

Nexus Legal Solutions  
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**Legal Name**

First Name	Middle Name	Last Name

**Other Names By Which You Are or Have Been Known**


**Home Address**


**County of Residence**

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**Email**

Primary	
Secondary	

**Telephone**

Home	
Cell	
Work	

**Preferred Method Of Contact**

- Home Phone
- Cell Phone
- Primary Email
- Secondary Email
- Other \_\_\_\_\_

Are you a Florida resident?

- Yes
- No, resident of \_\_\_\_\_

Are you retired?

- Yes
- No

Which of these planning documents below do you have?

- Wills
- Trust
- Living Will
- Healthcare Surrogate Selection
- HIPPA Release

Do you have a safe deposit box?

- Yes
- No

**Real Property**

Type of Property	Address
Is there a mortgage or lien on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Property	Address
Is there a mortgage or lien on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Property:

**Beneficiaries**

How do you want your beneficiaries to receive any assets?

- Outright at your death
- At the age of \_\_\_\_\_
- In increments at age \_\_\_\_\_, age \_\_\_\_\_, and final distribution at age \_\_\_\_\_
- Other \_\_\_\_\_

Do you wish to make special provisions for Educational expenses?

- Grade School Tuition
- College Tuition
- Graduate School Tuition

**Beneficiaries Names**

Name	Address
Phone Number	Date of Birth
Relationship	Does this beneficiary have any special needs?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Address
Phone Number	Date of Birth
Relationship	Does this beneficiary have any special needs?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Beneficiaries:

Do you have certain personal items, property, gifts, etc. that you would like to leave to specific people?

Person	Item Description

**Guardian(s) of Minor Children**

**Who would you appoint to serve as guardian of your child, if you could no longer care for them?**

Name	Address
Phone Number	Relationship to You
Do wish the Guardian to also be the Trustee of any assets of the Minor Guardian?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Alternate Guardian**

Name	Address
Phone Number	Relationship to You
Do wish the Guardian to also be the Trustee of any assets of the Minor Guardian?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Trustee of Assets Left to Minor Children**

Name	Address
Phone Number	Relationship to You

Do wish to grant the Trustee complete discretion in the distribution and investment of the assets? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Alternate Trustee of Assets Left To Minor Children**

Name	Address
Phone Number	Relationship to You

Do wish to grant the Trustee complete discretion in the distribution and investment of the assets?

Yes

No

**Business Ownership**

Do you own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business
Name of Business	Address of Business
Other Owners	

**Funeral Arrangements**

Present Arrangements <input type="checkbox"/> Prepaid <input type="checkbox"/> Preplanned	Desired Arrangements <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation to Science
Preferred Funeral Home	
Name _____	
Address	

**Living Will**

Living Will is a document instructing physicians, relatives, or others to refrain from the use of extraordinary measures to prolong one's life in the event of a terminal illness. If you are determined to be incapacitated, suffering from a terminal illness, or are in the end stage of your life, what measures do you wish physicians and caregivers to use?

Do you want food and water withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want breathing support? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Personal Representative** (Also known as executor.)

Must be either a Florida resident or a close relative.

Cannot be a convicted felon.

Duties include:

- Obtaining and reviewing the will or trusts in place at time of death.
- Understanding and managing the decedent’s financial affairs.
- Providing storage or protection for personal and household effects to be distributed to beneficiaries.
- Assisting the estate attorney in probating and defending the Will and in preparing the inventory and appraisal of assets.
- Preparing a schedule of cash needs for the estate. Cash will be needed for: decedent debts, funeral expenses, medical bills, estate administration expenses, costs of maintaining estate assets, specific bequests, income and estate taxes, and court and probate costs.
- Paying creditors out of proceeds of estate.

**Personal Representative**

Name	Address
Phone Number	Relationship

**Contingent Personal Representative**

Name	Address
Phone Number	Relationship

**Power of Attorney**

Durable Power of Attorney allows you to appoint someone to manage your financial and property affairs, either presently or if you are incapacitated.

First Agent Name, Address and Phone	
Contingent Agent Name, Address and Phone	

**Pre-Need Guardian**

If you become mentally or physically incapacitated and could no longer manage your financial affairs, property, or your health who would you like to appoint as your guardian?

**Pre-Need Guardian of Property**

Name	Address
Phone Number	Relationship to You

**Pre- Need Guardian of Person**

Name	Address
Phone Number	Relationship to You

**Health care surrogate**

Health care surrogate allows you to name a decision maker to communicate with your doctors and make decisions for you if you are incapacitated. The health care surrogate will also have a HIPPA (Health Insurance Portability and Accountability Act) release form.

First Agent Name, Address and Phone	
Contingent Agent Name, Address and Phone	

**HIPAA Release**

Who would you like to have access to your medical records and to be able to speak with your doctor?

- Spouse
- Healthcare Surrogate
- Other \_\_\_\_\_

Additional Information, questions, or notes

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