

The Florian Foundation

INFORMATION ABOUT YOU—Please provide full (first, middle, last) names

Full Name:	Preferred name	Date of Birth:
Home Address:		Home Phone No.:
Work Address:		Work Phone No.:
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Email:

INFORMATION ABOUT YOUR SPOUSE

Date of Marriage:

Full Name:	Preferred name	Date of Birth:
Home Address:		Home Phone No.:
Work Address:		Work Phone No.:

INFORMATION ABOUT YOUR CHILDREN

Full Name:	Preferred name	Date of Birth:
Address:		Phone No.:

Full Name:	Preferred name	Date of Birth:
Address:		Phone No.:

Full Name:	Preferred name	Date of Birth:
Address:		Phone No.:

Full Name:	Preferred name	Date of Birth:
Address:		Phone No.:

WHAT ARE YOUR ASSETS?

Asset	Description	Mortgage	Fair Market Value
House #1			
House #2			
Auto #1			
Auto #2			
Boat			
Bank Account			
Bank Account			
Stocks			
Mutual Funds			

Bonds		
CD		
CD		
Life Insurance		
Life Insurance		
Retirement Plan		
IRA		
IRA		
Other		

ESTATE INFORMATION (for lines 2-6, provide FULL names—first, middle, last)

Do you have existing estate documents (will, financial power of attorney, medical directive)?	
Who will be your executor?	Successor?
Who will be your attorney-in-fact?	Successor?
Who will be your agent for health care?	Successor?
Who will be the guardian for your children?	Successor?
Who will be the trustee?	Successor?
Where are your birth certificates?	
Where is your marriage license?	
Where is the deed to your house?	Titles for vehicles?
Do you have funeral arrangements?	Location of cemetery plot
Are you eligible for military benefits?	
Where are your medical records on file?	
Are you due any inheritance?	
Do you have disability insurance?	
Do you have credit cards that are paid on death?	
Are you an organ donor?	