

**LAW OFFICE OF
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SINGLE PRELIMINARY INFORMATION

LAST NAME: _____ FIRST NAME: _____

MIDDLE: _____ JR., SR. II, III, IV? I PREFER TO BE CALLED: _____

DATE OF BIRTH: _____ PLACE OF EMPLOYMENT: _____

HOME ADDRESS _____

HOME CITY: _____ STATE: _____ ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ A US CITIZEN? ___ YES ___ NO

CHILDREN	(# of Grandchildren)	(Social Security #, if known)
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1. _____	_____	_____
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Address: _____

2. _____	_____	_____
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Address: _____

3. _____	_____	_____
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Address: _____

4 _____	_____	_____
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Address: _____

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

Is it possible for you to have or adopt more children? ___ 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	_____	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	=====

DISPOSITION OF PROPERTY

Upon your death, briefly describe how you would like your estate to pass? _____

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

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

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

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 POWER OF ATTORNEY? (This gives the person or persons you name the power to sign your name. For instance, it can be used to sign a check or a tax return)

- 1. _____
Address: _____
Relation: _____
- 2. _____
Address: _____
Relation: _____
- 3. _____
Address: _____
Relation: _____

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

- 1. _____
Address: _____
Relation: _____
Phone: _____
- 2. _____
Address: _____
Relation: _____
Phone: _____
- 3. _____
Address: _____
Relation: _____
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? _____

Do you have any specific topics that you would like to discuss at your appointment? _____
