

LAW OFFICE OF CONRAD WILLKOMM, P.A.

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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: _____

<u>CHILDREN</u>	(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?

ASSET INFORMATION

Life Insurance on Husband _____
Husband's IRAs, 401(k)'s, Profit Sharing, etc. _____
Residence _____
Stocks, Bonds, Mutual Funds _____
Notes Where People Owe You Money _____
Cars, Jewelry, Furniture, etc. _____

APPROXIMATE VALUE

Life Insurance on Wife _____
Wife's IRAs, 401(k)'s, Profit Sharing, etc. _____
Other Real Estate _____
Cash, CD's Savings, Checking _____
Business Interests _____
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 PERSONAL 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.

HUSBAND

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

WIFE

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

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

Name	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.

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: _____

1. _____
Address: _____

2. _____
Address: _____

2. _____
Address: _____

3. _____
Address: _____

3. _____
Address: _____

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: _____

Phone: _____

1. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

3. _____
Address: _____

Phone: _____

3. _____
Address: _____

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.