



Information Needed To Prepare Joint Trust, Last Will and Testament, Durable Power of Attorney and Healthcare Surrogate

Full legal name(s):

Husband/First Spouse: 1. _____ DOB: _____

Wife/Second Spouse: 2. _____ DOB: _____

Are you known by any other names: _____

Address: _____

Mailing Address: (If different than above) _____

Telephone #: _____ Alt. Telephone # _____

Email: _____

How did you hear about our office? (Check one below)

- Coffee News OPG Hyatt Newspaper Phonebook Other

Do you have children together: YES NO

Do either of you have children from a prior relationship: YES NO

Any deceased children? YES NO Name(s): _____

Please list the names of all of your children from oldest to youngest (even if disinheritng or deceased)

Table with 6 columns: Full names of all children from oldest to youngest, Gender, Minor, Child of this Marriage, Husband's Child, Wife's Child. Rows 1-6.

Regarding your home and real estate, please check all that apply below:

- House Manufactured home Out of state Timeshare Vacant lot Rental Property

If you selected manufactured home, do you own or rent the land? _____

TRUST:

Please list who you want to select as the successor trustees of your Trust after you are deceased or if you are unable to serve as Trustee:

Name(s) of **First**
Successor Trustee: 1. _____ Relationship: _____

Check if Co-Trustee: 2. _____ Relationship: _____

If Co-Trustee is selected: They must act together OR They can act independently

Name(s) of **Second**
Successor Trustee: 1. _____ Relationship: _____

Check if Co-Trustee: 2. _____ Relationship: _____

If Co-Trustee is selected: They must act together OR They can act independently

Specific Bequests: Please list specific gifts, if any, (other than tangible personal property) you may wish to make after you pass away: (Example: "\$5,000.00 to my grandchild Jane Doe" or "\$5,000.00 to Habitat for Humanity")

1. _____

2. _____

3. _____

Distributions: After distribution of the specific bequests listed above, if any, please select how you want your remaining assets distributed by selecting one of the following:

- Outright to beneficiaries
- Separate Share Trust (see separate share section below) **(there may be an additional fee)**
- Equal shares to a list of beneficiaries
- Various percentages to a list of beneficiaries

Beneficiaries: Please name each of your beneficiaries below: *(if equal shares, specific percentages are not required)*

1. _____ **Relationship:** _____

If you selected various percentages above, please provide the percentage _____%

If this beneficiary predeceases you, how should this share of your property pass? (If your beneficiary is a charity, you do not need to answer)

- To that beneficiary's children, of if none then to the other surviving beneficiaries
- To the other surviving beneficiaries
- Other: _____

2. _____ **Relationship:** _____

If you selected various percentages above, please provide the percentage _____%

If this beneficiary predeceases you, how should this share of your property pass? (If your beneficiary is a charity, you do not need to answer)

- To that beneficiary's children, of if none then to the other surviving beneficiaries
- To the other surviving beneficiaries
- Other: _____

3. _____ Relationship: _____

If you selected various percentages above, please provide the percentage _____%

If this beneficiary predeceases you, how should this share of your property pass? (If your beneficiary is a charity, you do not need to answer)

- To that beneficiary's children, of if none then to the other surviving beneficiaries
- To the other surviving beneficiaries
- Other: _____

4. _____ Relationship: _____

If you selected various percentages above, please provide the percentage _____%

If this beneficiary predeceases you, how should this share of your property pass? (If your beneficiary is a charity, you do not need to answer)

- To that beneficiary's children, of if none then to the other surviving beneficiaries
- To the other surviving beneficiaries
- Other: _____

5. _____ Relationship: _____

If you selected various percentages above, please provide the percentage _____%

If this beneficiary predeceases you, how should this share of your property pass? (If your beneficiary is a charity, you do not need to answer)

- To that beneficiary's children, of if none then to the other surviving beneficiaries
- To the other surviving beneficiaries
- Other: _____

***If you need additional space to complete this section, please feel free to attached additional pages.**

If Separate Share Trust, please describe how trust is to be distributed:

- 1/3, 1/2, Balance at what ages: _____
- 1/4, 1/3, 1/2, Balance at what ages: _____
- Other – please describe: _____

***If you need additional space to complete this section, please feel free to attached additional pages.**

Real Property:

Please provide the complete address(es) for any property that you currently own and that will be transferred to the Trust:

WILL FOR HUSBAND/FIRST SPOUSE:

For your Last Will and Testament, please provide the information for the personal representatives that you would like to nominate:

- Spouse First

Name(s) of First PR: 1. _____ Relationship: _____ Reside in FL? Yes No

Check if Co-PR: 2. _____ Relationship: _____ Reside in FL? Yes No

If Co- PR is selected: They must act together OR They can act independently

Name(s) of Second PR: 1. _____ Relationship: _____ Reside in FL? Yes No

Check if Co-PR: 2. _____ Relationship: _____ Reside in FL? Yes No

If Co- PR is selected: They must act together OR They can act independently

WILL FOR WIFE/SECOND SPOUSE:

For your Last Will and Testament, please provide the information for the personal representatives that you would like to nominate:

Spouse First

Name(s) of First PR: 1. _____ Relationship: _____ Reside in FL? Yes No

Check if Co-PR: 2. _____ Relationship: _____ Reside in FL? Yes No

If Co- PR is selected: They must act together OR They can act independently

Name(s) of Second PR: 1. _____ Relationship: _____ Reside in FL? Yes No

Check if Co-PR: 2. _____ Relationship: _____ Reside in FL? Yes No

If Co- PR is selected: They must act together OR They can act independently

If you have minor children, please list who you want to be named as guardians:

Name of **First** Guardian: _____ Relationship to you: _____

Name of **Second** Guardian: _____ Relationship to you: _____

Would like for the above to act together as co-guardians? Yes No

POWER OF ATTORNEY AND HEALTHCARE SURROGATE:

Please list who you want as your agent for the power of attorney and the healthcare surrogate:

Husband's/First Spouse's Power of Attorney:

Spouse First

1. _____

2. _____

Would like for above to act together? Yes No

If acting together is selected: They must act together

** If the above individuals are not being named in your Trust or Will, please indicate their relationship.

Wife's/Second Spouse's Power of Attorney:

Spouse First

1. _____

2. _____

Would like for the above to act together? Yes No

If acting together is selected: They must act together

** If the above individuals are not being named in your Trust or Will, please indicate their relationship.

Husband's/First Spouse's Healthcare Surrogate:

Spouse First

1. _____

2. _____

Would like for the above to act together? Yes No

If acting together is selected: They must act together

Wife's/Second Spouse's Healthcare Surrogate:

Spouse First

1. _____

2. _____

Would like for the above to act together? Yes No

If acting together is selected: They must act together

Notes or Comments: _____
