



1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name Indicate if Joint - Survivorship	Purchase Price	Market Value	(-) Mortgage(=)	Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint - Survivorship	Market Value	(-) Mortgage (=)	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint - Survivorship	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name Indicate if Joint - Survivorship	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including company stock)?

# Shares	Name of Security	Titled in Whose Name Indicate if Joint - Survivorship	Purchase Price	Current Value
Total Value				

6. Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

7. Do you have any life insurance policies and/or annuities?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit
<b>Serviceman's Group Life Insurance SGLI</b>				
Total Value				

8. Does anyone owe you money?

Description	Approx. Value	
Total Net Value		

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value	
Total Net Value		

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate ..... \$ \_\_\_\_\_

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned	
Total Debt		

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above)..... \$ \_\_\_\_\_

13. Total amount you (and your spouse) owe (total of line 11 above) \$ \_\_\_\_\_

14. Subtract line 13 from line 12. **TOTAL NET ESTATE VALUE**

Location

Titled in whose name


**MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM**

1. Personal Representative: Manages the probate and settlement of your estate. Can be your spouse, adult children, trusted friends, and/or a corporate fiduciary. In Florida this person must be a Florida resident, your spouse, related to you by blood, the spouse of one related to you, or your spouse's parents or children.

**For You**

**For Your Spouse**

Name: \_\_\_\_\_ Name \_\_\_\_\_

2. Successor Personal Representative: Back-up Manager-Steps in after your first personal representative dies/resigns; in the case of a living trust at your death or disability. Can be your adult children, trusted friends, and/or a corporate fiduciary. Under Florida law this person must be a Florida resident or related to you.

**For You**

**For Your Spouse**

1st Successor: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

2nd Successor: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

3. Trustee: - Manages the administration and investments in your trust. Should be someone with financial responsibility and experience. If you have a tax saving Credit Shelter Trust (B Trust) it can be your spouse, but you **should** also name a co-trustee to make discretionary decisions.

**For You**

**For Your Spouse**

Name: \_\_\_\_\_ Name \_\_\_\_\_

4. Successor Trustee (or Co Trustee) - Back-up Manager-Steps in after your first Trustee dies/resigns. Can be your adult children, trusted friends, and/or a corporate fiduciary.

**For You**

**For Your Spouse**

1st Successor: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

2nd Successor: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

5. Guardians For Minor Children--Responsible adult who will raise your children if something happens to you. Under Florida law this person must be a Florida resident or related to the child by blood, or the spouse of one so related.

**For You**

**For Your Spouse**

#1 Choice: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

**BENEFICIARIES**

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization

Description of Gift

Alternate Beneficiary


2. Special Gifts To Individuals

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however the percentages are easier, and must add to 100 per cent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Inheriting Instructions

List your children

Name	Address	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	Number of Grandchildren

Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

If a child dies, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among *only* your other living children (Per Capita), and nothing to a grandchild whose parent died.

Do you want to ensure that your children from a previous marriage receive a share of your estate?      **You**      **Your Spouse**  
 Yes   No      Yes   No

5. List Dependents Who Require Special Care

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits?      **Yes**      **No**

6. Alternative Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

1. Keeping/Selling Assets
If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care
Do you want to be in (or avoid ) a certain hospital/nursing home?

Table with 3 columns: Question, You (Yes/No), Your Spouse (Yes/No). Question: A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?

Please answer the following for your Living Will:

Table with 4 columns: Question, You (Yes/No), Your Spouse (Yes/No). Questions include: If you have a terminal condition, diagnosed by two (2) doctors, do you want Your life artificially prolonged by machine? Nutrition and Hydration (Food and Water) by tube? Blood Transfusions? Organ Transplants? Upon your death, do you wish to donate your organs? For transplants? For medical research? Do you wish to die at home rather than in a hospital or nursing home?

A Durable Power of Attorney For Health Care gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following:

Table with 2 columns: For You, For Your Spouse. Rows for 1st Choice and 2nd Choice, each with Name and Address fields.

A Durable General Power of Attorney appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following

Table with 2 columns: For You, For Your Spouse. Rows for 1st Choice and 2nd Choice, each with Name and Address fields.

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is it located?

Cemetery Name City State