

LAW OFFICE OF CONRAD WILLKOMM, P.A.

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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 #: _____ A US CITIZEN? ___YES___NO

CHILDREN

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

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? _____

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

APPROXIMATE ASSET INFORMATION

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

Will someone other than your children be receiving a portion of your estate?

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

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.

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

	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? (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: _____
Relation: _____
- 2. _____
Phone: _____
Relation: _____
- 3. _____
Phone: _____
Relation: _____

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 agent on your health care surrogate? This document allows you to appoint someone to make medical decisions on your behalf should you become incapacitated

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

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 \$40 (2 cards included)? _____ Yes _____ No.