

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

<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.

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? _____

ASSET INFORMATION

Life Insurance _____
Residence _____
Stocks, Bonds, Mutual Funds _____
Notes Where People Owe You Money _____
Cars, Jewelry, Furniture, etc. _____

APPROXIMATE VALUE

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

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

Name	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 of your estate?

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

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(s)	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	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? (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: _____

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.