



## Family Information

### Spouse

If you are married, please state:

**Date of marriage:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Legal name of spouse:** \_\_\_\_\_  
first middle last

**Date of birth of spouse:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **U.S. citizen:** Yes \_\_\_\_ No \_\_\_\_

Did you enter into a "pre-nuptial" or "post-nuptial agreement?"      Yes \_\_\_\_ No \_\_\_\_

During your marriage, did you ever live in a "community property" state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) or in an opt-in state (i.e. Alaska and Tennessee)?      Yes \_\_\_\_ No \_\_\_\_

If you are a widow or widower, please state:

**Legal name of deceased spouse:** \_\_\_\_\_  
first middle last

**Date of death of deceased spouse:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Date of marriage:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Children

If you have any children (excluding step children and foster children), for each child, please state:

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

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

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number of this child's children:** \_\_\_\_      **Age(s) of this child's children:** \_\_\_\_\_<sup>1</sup>

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

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

---

<sup>1</sup> For drafting purposes, I will need the full name, date of birth, and address of each grandchild.

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of this child's children: \_\_\_\_ Age(s) of this child's children: \_\_\_\_\_

3. Legal name: \_\_\_\_\_  
first middle last

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of this child's children: \_\_\_\_ Age(s) of this child's children: \_\_\_\_\_

Has any child predeceased you?	Yes ____ No ____
If so, did that child have any children?	Yes ____ No ____
Is any child illegitimate?	Yes ____ No ____
Is any child disabled or considered a "special needs child?"	Yes ____ No ____
Do you have any step children?	Yes ____ No ____
Do you have any foster children?	Yes ____ No ____

**Other relatives**

Is your father alive? Yes ____ No ____	
Is your mother alive? Yes ____ No ____	
Number of living brothers: _____	Number of deceased brothers: _____
Number of living sisters: _____	Number of deceased sisters: _____

**Personal Representative<sup>2</sup>**

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

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

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

**Alternate Personal Representative**

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

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

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

<sup>2</sup> The personal representative, who is often referred to as the "executor", is the person who is appointed by the probate court to be in charge of administering the probate estate. Under Florida law, if the personal representative is not related to the deceased person, he or she must be a Florida resident.

**Trustee<sup>3</sup>**

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

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

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

**Alternate Trustee**

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

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

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

**Guardian<sup>4</sup>**

(Pre-need guardian for you; and guardian for minor child, if any)

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

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

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

**Alternate Guardian**

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

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

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

\_\_\_\_\_

<sup>3</sup> A trustee is the person who is in charge of assets held in a trust. A trust can be established during life or after death for a spouse, child, grandchild, parent, third party, or charity. A contingent trust is often used to avoid distributing large sums of money and other assets to a beneficiary all at one time or prior to a beneficiary attaining a certain age.

<sup>4</sup> A guardian is the person who is appointed by the court to have the custody and care of an incapacitated person (which includes a minor child) and to manage such person's property during such persons's incapacity (which, for minors, continues until age 18). There can be a separate "guardian of the person" and a "guardian of the property." Under Florida law, if the guardian is not related to the incapacitated person, he or she must be a Florida resident.



\_\_\_ I want my health care surrogate and alternate to receive all of my health information and/or to make all health care decisions for me, to be effective immediately.

\_\_\_ I want my health care surrogate and alternate to receive all of my health information and to make all health care decisions for me, only after I lack the capacity to make such decisions or provide informed consent myself.

