

REAL ESTATE:

All real estate is to pass in the residuary estate

OR

I wish to make specific bequest of real estate as follows:

all to my spouse; or

just the house to my spouse; or

all real estate is to pass to one or more other beneficiaries:

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	SHARE OF PROPERTY

RESIDUARY ESTATE:

I wish to leave all the property I own at the time of my death, whether real or personal:

all to my spouse;

OR

a minimum bequest to spouse (disinheriting spouse to the extent permitted by law) with the balance to:

all to my children; or

some other distribution (list in table below)

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	SHARE OF ESTATE

SPECIFIC BEQUESTS:

I wish to make a cash gift (list in table below):

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	CASH AMOUNT

I wish to make a provision in my will for a separate paper bequesting tangible personal property.

I wish to make a bequest of specific, nontangible property in the will:
NOTE: Do not list tangible property, use the separate paper option above.

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DESCRIPTION OF GIFT

ALTERNATE BENEFICIARIES:

If the primary beneficiary(ies) die(s) before I do, I wish to leave my property to the following person(s):
 all to my children;
OR
 some other distribution (list in table below)

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	SHARE OF ESTATE

If both the primary and alternate beneficiary(ies) die(s) before I do, I wish to leave my property to the following person(s):

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	SHARE OF ESTATE

PERSONAL REPRESENTATIVE:

I want the following person(s) to act as the executor(s) of my estate:

	NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO YOU
PRIMARY		
ALTERNATE		

NOTE: The Personal Representative may need to be either a relative or a legal resident of the same state as you. If necessary, please discuss this with an attorney.

BEQUESTS TO MINOR CHILDREN:

A beneficiary is to be deemed a "minor", whose legacy should be held in trust, if he is under the age of:
 18 19 20 21 other age ____

Bequests to a minor beneficiary are to be paid:
 at the election of the personal representative
OR
 held in trust (until child attains majority) by
 the personal representative; **or**
 a trustee (name trustee below)

	NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO YOU
PRIMARY		
ALTERNATE		

GUARDIAN OF MINOR CHILDREN:

I desire the following person(s) to be the guardian(s) of my children who have not reached the age of majority at the time of my death:
NOTE: A guardian may not be a non-resident of Florida unless the guardian is a relative.

	NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO YOU
PRIMARY		
ALTERNATE		

LIVING WILL and HEALTH CARE SURROGATE:

I wish to have a living will and a health care surrogate
OR
 I wish to have a living will only

I wish the following person(s) to be my agent(s) to make health care decisions for me if my consent cannot be obtained:

	NAME (FIRST, MIDDLE, LAST)	ADDRESS	PHONE NUMBER
PRIMARY			()
ALTERNATE			()

OPTIONS: Both agents must act together Either agent may act alone

I wish to authorize my agent(s) to:
 donate my organs for transplant; **or**

donate of my organs and/or tissue for medical, scientific, or educational purposes

I wish to express a desire to die at home rather than in a hospital: Yes No

I wish to make the following statement regarding funeral arrangements (choose one):

cremation

buried with military honors

buried at sea

used for medical or scientific purposes

other: _____

POWER OF ATTORNEY:

I wish to appoint the following person to be my attorney-in-fact:

	NAME (FIRST, MIDDLE, LAST)	ADDRESS
PRIMARY		
ALTERNATE		

OPTIONS:

Power of Attorney to expressly survive my incompetence.

Both attorneys-in-fact must act together **OR** Either attorney-in-fact may act alone