

THE KLEMOW LAW FIRM, P.A.
2393 So. Congress Avenue, Suite 200
West Palm Beach, Florida 33406
1-877-WILL NOW

**RETAINER AGREEMENT FOR PREPARATION OF
LAST WILL & TESTAMENT
AND OTHER OPTIONAL DOCUMENTS**

The Klemow Law Firm, P.A. will prepare a Last Will & Testament for the flat fee of \$45.00* per document. Married couples requesting wills get two documents. Additional documents are **optional** subject to the following fee schedule:

- ___ Living Will -- \$20.00
- ___ Designation of Health Care Surrogate -- \$35.00
- ___ Durable Power of Attorney -- \$45.00

YOU ARE UNDER NO OBLIGATION TO ORDER THOSE OPTIONAL ITEMS. If you would like a Living Will, a Designation of a Health Care Surrogate and/or a Durable Power of Attorney, simply make a checkmark in the space provided next to the desired document.

Check this space _____ if you want The Klemow Law Firm, P.A. named as the law firm to handle your probate case after your death. **Such a designation is non-binding on your personal representative. He or she may hire any qualified Florida law firm.**

* The \$45.00 will preparation fee is based on no more than 5 specific bequests (giving a specified item to a specified person or charity); no more than 5 general bequests (giving cash to a specified person or charity); and no more than 5 people or charities who will share your residuary estate. If there are more than 5 named people or charities in any of the above-listed categories, the attorney and client will need to discuss and agree on the fee before any party is bound to perform. The attorney will explain these conditions further if you don't understand them.

Married couples ordering documents for both spouses are charged for two documents. In other words, multiply the per document price times two. If the client receives documents by mail with instructions for signing, the attorney is not responsible should client not follow through with getting the documents properly executed.

CLIENT: _____ ATTORNEY _____

CLIENT (SPOUSE) : _____ EMAIL: _____

ADDRESS

PHONE: _____ FAX: _____