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ESTATE  
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## ESTATE PLANNING INFORMATION

Thank you for selecting Eric S. Haug Law & Consulting, P.A., to prepare your estate documents. The purpose of this form is to collect information needed to draft your estate documents. Should you have any questions whatsoever please get in touch by voice, text or email (contact information below).

**Some helpful information before you get started:** If you are married, your spouse should complete a separate form but there is no need to repeat the information that is common to both forms (such as addresses and phone numbers). There is no need to fill in every line if the information is already provided in another section of this form.

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

Your Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Email(s): \_\_\_\_\_

Phone(s): Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_

**Beneficiaries of Estate:** Full legal name, address, relationship to you, priority (order of inheritance, primary or secondary) and date of birth (only needed for minors).

Name and address:

Relationship, priority and date of birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Priority: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Priority: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

**Beneficiaries of Estate (continued):**

Name and address:

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Relationship, priority and date of birth:

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Priority: \_\_\_\_\_

DOB: \_\_\_\_\_

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Priority: \_\_\_\_\_

DOB: \_\_\_\_\_

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Priority: \_\_\_\_\_

DOB: \_\_\_\_\_

**Burial/Disposition (optional):** Please describe your desire for the handling of your body after death, including whether or not you want your body to be cremated, and what final resting place you desire for your body or ashes. General funeral or memorial service arrangements can also be included:

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**Personal Representative:** *(Note: The Personal Representative (or Executor) of your estate handles your affairs upon your death. An alternate must be listed in the event the first is unable to serve, unable to continue to serve or has predeceased you.)*

Name and address:

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Relationship and phone number:

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Phone: \_\_\_\_\_

**Alternate Personal Representative:**

Name and address:

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Relationship and phone number:

Phone: \_\_\_\_\_

**Specific Devises, Gifts and Bequests:** Of real estate, cash and intangible property. A "Separate Writing" to list personal property items will be provided when your estate documents are finalized (Florida allows the listing of personal property after a Will has been executed):

Description:

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To be given to (name and address):

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**Contingent/Testamentary Trust:** *(Note: The Trustee handles that part of your estate designated to pass to a beneficiary(s) who is a minor or younger than an age you designate. One of the purposes of this type of trust is to protect less mature individuals from careless handling of the monies/assets. A Trustee is named to manage the trust for your beneficiary(s) – typically someone who has financial or business experience and who can be trusted to manage the monies/assets):*

**Trustee:**

Name and address:

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Relationship and phone number:

Phone: \_\_\_\_\_

**Alternate Trustee:**

Name and address:

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Relationship and phone number:

Phone: \_\_\_\_\_

The normal use of trust assets **before** disbursement is for the beneficiary's "health, education, maintenance and support." Other uses can certainly be included – please describe any such other uses:

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Age(s) and percentages of trust disbursement(s):

Age(s) when trust is disbursed	Percentage of trust disbursed

**Guardianship:** *(Note: The Guardian is the person who will be responsible for your child(ren) in the event any of them are under 18 years of age at the time of your death. There are accountability benefits in naming someone different from the Trustee).*

**Guardian:**

Name and address:

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Relationship and phone number:

\_\_\_\_\_  
Phone: \_\_\_\_\_

**Alternate Guardian:**

Name and address:

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Relationship and phone number:

\_\_\_\_\_  
Phone: \_\_\_\_\_

**Organ and Anatomical Donations:**

Are you (or would you like to be) an organ donor? Yes, I am \_\_\_\_ Yes, I'd like to become \_\_\_\_ No \_\_\_\_

Do you want to donate your body to medical education (prior to cremation)? Yes \_\_\_\_ No \_\_\_\_

**Excluded Beneficiary (if any):** *(Note: Excluded beneficiaries are persons you intend to specifically exclude from your Will who are of close family relationship.)*

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

Address: \_\_\_\_\_

\_\_\_\_\_

**Other Will Provisions:** \_\_\_\_\_

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\_\_\_\_\_

## **DURABLE POWER OF ATTORNEY**

If during your lifetime you need someone to manage your financial and personal business (such as banking, paying bills, making purchases, etc.) you can empower that person(s) to do so with a Power of Attorney. A "Durable" Power of Attorney remains valid should you ever lose your cognitive abilities.

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

## **ADVANCED HEALTH CARE DIRECTIVES**

### **DESIGNATION OF HEALTH CARE SURROGATE**

If you are unable to make decisions regarding your health care (such as whether or not to undergo certain surgery or receive certain treatment) please list the person (surrogate) and an alternate to handle those decisions:

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

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

\_\_\_\_\_

**Phone(s):** Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

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

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

\_\_\_\_\_

**Phone(s):** Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

## LIVING WILL

If you are ever become mentally incompetent or unable to communicate and your life expectancy is short or you have suffered a permanent and severe brain injury, please list the person (surrogate) to manage decisions regarding medical treatment, an alternate and a medical professional (optional). Please also complete the table below by check marking to the left of the listed actions or non-actions:

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

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

**Phone(s):** Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

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

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

**Phone(s):** Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

**And consult medical professional:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Phone(s):** Cell: \_\_\_\_\_; \_\_\_\_\_: \_\_\_\_\_

Imminent death	Final stage of a terminal illness	Permanent and severe brain damage
Life expectancy of 1 week or less	Life expectancy of 3 months or less	[ ____ months and] my treating physician(s) determines there is no reasonable probability of recovery
<b>Do NOT perform or provide:</b>	<b>Do NOT perform or provide:</b>	<b>Do NOT perform or provide:</b>
CPR	CPR	CPR
Non-curative surgery	Non-curative surgery	Non-curative surgery
Antibiotics	Antibiotics	Antibiotics
Kidney dialysis	Kidney dialysis	Kidney dialysis
Chemotherapy	Chemotherapy	Chemotherapy
Other non-curative treatment (except pain management)	Other non-curative treatment (except pain management)	Other non-curative treatment (except pain management)
<b>But continue to provide</b>	<b>But continue to provide</b>	<b>But continue to provide</b>
<b>Water/hydration by:</b>	<b>Water/hydration by:</b>	<b>Water/hydration by:</b>
✓ Natural means (orally)	✓ Natural means (orally)	✓ Natural means (orally)
Assisted means (IV/tube)	Assisted means (IV/tube)	Assisted means (IV/tube)
<b>Food/nutrition by:</b>	<b>Food/nutrition by:</b>	<b>Food/nutrition by:</b>
✓ Natural means (orally)	✓ Natural means (orally)	✓ Natural means (orally)
Assisted means (tube/IV)	Assisted means (tube/IV)	Assisted means (tube/IV)