

LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 Tamiami Trail N., 2nd Floor
Naples, Florida 34103

Main Phone: (239) 262-5303
Facsimile: (239) 262-6030
conrad@swfloridalaw.com
www.swfloridalaw.com

4415 Metro Parkway, Unit 218
Ft. Myers, Florida 33916

SINGLE PERSON 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 #: _____ Are you a US Citizen? ☐ Yes ☐ No

CHILDREN

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

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: _____

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

Is it possible for you to have or adopt more children? ☐ Yes ☐ No

Do you have any specific topics that you would like to discuss at your appointment? ☐ Yes ☐ No

If so, please describe: _____

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

APPROXIMATE ASSET VALUE INFORMATION \$

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

Is there a Mortgage on a property that you own? ☐ Yes ☐ No

If yes, please provide the amount of the outstanding balance(s):

\$ _____ Approximate total estate value: \$ _____

DISPOSITION OF PROPERTY *Fill out only if someone other than your children will be receiving a portion of your estate.*

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

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

Whom do you want to name as the **PERSONAL REPRESENTATIVE*/TRUSTEE** of your estate?

**Named Personal Representative(s) must either be a relative or Florida resident to qualify.*

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 and 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

POWER OF ATTORNEY

Whom do you want to name as an agent on your durable 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. _____

Phone: _____

Relationship: _____

2. _____

Phone: _____

Relationship: _____

3. _____

Phone: _____

Relationship: _____

Would you like superpowers included on your durable power of attorney authorizing your agent to plan for Medicaid and/or disability of a beneficiary for an additional \$100? (This gives your agent broad discretion to give away your assets or change beneficiaries.) ☐ Yes ☐ No

HEALTH CARE SURROGATE

Whom do you want to name as an agent on your health care surrogate? This document allows you to appoint a person or persons to make medical decisions on your behalf should you become incapacitated.

1. _____

Phone: _____

Relationship: _____

2. _____

Phone: _____

Relationship: _____

3. _____

Phone: _____

Relationship: _____

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 laminated Health Care Surrogate wallet cards for \$40 (2 cards included)? ☐ 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.