________________
Name of Agency: ________________  Telephone Number: ____________________________
Name of Insured: _________________ Face Amount of Policy: _________________________
Beneficiary: _____________________ Policy Owner: _________________________________
_____________________________________________________________________________

Insurance Company: ____________________________________________________________
Name of Agency: ________________  Telephone Number: ____________________________
Name of Insured: _________________ Face Amount of Policy: _________________________
Beneficiary: _____________________ Policy Owner: _________________________________
_____________________________________________________________________________

Insurance Company: ____________________________________________________________
Name of Agency: ________________  Telephone Number: ____________________________
Name of Insured: _________________ Face Amount of Policy: _________________________
Beneficiary: _____________________ Policy Owner: _________________________________
_____________________________________________________________________________

Insurance Company: ____________________________________________________________
Name of Agency: ________________  Telephone Number: ____________________________
Name of Insured: _________________ Face Amount of Policy: _________________________
Beneficiary: _____________________ Policy Owner: _________________________________
_____________________________________________________________________________
8: Bank Accounts and Investments

People often have bank accounts, IRAs, stocks, bonds, and other investments, and neglect to tell family members about them. Each year, banks publish lists of names in newspapers looking for individuals who are entitled to money in accounts that have been forgotten. In the State of Ohio, the money will revert back to the government if not claimed within seven years.

To insure that your investments are protected from such loss, record all of your accounts here:

Savings Account Number:________________________________________________
Institution: ________________________ Location:____________________________

Savings Account Number:________________________________________________
Institution: ________________________ Location:____________________________

Checking Account Number:_______________________________________________
Institution: ________________________ Location:____________________________

IRA/Keogh Account Number:_____________________________________________
Institution: ________________________ Location:____________________________

Money Market Account Number:___________________________________________
Institution: ________________________ Location:____________________________

Stocks:______________________________________________________________
Inv Security Firm: __________________ Location:____________________________

Other Investments: (certificates of deposit, bonds, real estate, commodities, etc.)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
9: Veterans Benefits

Husband’s Service Serial Number: _________________________________________________

Wife’s Service Serial Number: _____________________________________________________

Location of Nearest Veterans Administration Office:

Marion County Veterans Service  220 East Fairground St. #101, Marion, Ohio 43302  [740] 387-0100

Franklin County Veterans Service  280 E Broad St., Columbus, Ohio 43215  [614] 525-2500

1. A burial and funeral expense allowance may be paid for deceased Veterans who were, at the time of death, entitled to receive a pension or compensation.

2. The plot or interment allowance is no longer payable based solely on wartime service. Eligibility is limited to the same requirements as the burial and funeral expense allowance described above.

3. The monetary allowance in lieu of a government headstone or memorial has been eliminated. A government memorial to mark the grave of an eligible Veteran may be furnished to the applicant.

4. A cloth American Flag may be issued to drape the casket of an eligible Veteran.

5. There may be other survivor benefits for spouse and dependent children that may be applicable. Inquire at your local Veterans Administration Office listed above for details.

6. Claim for non-service connected burial allowance must be filed within two years after burial or cremation.

To facilitate receiving Veterans benefits, for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

1. Discharge Papers DD-214  (Required by Funeral Director for any Military Honors or Burial Flag)

2. Service Serial Number

3. Marriage License

4. Children’s Birth Certificates

5. Death Certificate
10: Social Security Benefits

Knowing what government benefits you are entitled to receive and knowing how to collect them are important factors in today's estate planning. For example, if an error occurs in your records at the Social Security Administration, it must be corrected within 39 months. If it isn't, it could affect the amount of the monthly checks you receive upon retirement.

Name: ______________________________________________________________
Social Security Number: ________________________________________________

Spouse's Name: ______________________________________________________
Social Security Number: ________________________________________________

To be sure your Social Security payroll deductions have been properly credited to your account, you should write to the Social Security Administration every three years. You will receive a complete statement of your account. To request a “Statement of Social Security Earnings”, call 1-800-772-1213, Monday through Friday, 7am to 7pm.

You may also visit your local Social Security Office:

Marion, Ohio - 1363 Wellness Dr., Marion, OH 43302
Columbus, Ohio - 200 North High St., Columbus, OH 43215
Columbus, Ohio - 1060 Georgesville Rd., Columbus, OH 43228
Columbus, Ohio - 220 S. Hamilton Rd., Columbus, Ohio 43213
Sandusky, Ohio - 252 Wayne St., Sandusky, OH 44870

At the time of death, some families may also be eligible to receive a one-time cash benefit of $255 from the Social Security Administration. The death benefit is a lump sum, paid upon the death of a person who worked long enough to qualify for Social Security benefits. It goes to a surviving spouse who was living in the person's household at the time of death, or, if living apart, was receiving certain Social Security benefits on the deceased's record. If there's no eligible spouse, the $255 may go to a child who is eligible for benefits on the person's record in the month of death. No qualifying recipient means no payment — it cannot, for example, go to the funeral home. To apply, call 1-800-772-1213 or contact your local Social Security office. Application must be made within two years from the times of death.
### 11: Historical Information

(For Obituary)

**Husband (Name):**

**School(s) Attended:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Degrees</th>
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</table>

Clubs, Fraternities, Associations, or Honor Societies:

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<tr>
<th>Name</th>
<th>Years</th>
<th>Position Held</th>
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<tbody>
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</table>

Military/Branch of Service: Years: Rank: 

Citations:

Civic or Public Offices Held:

Special Achievements or Recognition:

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**Husband (Name):**

**School(s) Attended:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Degrees</th>
</tr>
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<th>Years</th>
<th>Position Held</th>
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</tbody>
</table>

Military/Branch of Service: Years: Rank: 

Citations:

Civic or Public Offices Held:

Special Achievements or Recognition:
12: Vital Information  
(Death Certificate Information)

This information is required by the Board of Health before a death certificate can be issued. Recording it now will avoid delay at the time of the funeral and will spare your family from the need to do it at a time of confusion.

