

Master Farm Manager Participants:

Attached is the fillable pdf file, “What My Family Should Know” referenced in the Farm Transition Planning Session Recording. If you have any questions, please feel free to contact me. Kevin

**Disclaimer** - The document, ***What My Family Should Know***, provides educational information on estate planning. While it was prepared by a licensed attorney, it does not offer legal advice and is not a substitute for the services of a qualified legal professional. Nor should the distribution of the document or any reference to the document in any University of Tennessee workshop or training be considered an endorsement of the services provided by the document’s authors or any other legal professional. Neither the authors of the documents nor the University of Tennessee assume responsibility for any injury or damage arising out of, or related to, use of or reliance on the information contained in the documents.

Thanks for your interest and participation in the Master Farm Manager Program.

# *What My Family Should Know*

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Full Legal Name



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————— PASS IT ON WELL

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We are providing this document to you so that you can record vital information for your family to use if something should happen to you. By filling out this document, you will minimize delays and potential hardships in the handling and settling of your financial affairs.

We suggest that you keep this document in a safe place at home or in some other convenient location (not necessarily a safe deposit box, which would not be accessible on weekends or at night). You should be sure to let your closest family member or your executor know where you have stored this document. It would also be a good idea to review this document on a yearly basis.

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# *What My Family Should Know*

\_\_\_\_\_ Full Legal Name

Date this Booklet Completed: \_\_\_\_\_ Updated: \_\_\_\_\_

## *Personal Information and Citizenship*

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Persons to Notify in Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

My date of birth is: \_\_\_\_\_

My city, county, state country of birth are: \_\_\_\_\_

I  have  do not have a Birth Certificate.

Location of my Birth Certificate: \_\_\_\_\_

I am a citizen of: \_\_\_\_\_

Citizenship by  Birth  Naturalization  Marriage

Location of Citizenship papers: \_\_\_\_\_

## *Social Security*

Social Security Number: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

(Used on Federal Income Tax Returns)

## *Passport*

Passport Number/Issue Date: \_\_\_\_\_

City and State of Issue: \_\_\_\_\_

Location of Passport: \_\_\_\_\_

## *Physical Identification*

Identifying marks or scars: \_\_\_\_\_

\_\_\_\_\_

## *Marital Information*

Present marital status:

Single     Married     Divorced     Separated     Widowed

I am married to: \_\_\_\_\_

Date, Place of Marriage: \_\_\_\_\_

Location of Marriage Certificate: \_\_\_\_\_

Previously married to: \_\_\_\_\_

Date, Place of Prior Marriage(s): \_\_\_\_\_

Terminated by:     Divorce     Annulment     Separation     Death

Date, Place of Termination: \_\_\_\_\_

Location of Papers: \_\_\_\_\_

Other Marital Details: \_\_\_\_\_

\_\_\_\_\_

## *Medical Information*

Accident/Health Insurance (Companies and Policy Nos.):

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Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Eye Specialist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other Specialists: \_\_\_\_\_

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Other Medical Details: \_\_\_\_\_

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## *Family Records*

Father's Full Name: \_\_\_\_\_

Place, Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Place, Date of Birth: \_\_\_\_\_

Children (names, addresses): \_\_\_\_\_

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Grandchildren (names, addresses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Close Relatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### *Military Service*

I  have  have not served in the military.

Country served: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Serial No./Grade: \_\_\_\_\_

I  have  do not have a service-connected disability.

Claim No: \_\_\_\_\_

Military Honors or Decorations: \_\_\_\_\_

\_\_\_\_\_

Location of Discharge, Disability & Honors Papers: \_\_\_\_\_

\_\_\_\_\_

### *Education*

Schools Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diplomas, Degrees, Dates: \_\_\_\_\_

\_\_\_\_\_

Location of Diplomas: \_\_\_\_\_

Special Honors: \_\_\_\_\_

\_\_\_\_\_

***Religious, Fraternal and Professional  
Organizations and Affiliations***

Membership, Financial Benefits: \_\_\_\_\_

\_\_\_\_\_

Group Life & Other Insurance Benefits: \_\_\_\_\_

\_\_\_\_\_

Location of Membership Cards/Insignia: \_\_\_\_\_

***Current Employment, Business Information***

I am employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Title: \_\_\_\_\_

Location of Employment Agreement/Proof of Benefits: \_\_\_\_\_

\_\_\_\_\_

My firm  has  has not contracted to purchase my interests in the event of my death.

