

ESTATE PLANNING

Estate Planning Workbook



Conveying your final wishes

By working closely with your 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 and stress 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 storing this booklet electronically, make sure to choose a secure, password-protected location. 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 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 _____

I have established a pet trust Yes No

If Yes, location of the trust document _____

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. 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 st Nat'l Bank, Visa, etc.)	Acct type (checking, CD, etc.)	Account #	Account value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Mutual funds, stocks, bonds, securities and cryptocurrency accounts

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

Business ownership

Name/type (Acme contracting/LLC)	Location	FMV	Business debt
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Retirement accounts

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

Annuity contracts

Description	Name of issuer	Contract #	Advisor/Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Insurance policies

Policy type (life, auto, home, long term care, etc.)	Name of insurer	Policy #	Agent/Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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, digital assets) **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:

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 _____

Digital 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 account, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Special computer or software instructions

(location of electronic devices, thumb drives, external hard drives, etc.)

Contacts

Attorney _____ Address _____ Email _____

City _____ State ____ ZIP _____ Current phone (____) _____

Accountant _____ Address _____ Email _____

City _____ State ____ ZIP _____ Current phone (____) _____

Annuity advisor _____ 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 (____) _____

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:

- Contact family members, friends, employers, and clubs/associations of the decedent.
- Cancel any pending medical appointments including dental, vision, podiatry, or other specialties.
- Contact providers and agencies that provide in-home health or support services such as therapy, transportation, meals, or daycare.
- Make burial, interment, or cremation arrangements. Engage a funeral home/director and/or clergy, if appropriate. Review will for specific funeral and/or burial requests.
- If the deceased was a veteran, contact the Veterans Administration or local veterans' organization to ask about burial honors and burial allowance.
- Write a memorial statement/obituary and coordinate with the appropriate channels (funeral home website, newspaper, etc.).
- Arrange payment of funeral expenses.
- Contact the decedent's attorney.
- If the decedent was a business owner, make provisions for the short-term continuation of the business.
- 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	
- Determine whether the decedent completed an estate planning workbook. (For example, AuguStar offers a free version.)
- Have the decedent's mail forwarded and cancel services, subscriptions, and credit cards no longer needed.
- Locate insurance policies (life, home, auto, etc.) and annuity contracts. Contact insurance companies.
- Inventory other assets and investments (real estate, retirement accounts, electronic assets, vehicles, etc.) and contact institutions as appropriate.
- List beneficiaries of IRAs, employer-sponsored retirement plans, pension plans, and annuities. Your tax professional will need to know their relationship to the decedent, age, situation and income tax brackets to make a recommendation for these accounts. Your tax professional will also need to know how the account is titled.
- After obtaining death certificates, contact at least one of the three primary credit reporting agencies (TransUnion, Equifax, or Experian) and notify them of death. Request copies of the decedent's credit report and monitor for fraudulent activity.
- Make a plan for the decedent's social media accounts and other online accounts/passwords. Consider closing email accounts to help prevent fraud and identity theft.
- Report the death to Social Security and inquire about survivor's benefits (800.772.1213).

continued next page

- If the deceased was a veteran, contact the Veteran’s Administration to inquire about benefits. If the deceased was in civil service, contact the U.S. Office of Personnel Management (OPM).

Within nine months:

- File for probate if applicable.
- Notify heirs, beneficiaries and creditors. While laws vary by state, you should generally 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 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 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:

- Establish trusts as required in the decedent’s will.
- Distribute remaining assets to heirs and beneficiaries.
- File a final income tax return.
- Close out 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.

Additional information



Products issued by AuguStar Life Insurance Company, member of Constellation Insurance, Inc. family of companies. Product, product features and rider availability vary by state. Guarantees are based on the claims-paying ability of the issuer. Issuer not licensed to do business in New York.

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