





**Current address:** \_\_\_\_\_  
street address city state zip

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Children #** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

4. **Legal name:** \_\_\_\_\_  
first middle last

**Current address:** \_\_\_\_\_  
street address city state zip

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Children #** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Has any child predeceased you ? YES/NO Did they have children YES/NO**

**Information for your Will or Trust / Fiduciaries / Personal Representative**

Who do you want to nominate as the “personal representative” or the executor of your estate? Married people often select their spouse. Please note that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident.

**Personal Representative**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Alternate Personal Representative**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

Some probate judges will allow the personal representative to serve without having to post a bond if the decedent’s will waives the bond requirement. Other judges refuse to allow a waiver because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? Yes \_\_\_\_ No \_\_\_\_

**Trustee**

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee

**Legal name:** \_\_\_\_\_  
                            first  middle initial  last

**Current address:** \_\_\_\_\_  
  street address                            city  state                            zip county

**Relationship to you:** \_\_\_\_\_

**Alternate Trustee**

**Legal name:** \_\_\_\_\_  
                            first  middle initial  last

**Current address:** \_\_\_\_\_  
  street address                            city  state                            zip county

**Relationship to you:** \_\_\_\_\_

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve?    Yes \_\_\_\_ No \_\_\_\_



**Residue**

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
----------------------------	-------------------------------	---------------------	-----------------------------

---

---

---

If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

---

**Additional information**

Use this space to provide any additional information concerning your testamentary intentions.

---

---

---

**Miscellaneous**

Do you currently have: (If yes to any please attach signed copies with any codicils or amendments)

A "Will" or "Revocable Living Trust"? Yes \_\_\_\_ No \_\_\_\_

A "Durable Power of Attorney"? Yes \_\_\_\_ No \_\_\_\_

A "Living Will/Healthcare Surrogate Designation"? Yes \_\_\_\_ No \_\_\_\_

**Do you want:**

A Durable Power of Attorney? If so, please provide the name of the person you will designate as your agent.

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Alternate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

A **Living Will and Health Care Surrogate Designation?** (i.e., a document authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances or to provide consent to medical procedures in the event you are unable to do so), state:

**Surrogate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Alternate Surrogate**

**Legal name:** \_\_\_\_\_  
                    first                                    middle initial                                    last

**Current address:** \_\_\_\_\_  
                                    street address                                    city                                    state                                    zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



### Summary of Assets and Liabilities

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested.

#### Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead (Residence)				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables paid to you (e.g., mortgage note, promissory note)				
Cash value (not death benefit) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				

**Liabilities**

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

**Net Worth**

Your total Assets less your total Liabilities: \$ \_\_\_\_\_

**Life Insurance**

List all life insurance policies insuring your life.

Amount of death benefit	Type of policy (e.g. term, whole life)	Beneficiary	Owner Company
----------------------------	---	-------------	---------------

---

---

---

Please provide the name, address and telephone number of your:

Name

Address

Telephone number

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

Investment broker: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Financial planner: \_\_\_\_\_

Banker: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_