

**ESTATE PLANNING**  
**Information Sheet**

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

**NAME:**

\_\_\_\_\_  
First Middle Last  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SPOUSE'S NAME:**

\_\_\_\_\_  
First Middle Last  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**ADDRESS:**

Local Address: \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City State Zip County  
\_\_\_\_\_  
e-mail \_\_\_\_\_

**TELEPHONE NUMBERS:**

Florida: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_  
Out of Town: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

**CHILDREN/BENEFICIARY INFORMATION:**

All children and beneficiaries must be listed.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Relationship



Do you wish your joint bank accounts:  
to be inherited by the co-owner \_\_\_\_\_  
or

to be distributed to other beneficiaries through your will or trust \_\_\_\_\_ (check one)

Do you wish other joint investment accounts:  
to be inherited by the co-owner \_\_\_\_\_  
or

to be distributed to other beneficiaries through your will or trust \_\_\_\_\_ (check one)

**PERSONAL REPRESENTATIVE (administrator of will):**

**SELF**

**SPOUSE**

**Primary:** \_\_\_\_\_  
Name

**Primary:** \_\_\_\_\_  
Name

**Address:** \_\_\_\_\_  
Street or Box Number

**Address:** \_\_\_\_\_  
Street or Box Number

City State Zip

City State Zip

**Successor:** \_\_\_\_\_  
Name

**Successor:** \_\_\_\_\_  
Name

**Address:** \_\_\_\_\_  
Street or Box Number

**Address:** \_\_\_\_\_  
Street or Box Number

City State Zip

City State Zip

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

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

**TRUSTEES:**

**SELF**

**SPOUSE**

**Primary:** \_\_\_\_\_  
Name

**Primary:** \_\_\_\_\_  
Name

**Address:** \_\_\_\_\_  
Street or Box Number

**Address:** \_\_\_\_\_  
Street or Box Number

City State Zip

City State Zip

**Successor:** \_\_\_\_\_  
Name

**Successor:** \_\_\_\_\_  
Name

**Address:** \_\_\_\_\_  
Street or Box Number

**Address:** \_\_\_\_\_  
Street or Box Number

City State Zip

City State Zip

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

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

**POWER OF ATTORNEY:**

**SELF**

1.: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street or Box Number

City State Zip

2.: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street or Box Number

City State Zip

Relationship: \_\_\_\_\_

**SPOUSE**

1.: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street or Box Number

City State Zip

2.: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street or Box Number

City State Zip

Relationship: \_\_\_\_\_

**IF YOU WANT A MEDICAL DECLARATION IN THE EVENT OF YOUR INCAPACITY:**

List persons you would like to make medical decisions for you:

**SELF**

1.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

2.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

3.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

**SPOUSE**

1.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

2.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

3.: \_\_\_\_\_  
Name

Relationship: \_\_\_\_\_

I hereby authorize Frank T. Gaylord to release copies of my estate planning documents to:

\_\_\_\_\_ and \_\_\_\_\_

Please Initial \_\_\_\_\_

Please Initial \_\_\_\_\_

**ASSETS:**

**SELF**

**SPOUSE**

Approx. Value of All Assets \$ \_\_\_\_\_

Approx. Value of All Assets \$ \_\_\_\_\_

How  
Assets  
Are  
Titled\*\*  
(J)(I)(T)

How  
Assets  
Are  
Titled\*\*  
(J)(I)(T)

<u>Asset</u>	<u>Approx. Value</u>
House	\$ _____
Bank Accounts, CD's, Money Market Accts.	\$ _____
Stocks and Bonds	\$ _____
Other Real Estate	\$ _____
Life Insurance Designated Beneficiary?	\$ _____
401K Retirement Plan Designated Beneficiary?	\$ _____
IRA Retirement Plan Your current age? _____ Designated Beneficiary?	\$ _____
Other	\$ _____
Other	\$ _____

<u>Asset</u>	<u>Approx. Value</u>
House	\$ _____
Bank Accounts, CD's, Money Market Accts.	\$ _____
Stocks and Bonds	\$ _____
Other Real Estate	\$ _____
Life Insurance Designated Beneficiary?	\$ _____
401K Retirement Plan Designated Beneficiary?	\$ _____
IRA Retirement Plan Your current age? _____ Designated Beneficiary?	\$ _____
Other	\$ _____
Other	\$ _____

\*\* (J) = Joint  
(I) = Individual  
(T) = Trust

**REAL ESTATE:**

Does your Homestead still have a mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the balance due on the mortgage. \$ \_\_\_\_\_

Loan #: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Name Address, City, State, Zip Phone