

LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 Tamiami Trail N, 2nd Floor 4415 Metro Pkwy, Unit 218
Naples, Florida 34103 Ft. Myers, Florida 33916

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)	(Phone Number)
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. _____
Phone: _____
Relation: _____
- 2. _____
Phone: _____
Relation: _____
- 3. _____
Phone: _____
Relation: _____

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

- 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 cards 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