***Benefits in Which I Participate***

Pension/Deferred Compensation Plan: \_\_\_\_\_

\_\_\_\_\_

Profit Sharing: \_\_\_\_\_

\_\_\_\_\_

Stock Options: \_\_\_\_\_

\_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

Location of Documents: \_\_\_\_\_

## ***Former Employment, Business Information***

1. Business/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Pension, profit sharing, benefits: \_\_\_\_\_  
\_\_\_\_\_  
Location of Documents: \_\_\_\_\_
  
2. Business/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Pension, profit sharing, benefits: \_\_\_\_\_  
\_\_\_\_\_  
Location of Documents: \_\_\_\_\_
  
3. Business/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Pension, profit sharing, benefits: \_\_\_\_\_  
\_\_\_\_\_  
Location of Documents: \_\_\_\_\_
  
4. Business/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Pension, profit sharing, benefits: \_\_\_\_\_  
\_\_\_\_\_  
Location of Documents: \_\_\_\_\_

## *Professional Advisors*

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Executor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Stockbroker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I have given my Power of Attorney to: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

## *Sources of Income and Liabilities*

### *Income: (Check where applicable)*

- Salary    Stocks/Bonds    Interest    Social Security  
 Trust(s)    Mortgages    Annuities    Pension    Other

Location of Documents: \_\_\_\_\_

### *Accounts Receivable:*

I am owed money/other assets:    Yes    No

Location of Documents: \_\_\_\_\_

### *Liabilities*

I owe money or I am obligated financially for the following:

Bank/Loan(s): \_\_\_\_\_

Mortgage(s): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Location of Documents: \_\_\_\_\_

\_\_\_\_\_

## *Notes*

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## *Personal Financial Information and Affairs*

### *Bank Accounts—Checking & Savings:*

1. Name of Bank: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
2. Name of Bank: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
3. Name of Bank: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### *Safe Deposit Box/Location of Safe, Strong Box:*

Name of Bank/Type of Box: \_\_\_\_\_  
Location of Box/Key: \_\_\_\_\_  
In Whose Name: \_\_\_\_\_

***Insurance Policies:***

I have the following life insurance policies:

1. Company / Phone No.: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Amount of Benefit: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
  
2. Company / Phone No.: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Amount of Benefit: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
  
3. Company / Phone No.: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Amount of Benefit: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

I have the following other types of policies

Automobile Insurance Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Homeowners Insurance Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

***Real Estate:***

Owned: \_\_\_\_\_  
Location of Deeds and Titles: \_\_\_\_\_  
Other Documents: \_\_\_\_\_

***Securities:***

I own stocks and/or bonds:       Yes       No

Stocks/Bonds and Location of certificates: \_\_\_\_\_  
\_\_\_\_\_

Location of records of sales and purchases: \_\_\_\_\_  
\_\_\_\_\_

***Personal Property:***

I have prepared an inventory of my valuable personal property:

Yes       No

Location of Inventory: \_\_\_\_\_

Location of List of Personal Assets and Suggested Distribution:  
\_\_\_\_\_

***Frequent Flier and Loyalty Accounts***

*Include usernames, passwords and account numbers*

Account	Username	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Notes***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## *Last Will and Testament*

I  have  have not made a Will.

Date of my Last Will and Testament: \_\_\_\_\_

Executor(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Telephone: \_\_\_\_\_

Attorney who drafted my Will: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location of my Last Will and Testament (original and all copies):  
\_\_\_\_\_

I  have  made changes (codicils) to my Will.

Date(s) of Codicil(s): \_\_\_\_\_

Location of Codicil(s): \_\_\_\_\_

Other Details: \_\_\_\_\_

\_\_\_\_\_

### *Notes*

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## *Trust Documents*

Date(s) of my Trust Agreements: \_\_\_\_\_

Attorney who Drafted my Trust(s): \_\_\_\_\_

Address: \_\_\_\_\_

Location of my Trust Agreement(s) (originals and all copies):

\_\_\_\_\_

I  have  have not made changes (amendments) to my Trust.