### Primary physician

Physician's name: \_\_\_\_\_  
first middle initial last

Office address: \_\_\_\_\_  
street address city state zip code

Office telephone number: \_\_\_\_\_

### Disposition of remains

Do you want any of your organs donated at your death? Yes \_\_\_ No \_\_\_

If so, please state the specific organs (or allow any usable): \_\_\_\_\_

any limitations on their use (or allow any purpose): \_\_\_\_\_

If you want a specific disposition of your remains, please state:

Cremation: Yes \_\_\_ No \_\_\_ If yes, please advise of disposition of ashes: \_\_\_\_\_  
\_\_\_\_\_

Burial: Yes \_\_\_ No \_\_\_ If yes, please advise of any specific cemetery: \_\_\_\_\_  
\_\_\_\_\_

### Summary of Assets and Liabilities

*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. In lieu of completing this summary, you may substitute a current financial statement.*

#### Assets

On the following page, please state the current estimated fair market value of all assets you own or in which you have any interest (either individually, jointly, or that are held in trust for your benefit). Do not deduct any mortgage or other secured debt when stating the value. If you own an asset individually, but it 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.

### State Estimated Fair Market Value

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property (please provide copy of deed to each parcel)				
Bank accounts, certificates of deposit, and money market funds				
<u>Non-retirement</u> investment assets (e.g. stocks, bonds, mutual funds, annuities)				
Businesses in which you own an interest (e.g., sole proprietor, partner, shareholder, member of limited liability company)				
Receivables <u>payable to you</u> (e.g., mortgage note, promissory note)				
Cryptocurrency				
Cash value ( <u>not death benefit</u> ) of life insurance you own				
Household furniture, furnishings, and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections, and other valuables				
Retirement assets:				
IRA				
401(k)				
403(b)				
Pension				
Deferred compensation				
Other				
Miscellaneous other property				
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				
Other secured loans (e.g. car loan)				
Other debts, liabilities, and any judgments against you				
Total liabilities:				

**Net Worth**

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

**Lifetime Gifts**

Have you ever made one or more gifts the total value of which exceeded \$10,000 to any one person in any year? Yes \_\_\_ No \_\_\_

Have you ever filed a federal gift tax return (i.e., IRS Form 709)? Yes \_\_\_ No \_\_\_

**Life Insurance**

Do you own any life insurance insuring your life? Yes \_\_\_ No \_\_\_ If so, please state:

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

---



---



---



---



---

Do you own any life insurance policies insuring the life of another person? Yes \_\_\_ No \_\_\_

Do you have a current Florida driver license? Yes \_\_\_ No \_\_\_

If not, do you have a current Florida identification card? Yes \_\_\_ No \_\_\_



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

Name

Address

Telephone number

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

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

Life insurance agent: \_\_\_\_\_

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

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

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

Client

Whom may I thank for the referral? \_\_\_\_\_

**LIVING WILL-ADVANCE DIRECTIVES**

<b>POSSIBLE TREATMENTS:</b> Assume none of the following will improve or cure the condition described in these situations:	<b>SITUATION A</b> If I am in a coma, or in what is called a persistent vegetative state, and have no hope of recovery or of becoming aware of my surroundings or being able to use my mental abilities, then my wishes regarding the following would be:	<b>SITUATION B</b> If I have a progressive illness, which will continue to worsen and result in my death and which cannot be improved or cured, when the point is reached that I am no longer able to recognize family and friends or speak understandably, my wishes regarding the following would be:	<b>SITUATION C</b> If I have a condition which makes me unable to recognize people or speak understandably, and that condition is permanent and cannot be improved or cured but is NOT terminal, my wishes regarding the following would be:
1. Do you want efforts to be made to resuscitate (chest massage, artificial breathing) you if your heart or breathing stops?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
2. If you are unable to breathe on your own, do you want a mechanical breathing machine to be used?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
3. If your kidneys fail, do you want kidney dialysis (cleaning the blood through a machine) even if it cannot improve or cure your condition?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
4. Do you want any surgery, even if it is life-saving, if it cannot improve or cure your condition?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
5. Do you want pain medications to keep you comfortable even if they dull consciousness and could shorten your life?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
6. Do you want other medications, such as antibiotics, which may prolong your life?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
7. Do you want food and water given to you through tubes in your veins, nose or stomach?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
8. OTHER: _____ _____ _____	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED

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

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