

**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

<b><u>CHILDREN</u></b>	<b>(Gender)</b>	<b>(Date of Birth)</b>	<b>(# of Children)</b>
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.*

**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. \_\_\_\_\_

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

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