

LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 North Tamiami Trail, Second Floor

Naples, Florida 34103

(239) 262-5303

Facsimile (239) 262-6030

conrad@swfloridalaw.com

www.swfloridalaw.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: _____
 Home Address: _____
 Home City: _____ Home State: _____ Home Zip: _____
 County of Residence: _____ Home Phone: _____
 Cell Phone: _____ Spouse's Cell Phone: _____
 E-Mail Address: _____

CHILDREN

	(Gender)	(Date of Birth)	(# of Children)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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

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

Do any of the children have mental or health related impairments/disabilities? ___Yes ___No. If so, please describe: _____

Are you concerned with any of your children wasting their inheritance? ___Yes ___No

Are you concerned about the spouse of your children receiving any of their inheritance? ___Yes ___No

Are the Husband and Wife US citizens? Husband: ___Yes ___No Wife: ___Yes ___No

Do you have a pre/postnuptial agreement in effect? ___Yes ___No

What topics would you like to discuss at your appointment? _____

Please note, it is our office policy to not release drafts of Estate Planning documents prior to the date of signing.

ASSET INFORMATION

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	\$ _____

DISPOSITION OF PROPERTY

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

Will someone other than your spouse or child receive a portion of your estate?

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

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

Whom do you want to name as the Person Representative / Trustee of your estate? (Spouses normally name each other first.)
*Named Personal Representative(s) must either be a relative or Florida resident to qualify.

Would you like to nominate the Law Office of Conrad Willkomm as your Personal Representative/Trustee? ___ Yes ___ No.

HUSBAND

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

WIFE

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

Whom do you want to name as guardian(s) of your children (if applicable)? (Married couples can serve together)

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

Please note that original Wills are required for probate. Safety deposit boxes are difficult to access after death. We can keep the originals in our fire safe for no additional fee. Would you like us to hold your original Will and Trust? ___ Yes ___ No.

Please note one copy of your estate plan is included, would you like additional copies? If yes, please complete below:

- ___ Yes, please provide me with ___ additional copies for \$10 per copy.
- ___ Yes, please provide me with a flash drive containing a digital copy of my documents for \$25.
- ___ Yes, please provide me with a digital copy of my documents via email for \$25.

POWER OF ATTORNEY

Whom do you want to name as agent on your durable 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: _____
Relation: _____
- 2. _____
Address: _____
Relation: _____
- 3. _____
Address: _____
Relation: _____

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

Do you want to give your agent superpowers on your durable power of attorney authorizing them to plan for Medicaid and/or disability of a beneficiary? ____ Yes ____ No. (This gives your agent broad discretion to give away your assets or change beneficiaries.)

HEALTH CARE SURROGATE

Whom 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: _____
Relation: _____
Phone: _____
- 2. _____
Address: _____
Relation: _____
Phone: _____
- 3. _____
Address: _____
Relation: _____
Phone: _____

- 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.)

Would you like a laminated Health Care Surrogate wallet card for \$75 (includes 2 for each spouse)? ____ Yes ____ No.

Conflict Waiver

You are both clients of Law Office of Conrad Willkomm P.A. and as long as your interests are not in conflict, we may ethically continue to represent both of you. If any conflict which could affect your estate planning does arise, you have an obligation to advise us. In addition, you agree that there will be a complete and free disclosure and exchange of all information given to us during this representation. Matters that one of you might discuss with us are not protected by the attorney/client privilege from disclosure to the other.

Signature of Husband

Signature of Wife