



WILLS FOR HEROES

FAMILY INFORMATION

- 1 Hero **Full Name (as will be shown in the documents)**
- 2 Spouse **Full Name of Spouse (as will be shown in the documents)**
- 3 Both **Last Name**
- 4 Both **Are all of of the Children from the same marriage?
(put an "x" if yes) ►**
- 5 Hero **How many children do you (Hero) have
(by any marriage) - leave blank if none**
- 6 Spouse **How many children does your Spouse have
(by any marriage) - leave blank if none**
- 7 Hero **How many children do you (Hero) have by a previous
marriage? - leave blank if none**
- 8 Spouse **How many children does your spouse have by a previous
marriage? - leave blank if none**
- 9 Both **Name of 1st Child of Current Marriage
(or 1st Beneficiary if no children)**
- 10 Both **Name of 2nd Child of Current Marriage
(or 2nd Beneficiary if no children)**
- 11 Both **Name of 3rd Child of Current Marriage
(or 3rd Beneficiary if no children)**
- 12 Both **Name of 4th Child of Current Marriage
(or 4th Beneficiary if no children)**
- 13 Both **Name of 5th Child of Current Marriage
(or 5th Beneficiary if no children)**
- 14 Both **Name of 6th Child of Current Marriage
(or 6th Beneficiary if no children)**
- 15 Hero **Name of Hero's 1st Child from PRIOR marriage, if any**
- 16 Hero **Name of Hero's 2nd Child from PRIOR marriage, if any**
- 17 Hero **Name of Hero's 3rd Child from PRIOR marriage, if any**
- 18 Hero **Name of Hero's 4th Child from PRIOR marriage, if any**
- 19 Spouse **Name of spouse's 1st child from PRIOR marriage, if any**
- 20 Spouse **Name of spouse's 2nd child from PRIOR marriage, if any**
- 21 Spouse **Name of spouse's 3rd child from PRIOR marriage, if any**
- 22 Spouse **Name of spouse's 4th child from PRIOR marriage, if any**
- 23 Both **City of Residence**
- 24 Both **County of Residence**

HERO'S DOCUMENTS

ADVANCE DIRECTIVE

25 Name of 1st Health Care Surrogate _____

26 Relationship of above (e.g., spouse, son, friend) _____

27 Name of 2nd Health Care Surrogate _____

28 Relationship of above (enter in lower case) _____

POWER OF ATTORNEY

29 Name of 1st Attorney-in-Fact _____

30 Relationship of above _____

31 Name of 2nd Attorney-in-Fact _____

32 Relationship of above _____

WILL

33 Name of 1st Personal Representative* _____

34 Relationship of above* _____

35 Name of 2nd PR (or co-PR) _____

36 Relationship of above _____

37 Name of 1st Guardian _____

38 Relationship of above _____

39 Name of 2nd Guardian _____

40 Relationship of above _____

* Non relatives (or non-spouses) can only serve as Personal Representative if they are residents of Florida

HERO'S SPOUSE DOCUMENTS

ADVANCE DIRECTIVE

41 Name of 1st Health Care Surrogate _____

42 Relationship of above _____

43 Name of 2nd Health Care Surrogate _____

44 Relationship of above _____

POWER OF ATTORNEY

45 Name of 1st Attorney-in-Fact _____

46 Relationship of above _____

47 Name of 2nd Attorney-in-Fact _____

48 Relationship of above _____

WILL

49 Name of 1st Personal Representative _____

50 Relationship of above _____

51 Name of 2nd Personal Representative _____

52 Relationship of above _____

53 Name of 1st Guardian _____

54 Relationship of above _____

55 Name of 2nd Guardian (or Co-Guardian) _____

56 Relationship of above _____