

**LAW OFFICE OF
CONRAD WILLKOMM, P.A.**
1100 Fifth Avenue South, Suite 409
Naples, Florida 34102
(239) 262-5303
Facsimile (239) 262-6030
conrad@willkommlaw.com
www.willkommlaw.com

MARRIED PRELIMINARY INFORMATION

LAST NAME: _____ SPOUSE LAST NAME: _____

FIRST NAME: _____ SPOUSE FIRST NAME: _____

MIDDLE: _____ JR., SR. II, III, IV? MIDDLE: _____ JR., SR. II, III, IV?

I PREFER TO BE CALLED: _____ I PREFER TO BE CALLED: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____

OCCUPATION: _____ OCCUPATION: _____

PLACE OF EMPLOY: _____ PLACE OF EMPLOY: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____ SPOUSE'S CELL PHONE: _____

E-MAIL ADDRESS: _____

CHILDREN	(# of Grandchildren)	(Date of Birth)
1. _____	_____	_____
Address: _____		

2. _____	_____	_____
Address: _____		

3. _____	_____	_____
Address: _____		

4. _____	_____	_____
Address: _____		

If you have additional children, please give the above information on a separate sheet of paper.

Do any of the children have mental or health related impairments/disabilities? ____ Yes ____ No. If so, please describe:

Is this the Husband and Wife's first marriage? ____ Yes ____ No. Are any children from a prior relationship? ____ Yes ____ No
If yes, please indicate who is the parent of each. _____

Is it possible for the Husband and Wife to have or adopt more children? ____ Yes ____ No

Are the Husband and Wife both US citizens? Husband: ____ Yes ____ No Wife: ____ Yes ____ No

Do you have a pre/postnuptial agreement in effect? ____ Yes ____ No

WILL SOMEONE OTHER THAN YOUR CHILDREN BE RECEIVING A PORTION OF YOUR ESTATE?

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ASSET INFORMATION

APPROXIMATE VALUE

Life Insurance on Husband	_____	Life Insurance on Wife	_____
Husband's IRAs, 401(k)'s, Profit Sharing, etc.	_____	Wife's IRAs, 401(k)'s, Profit Sharing, etc.	_____
Residence	_____	Other Real Estate	_____
Stocks, Bonds, Mutual Funds	_____	Cash, CD's Savings, Checking	_____
Notes Where People Owe You Money	_____	Business Interests	_____
Cars, Jewelry, Furniture, etc.	_____	Expected Inheritance	_____

Approximate total estate value =====

WHO DO YOU WANT TO NAME AS THE PERSONAL REPRESENTATIVE/TRUSTEE OF YOUR ESTATE?

(Spouses normally name each other first.)

HUSBAND

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WIFE

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

DISPOSITION OF PROPERTY

Do you want all of your estate to go to your spouse if he/she survives you? ____ Yes ____ No.

Upon the death of the surviving spouse, briefly describe how the balance of the estate to pass? _____

WOULD YOU LIKE A BURIAL OR CREMATION CLAUSE ADDED TO YOUR WILL? ____ Yes ____ No

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?

(Two persons can serve together as long as they are married.)

Name(s)	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?

(Spouses normally name each other first. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a check or a tax return.)

Husband	Wife
1. _____ Address: _____ _____	1. _____ Address: _____ _____
2. _____ Address: _____ _____	2. _____ Address: _____ _____
3. _____ Address: _____ _____	3. _____ Address: _____ _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR HEALTH CARE SURROGATE?

(Spouses normally name each other first. This document allows you to appoint someone to make medical decisions on your behalf should you become incapacitated)

Husband

Wife

1. _____

Address: _____

Phone: _____

2. _____

Address: _____

Phone: _____

3. _____

Address: _____

Phone: _____

1. _____

Address: _____

Phone: _____

2. _____

Address: _____

Phone: _____

3. _____

Address: _____

Phone: _____

Would you like to have a Living Will incorporated into your Health Care Surrogate? _____ Yes _____ No. (This is a document where you declare that you would like life support withheld, if you have no medical chance of recovery.)

Where do you plan to keep your original documents? _____

What topics would you like to discuss at your appointment?