Date(s) of Amendment(s): \_\_\_\_\_

Location of Amendment(s): \_\_\_\_\_

Other Details: \_\_\_\_\_

## *Living Will*

I  have  have not made a Living Will.

Date of my Living Will: \_\_\_\_\_

Attorney who drafted my Living Will: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location of Living Will: \_\_\_\_\_

I  have  have not notified my physician that I have made a Living Will.

Name of Physician Notified: \_\_\_\_\_

Other Details: \_\_\_\_\_

## *Location of Other Important Papers*

Automobile/Boat Registrations: \_\_\_\_\_

Income Tax Records>Returns: \_\_\_\_\_

## *Funeral Service Instructions & Information*

I  have  have not made arrangements for my funeral and burial.

My preferences are:

Funeral home: \_\_\_\_\_

Place of service: \_\_\_\_\_

Church preference: \_\_\_\_\_

Church address: \_\_\_\_\_

Clergyman's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Participating organizations (fraternal/military): \_\_\_\_\_

\_\_\_\_\_

Pallbearers – Names, address, telephone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Alternates: \_\_\_\_\_

\_\_\_\_\_

Readings/Songs: \_\_\_\_\_

Organist Name/Phone: \_\_\_\_\_

Soloist Name/Phone: \_\_\_\_\_

Visitation:  Yes  No      Casket:  Open  Closed

Clothing: \_\_\_\_\_

Flowers or Memorials/Donations in Lieu of Flowers: \_\_\_\_\_

\_\_\_\_\_

Obituary:  Yes  No

Newspapers: \_\_\_\_\_

Addresses: \_\_\_\_\_

\_\_\_\_\_

Casket:  Metal  Wood  Other

Exterior Color: \_\_\_\_\_ Interior Color: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Lot in name of: \_\_\_\_\_

Location of Lot: \_\_\_\_\_

Preference for Marker Inscription: \_\_\_\_\_

Cremation/Disposition of Ashes: \_\_\_\_\_

Other special instructions or information: \_\_\_\_\_

\_\_\_\_\_



## *Glossary*

**Administration:** The administration of an estate is the court-supervised distribution of the assets held in the name of a deceased person alone at the time of death. If there is no will, the person who manages this distribution is called an *administrator*, if male; an *administratrix*, if female. If there is a will which names an individual or a financial institution (such as a bank trust department) to manage this distribution, the term *executor* is used for a male or a corporation; *executrix* is used for a female.

**Codicil:** A codicil is an amendment or a supplement to a will; after the codicil has been signed and properly completed in accordance with state law, it stands as a separate legal document which adds to, omits from, or otherwise alters the will.

**Last Will and Testament:** A will is the legal document which expresses a persons binding decisions concerning the disposition of the assets owned in his or her name alone at the time of death, and the appointment of the persons who will manage the distribution of those assets as well as the person(s) who will act as the guardians for any minor children who survive without a legal parent to care for them.

**Living Will:** A living will is a legal binding document which states that, if the person who signed the living will should be in a terminal condition, with no reasonable medical expectation of recovery, and which as a medical probability will result in the person's death, then medical care shall be withheld or withdrawn, and only medications to alleviate pain shall be administered. No all states have laws which recognize living wills, and there are different provisions among those states which have enacted such laws.

**Power of Attorney:** A power of attorney is a legal document in which a person authorizes someone else to act for him or her. A *durable* power of attorney is one which allows another person to act even if the person who signed the power of attorney becomes incapacitated. The durable power of attorney is a very helpful document for designating another person to make health care and financial decisions in the event of mental or physical disability without the expensive and embarrassing process of a legal declaration of incompetence.

**Probate:** Probate is the court proceeding which determines whether a person's will (if any) is valid; formally appoints the executor (named in the will) or the administrator (when there is no will) to manage the assets owned in the deceased's name alone at the time of death; approves the payment of debts and taxes; identifies the heirs of the deceased; and ensures that the property owned by the deceased is distributed as he or she directed in the will, or as state law requires if there is no will.

**Trust:** A trust is a legal document which can be created during a person's lifetime (called an *inter vivos* trust), or which can be included in a person's will (called a *testamentary* trust). A trust usually names a





