



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

Full legal name: \_\_\_\_\_ 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 ☐ Metlife ☐ Newspaper ☐ Phonebook ☐ Other \_\_\_\_\_

Do you have children: ☐ YES ☐ NO

Do you have any deceased children? ☐ YES ☐ NO Name(s): \_\_\_\_\_

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

Full names of all children from oldest to youngest: Gender Minor:

Table with 3 columns: Full names of all children from oldest to youngest, Gender, Minor. 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? \_\_\_\_\_

**WILL:**

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

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

**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 will 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:

**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: \_\_\_\_\_

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

**If Separate Share Trust, would you like the same individuals that you've named as Personal Representative to serve as Trustee of the Separate Share Trust?**

- Yes  No

**If No, please list the name(s) of the individuals that you would like to name:**

\_\_\_\_\_

**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.**

**If you have minor children, please list who you want to be named as Guardian(s):**

Name of **First** Guardian: \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

Name of **Second** Guardian: \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

Would you 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:

**Power of Attorney:**

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

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

**Check if 1 and 2 are Co-Agents**

*They must act together*

*They can act independently*

**Healthcare Surrogate:**

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

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

**Check if 1 and 2 are Co-Surrogates**

*They must act together*

*They can act independently*