<table>
<thead>
<tr>
<th>Husband</th>
<th>Wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name: __________________________</td>
<td>Full Name: __________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth: __________________________</td>
<td>Date of Birth: __________________________</td>
</tr>
<tr>
<td>Birthplace: ______________________________</td>
<td>Birthplace: _____________________________</td>
</tr>
<tr>
<td>U.S. Citizen: _______YES ___<strong><strong>NO</strong></strong></td>
<td>U.S. Citizen: _______YES ___<strong><strong>NO</strong></strong></td>
</tr>
<tr>
<td>Resided in Country since: _________________</td>
<td>Resided in Country since: _______________</td>
</tr>
<tr>
<td>Marriage Date and Place: _________________</td>
<td>Marriage Date and Place: _______________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Father: __________________________</td>
<td>Name of Father: ________________________</td>
</tr>
<tr>
<td>Birthplace of Father: ____________________</td>
<td>Birthplace of Father: ____________________</td>
</tr>
<tr>
<td>Maiden Name of Mother: __________________</td>
<td>Maiden Name of Mother: __________________</td>
</tr>
<tr>
<td>Birthplace of Mother: ____________________</td>
<td>Birthplace of Mother: ____________________</td>
</tr>
<tr>
<td>Names of Children: _______________________</td>
<td>Names of Children: ______________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number: _________________</td>
<td>Social Security Number: ________________</td>
</tr>
<tr>
<td>Occupation: _____________________________</td>
<td>Occupation: _____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer: _______________________________</td>
<td>Employer: _______________________________</td>
</tr>
<tr>
<td>If Veteran, Branch of Service: __________</td>
<td>If Veteran, Branch of Service: __________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Veteran Discharge: ___________</td>
<td>Location of Veteran Discharge: ___________</td>
</tr>
<tr>
<td>DD214 or Serial Number: _________________</td>
<td>DD214 or Serial Number: _________________</td>
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<td></td>
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<tr>
<td>Additional Information: _________________</td>
<td>Additional Information: _________________</td>
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</tbody>
</table>

Family Estate Planning Portfolio  
Helping You with Making Clear Decisions Today
# 13: Funeral Preferences

**Husband**

Name: ____________________________

Funeral Home: *Edwards Funeral Service*

Type of Casket: _______________________

Place of Service: _______________________

Clergy/Person to Officiate: ________________

Clothing: ____________________________

Favorite Flowers: ______________________

Psalm or other Passage: ______________________

**Wife**

Name: ____________________________

Funeral Home: *Edwards Funeral Service*

Type of Casket: _______________________

Place of Service: _______________________

Clergy/Person to Officiate: ________________

Clothing: ____________________________

Favorite Flowers: ______________________

Psalm or other Passage: ______________________

### Circle the Following Options:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viewing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Eulogy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Glasses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Memorial Service</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cremation</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Relatives or Friends Who Can Assist the Family

Name: ____________________________________ Relationship: __________________________

Address: _______________________________________________________________________

_____________________________________ Telephone:________________________________

Name: ____________________________________ Relationship: __________________________

Address: _______________________________________________________________________

_____________________________________ Telephone:________________________________
14: Cemetery/Mausoleum Arrangements

If this page is left blank, the burden of making last-minute cemetery or mausoleum arrangements will fall on those you would least want to hurt. And, as years go by, the cost may double or triple. Planning now may freeze the price and stop inflation.

To relieve the family from this unnecessary trauma and expense at the most difficult time in their lives, the following burial arrangements should be made in advance and recorded here, if Burial will be your method of final disposition.

**Burial Property Location**

Section: _________ Lot#: _________

Husband (Name): ______________________________________________________

Name of Cemetery/Mausoleum: __________________________________________

Address: _____________________________________________________________

City: _________________________ State: ______________ Zip: ______________

Telephone: ___________________________________________________________

Description of Property: ________________________________________________

Name of Counselor: ____________________________________________________

**Burial Property Location**

Section: _________ Lot#: _________

Wife (Name): _________________________________________________________

Name of Cemetery/Mausoleum: __________________________________________

Address: _____________________________________________________________

City: _________________________ State: ______________ Zip: ______________

Telephone: ___________________________________________________________

Description of Property: ________________________________________________

Name of Counselor: ____________________________________________________

☐ Burial:   ☐ Cremation:   ☐ Aquamation:   ☐ Composting:

☐ Entombment:   ☐ Donation to a Medical School:
To Our Loved Ones

With deep love for you, we have completed this Family Estate Planning Portfolio. Our sincere desire is to relieve you of anxiety, expense, and inconvenience at the time of our death. We have made our Funeral arrangements in advance so that you will not be forced to make sudden and costly decisions on a day already filed with sorrow.

It is especially important that we let you know how gratified we feel that we have made these decisions. We know you are now protected against loss of insurance, government benefits, and personal possessions that we want you to have.

And, having our estate in order gives us peace of mind. We trust that these arrangements are satisfactory and will help keep alive the warm and tender memories of the times we have shared together.

Edwards
Funeral Service
Marion: [740] 387-1188    Columbus [614] 444-3200