

**CLIENT INFORMATION WORKSHEET  
FOR DRAFTING TESTAMENTARY DOCUMENTS**

**PART 1: PERSONAL DATA**

A. Your full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name you preferred to be called: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Are you a U.S. citizen? [ ] Yes [ ] No SS#: \_\_\_\_\_

B. Are you currently married? [ ] Yes [ ] No (If no, skip to section C)  
 Spouse's full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 How long have you been married to current spouse? \_\_\_\_\_  
 Spouse's Street Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Are you a U.S. citizen? [ ] Yes [ ] No SS#: \_\_\_\_\_

C. Do you have living children, born or adopted? [ ] Yes [ ] No (if no, skip to section D)

<u>Name</u>	<u>Living?</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Married?</u>	<u>City/State</u>
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____

For any minor child, give the name of the child's other parent if not your present spouse. \_\_\_\_\_  
 \_\_\_\_\_

D. OTHER DEPENDENTS (if any – if none, skip to E):

<u>Name:</u>	<u>M/F</u>	<u>Birthdate:</u>	<u>Relationship to you:</u>
_____	M/F	_____	_____
_____	M/F	_____	_____

E. GRANDCHILDREN'S INFORMATION

<u>Name:</u>	<u>M/F</u>	<u>Birthdate:</u>	<u>Names of parents:</u>
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____

F. HEIRS - Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

<u>Name:</u>	<u>Relationship:</u>	<u>Living?</u>	<u>City, State:</u>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

G. Please provide the following information regarding any *former marriages*:

<u>Name of former spouse</u>	<u>Living?</u>	<u>Date of Death or Divorce</u>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

H. Do you presently have a Will?  No  Yes Date of Will: \_\_\_\_\_  
 Was it signed in Texas?  Yes  No If not, where? \_\_\_\_\_  
 Amended Will or Codicil?  Yes  No Date: \_\_\_\_\_  
 Spouse presently has a Will?  No  Yes Date of Will: \_\_\_\_\_  
 Was it signed in Texas?  Yes  No If not, where? \_\_\_\_\_  
 Amended Will or Codicil?  No  Yes If yes, what date: \_\_\_\_\_  
 Are you a beneficiary, trustee (singly or jointly), or creator of a trust?  No  Yes  
 If yes, name and date of the trust: \_\_\_\_\_  
 Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust?  No  Yes  
 If yes, name and date of the trust: \_\_\_\_\_

**PART 2: YOUR DISPOSITIVE PLAN**

Describe in general terms how you wish to distribute your property under your will: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is anyone to be specifically *excluded*? (Details) \_\_\_\_\_  
 Beneficiaries to receive property in trust?  minors only  specific others: \_\_\_\_\_  
 \_\_\_\_\_

Details of Trust:

- In Trust until age \_\_\_\_\_, then remainder outright
- In Trust to be used for the health, safety, and education of beneficiaries, at the discretion of the Trustee.
- Percent: \_\_\_\_\_ at age \_\_\_\_\_ then remainder at age \_\_\_\_\_, OR
- Amount: \_\_\_\_\_ at age \_\_\_\_\_ and remainder at age \_\_\_\_\_

**PART 3: YOUR DESIGNEES**

**EXECUTOR:** the person who will be responsible for probating your will, filing the estate tax return if necessary, paying debts of estate, and distributing assets to the beneficiaries.

Name of Executor: \_\_\_\_\_ relationship: \_\_\_\_\_  
 1<sup>st</sup> alternate: \_\_\_\_\_ relationship: \_\_\_\_\_  
 2<sup>nd</sup> alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

**TRUSTEE:** the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

Name of Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN:** the person who will take physical care of your minor children or other incapacitated persons should both parents die.

Name of Guardian: \_\_\_\_\_ relationship: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

**PART 4: FUNERAL and BURIAL ARRANGEMENTS**

Do you want to a provision regarding funeral arrangements? [ ] NO [ ] YES

If yes, what special arrangements are you requesting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 5: OTHER DOCUMENTS TO BE PREPARED**

**INITIAL AND COMPLETE THE FOLLOWING SECTIONS ONLY IF YOU ARE REQUESTING THESE ADDITIONAL DOCUMENTS BE PREPARED:**

[\_\_\_\_\_] **POWER OF ATTORNEY** (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

The Power of Attorney is to take effect: [ ] immediately [ ] upon my disability

1. Name of Agent: \_\_\_\_\_ relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2. Alternate Agent: \_\_\_\_\_ relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

The Medical Power of Attorney is to take effect:  immediately  upon my disability

1. Name of Health Care Surrogate: \_\_\_\_\_ relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2. Alternate Health Care Surrogate: \_\_\_\_\_ relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

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**HEALTHCARE DIRECTIVE** (Directive to physicians regarding life saving procedures)

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**APPOINTMENT OF AGENT FOR DISPOSITION OF REMAINS**

If you are not married, is there someone other than a direct family member that is to be named as the person in charge of funeral arrangements and details regarding your funeral, burial, or cremation?

Yes  No If yes, name: \_\_\_\_\_  
Relationship (friend, life partner, etc.): \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_