

FACT SHEET FOR MY HEIRS

NAME :

FACT SHEET FOR MY HEIRS

Date:

My full name at present:

My full name at birth:

My place of birth:

My date of birth:

Certified copy of my birth certificate or adoption certificate is located at:

My Social Security Number:

My present address:

My Professional advisors:

Name	Address	Telephone
------	---------	-----------

Lawyer:

██████████	██████████ ██████████	██████████	██████████
------------	--------------------------	------------	------------

Accountant:

Dentist:

Physician(s):

Insurance agent(s):

Location of my Last Will and Testament and/or Living Trust and/or power of attorney:

My Last Will and/or Living Trust was signed on:

Location of my Living Will declaring my intention with regard to sustaining bodily functions through respiratory equipment, etc., in case of terminal illness:

Year I became a resident of Florida:

My usual occupation:

My date of retirement:

U. S. citizen By: Birth Naturalization

Military veteran: Yes No

Branch of service:

Dates of service:

Serial Number:

Final rank:

Marital status: Never married Married

Divorced Widowed

Spouse's name:

Date of marriage:

Name(s) of prior spouse(s):

Date(s) of divorce or death of spouse:

My Child(ren):

Name	Address	Date birth/death	Married
------	---------	------------------	---------

My Grandchildren:

Name	Address	Date birth/death	Married
------	---------	------------------	---------

My Parents:

Name	Address	Date of birth/death
------	---------	---------------------

My Brother(s) and sister(s):

Name	Address	Date birth/death	Married
------	---------	------------------	---------

My Grandparents:

Name	Address	Date of birth/death
------	---------	---------------------

My Nephews/Nieces:

Name	Address	Date birth/death	Married
------	---------	------------------	---------

My Educational background:

Name	Location	Dates	Degrees
Elementary:			

Junior High School(s):

High School(s):

Vocational School(s):

College(s) and Graduate School(s):

My Employment:

Employer(s)	Location	Position	Dates	Type of Work
-------------	----------	----------	-------	--------------

Organizations:

Residences: Address	Dates
---------------------	-------

Religious preferences and memberships:

Funeral or memorial arrangements:

Name	Address	Telephone
------	---------	-----------

I have a cemetery lot/crypt at:

I have made arrangements for donation of body parts with:
(Note: Florida law requires that certain arrangements be made in order for this to be valid.)

Florida Driver's License No.: Expires:

Passport No.: Expires:

Florida Voter Identification No.:

Monthly income:

Amount	Source
--------	--------

Salary:

Interest:

Rental income:

Dividends:

Social Security:

Pension:

Annuity:

Other:

Veteran's benefits: Claim No.:

Monthly bills and expenses:

Amount

To

Credit cards:

Company

Address

Card Number

Major loans, mortgages and debts I owe:

Insurance

Life insurance companies:

Agent and address:

Policy Nos.:

Face Amount:

Beneficiary:

Type of life insurance:

Medical insurance company:

Agent and address:

Policy No.:

Homeowner's and casualty insurance company:

Agent and address:

Policy No.:

Automobile insurance:

Agent and address:

Policy No.:

Banks and savings accounts:

Institution	Account No.	Type of Account	Co-owner
-------------	-------------	-----------------	----------

Safe deposit box(es):

Institution	Box No.
-------------	---------

Stocks and bonds:

Broker:

Account No.:

Branch:

Telephone No.:

Securities:	Issuer	No.shares	Date purchased	Cost	Value
-------------	--------	-----------	----------------	------	-------

Real estate:

Address	Legal Description	Co-owner(s)	Market Value
---------	-------------------	-------------	--------------

Business(es) :

Address	Legal Description	Co-owner(s)	Market Value
---------	-------------------	-------------	--------------

I have a possible claim to sue:

Address:

Reason:

Amount:

I have a lawsuit pending against:

Reason:

My Attorney:

I have an uncollected judgment against:

Addresss:

My Attorney:

I am the beneficiary of a trust:

Description:

I expect to receive an inheritance from: