



Thank you for requesting the Simple Will Package.

Included in this letter is the:

- Disclaimer Statement
- Simple Will Package Questionnaire for your:
 - Simple Will & Last Testament
 - General Durable Power of Attorney Designation
 - Healthcare Representative Designation
 - Living Will

You will need to complete this package and either mail, fax or email the information to us. Once received, we will prepare your documents and mail them to you.

The last step of this journey will be to gather two witnesses and a notary in order to sign off on your paperwork. We will include detailed instructions on completing your documents with your package.

We are sincerely pleased with decisions to protect your loved ones.

Please follow up with us if you have any questions regarding this process.

Sincerely,

Family Life Resources, Inc.

www.flrministry.com

flr@flrministry.com

(800) 553-8621

Family Life Resources, Inc.

Disclaimer Statement

This disclaimer covers the following documents:

- Simple Last Will and Testament
- Questionnaire for a Simple Will
- Instructions to complete a Simple Will
- A Chart of Duties of an Executor
- General Durable Power of Attorney and Health Care Representative Designation
- Living Will

Family Life Resources, Inc. *is a 501 c 3 non-profit tax exempt ministry serving the community with personal financial counseling and education.*

Family Life Resources, Inc. *is neither a legal firm nor an attorney nor affiliated with any legal firm or attorney office.*

Family Life Resources, Inc. *does not offer legal advice to its clients and should legal help be needed, the client is referred out to an attorney.*

Family Life Resources, Inc. *is a Document Preparer. The information furnished by the client is the sole responsibility of the client.*

Family Life Resources, Inc. *uses forms that are in compliance to Florida Statutes.*

Family Life Resources, Inc. *does not accept any liability for the form and content of these documents. The client understands they are responsible for form and content and hold Family Life Resources, Inc., its directors, officers, and employees harmless from any suit or legal liability.*

As a client/customer of Family Life Resources, Inc., I have read the above disclaimer and by my signature accept the terms and conditions as stated.

Signature

Date

Print Name

Simple Will Package Questionnaire

Life Happens..... are you prepared??

We all know that things can change in an instant and sometimes our lives are never the same. The **Simple Will Package** will help you prepare you and your family for the unexpected and help ensure your loved ones are cared for in the way you wish.

Key Words..... you need to know.

These are key terms that you need to know and people assignments that you will need to make.

PRINCIPAL – the primary person whom the document(s) cover.

EXECUTOR – a person appointed by one making a will to carry out the provisions of the will (term is used for a male person).

EXECUTRIX -a person appointed by one making a will to carry out the provisions of the will (term is used for a female person).

BENEFICIARY- the person or persons designated to receive benefit(s) under the will.

GUARDIAN - the person having custody of infant or minor children.

ESTATE - property and assets that will be distributed after your death.

LEGAL DEBTS – obligations that are to be paid by your estate before beneficiaries receive their share.

WITNESS – a responsible party who attest to your signing of a legal document.

NOTARY PUBLIC – a person authorized by the state to attest to your signing of a legal document.

POWER OF ATTORNEY – Appointing someone to act on your behalf when you are unable to do so.

HEALTH CARE AGENT – appointing someone to make all health-care decisions on your behalf when you are unable to do so.

This information is provided as a public service and is not a substitute for obtaining proper legal advice. Family Life Resources is a Document Preparer and is neither a legal firm nor an attorney. The client understands they are responsible for form and content and hold Family Life Resources, Inc. harmless from any suit or legal liability.

Simple Last Will and Testament

*A **Simple Last Will and Testament**: This document expresses your final desires about the distribution of your estate. Make sure your family is provided for and your minor children are taken care of. If you die without a will, the state decides your estate and who cares for your children.*

Complete the section that applies to you:

Married with Child(ren)

General Information About You:

1. Your Proper Legal Name -

2. Spouse's Proper Legal Name-

3. Address -

4. City, State, Zip-

Your Decisions:

1. Guardian of Child(ren) - Proper legal name and relationship

2. 2nd Executor/Executrix – Proper legal name and relationship

Note: Your Spouse is your first Executor, but if something should happen then you will need a 2nd.

Married, No Children

General Information About You:

Your Proper Legal Name -

Spouse's Proper Legal Name-

Address -

City, State, Zip-

Your Decisions:

2nd Beneficiary - Proper legal name and relationship

2nd Executor/Executrix – Proper legal name and relationship

Note: Your Spouse is your first Beneficiary, but if something should happen then you will need a 2nd.
Your Spouse is your first Executor, but if something should happen then you will need a 2nd.

Single with Child(ren)

General Information About You:

Your Proper Legal Name -

Address -

City, State, Zip-

Your Decisions:

Guardian of Child(ren)- Proper legal name and relationship

2nd Beneficiary – Proper legal name and relationship

Executor/Executrix – Proper legal name and relationship

Note: Your Children are your first beneficiary, but if something should happen then you will need a 2nd.

Single, No Children

General Information About You:

Your Proper Legal Name -

Address -

City, State, Zip-

Your Decisions:

1st Beneficiary - Proper legal name and relationship

2nd Beneficiary - Proper legal name and relationship

Executor/Executrix – Proper legal name and relationship

Questionnaire for...

A General Durable Power of Attorney: A document appointing an agent with full authority and power to make and undertake all acts on your behalf when you are unable to do so for yourself. This assignment usually covers financial and person decisions. If you are hurt and cannot act on your own behalf it is really important that you have someone looking out for you.

Complete this section to assign an agent:

Power of Attorney

Appointment of Agent:

1. Proper Legal Name - _____
2. Relationship - _____
3. Address - _____
4. City, State, Zip - _____

A Health Care Representative: A document appointing an agent with full authority and power to make all health related care decisions on your behalf when you are unable to do so for yourself. Really important if you are hurt and need someone you can trust to make decisions that are to your best interest and personal values.

Complete this section to assign your agent:

Health Care Agent

Appointment of Agent:

1. Proper Legal Name - _____
2. Relationship - _____
3. Address - _____
4. City, State, Zip- _____

Questionnaire for...

*A **Living Will**: A document that expresses your final wishes about artificially prolonging your life. If it is determined that there is no medical probability of your recovery from your condition, then this directive states your desire not to artificially prolong the dying process.*

Complete this section to assign your Surrogate:

LIVING WILL

Appointment of Surrogate:

1. Proper Legal Name - _____
2. Address - _____
3. City, State, Zip - _____
4. Phone: - () _____ Cell: - () _____

**SEND YOUR ENTIRE SIMPLE WILL PACKAGE QUESTIONNAIRE TO
FAMILY LIFE RESOURCES, INC.**

MAIL

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