CLIENT INFORMATION WORKSHEET
FOR DRAFTING TESTAMENTARY DOCUMENTS

PART 1: PERSONAL DATA

(List your names exactly as you'd like them to appear on your documents)

LAST NAME: _____ SPOUSE LAST NAME: _____

FIRST NAME: _____ SPOUSE FIRST NAME: _____

MIDDLE: _____ MIDDLE: _____

Name I prefer to be called: _____ Name spouse prefers to be called: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SSN: _____ SSN: _____

HOME ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

EMAIL:_____ SPOUSE'S EMAIL:_____

CELL PHONE: _____ SPOUSE'S CELL PHONE: _____

OCCUPATION:_____ SPOUSE'S OCCUPATION: _____

EMPLOYER: _____ SPOUSE'S EMPLOYER:_____

U.S. Citizen? Yes _____ No _____(Country: _____) U.S. Citizen? Yes _____ No _____(Country: _____)

What is the best method of reaching each of you?

_____

Is email a good way to reach you? Yes __ No _____If so, at which address? Husband _ Wife _____ Both _____

§A: CHILDREN (born or adopted)? [ ] Yes [ ] No *(if no, skip to § D)*

Full Name:	Living?	M/F	Birthdate	Married?	Address
_____	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(s) of the child's other parent if not your present spouse

_____

§B: OTHER DEPENDENTS *(if any – if none, skip to § D)*:

Full Name:	M/F	Birthdate	Relationship to you
_____	___	_____	_____
_____	___	_____	_____

§C: GRANDCHILDREN *(if any – if none, skip to § D)*:

Full Name:	M/F	Birthdate	Names of Parents
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

§D: **HEIRS**

Please list the names of your parents, brothers, and sisters:

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

§E: FORMER MARRIAGES/SPOUSES *(if any – if none, skip)*:

Full Name:	Living?	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

PART 2: PRIOR WILLS/TESTAMENTARY DOCUMENTS

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: _____

Does spouse presently have 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 3: ASSETS

Please fill out the following to the best of your knowledge. This is not meant to be time-consuming. We will let you know if we need additional information.

ASSET	VALUE	COMMENTS
Residence	_____	_____
Other Real Estate	_____	_____
Life Insurance	_____	_____
IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CDs, Savings, Checking	_____	_____
Business Interests	_____	_____
Notes Where People Owe You $$$	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____

PART 4: YOUR DISPOSITIVE PLAN

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

_____

_____

_____

_____

_____

_____

Is anyone to be specifically *excluded*? (Details)_____

_____

_____

CONTINGENT TRUST FOR MINORS

Beneficiaries to receive property in contingent trust? [ ] minors only [ ] specific others:_____

Details of Contingent Trust:

[ ] In Trust to be used for health, safety, and education of beneficiaries, at discretion of Trustee

[ ] In Trust until age _____, then remainder outright

[ ] Percent: _____ at age _____ then remainder at age _____, OR

[ ] Amount: _____ at age _____ then remainder at age _____

PART 5: 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:_____

1st alternate:_____relationship:_____

2nd 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:_____

1st Alternate:_____relationship:_____

2nd Alternate:_____relationship:_____

PART 6: FUNERAL & BURIAL ARRANGEMENTS

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

If yes, what special funeral/burial arrangements are you requesting?

_____

_____

PART 7: OTHER DOCUMENTS TO BE PREPARED

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

[_____] DURABLE POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become disabled/incapacitated)

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

1. Name of Agent:_____relationship:_____
   Street address: _____
   City:_____State:_____Zip code: _____
   Cell 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.: _____

[_____] HEALTHCARE DIRECTIVE (Directive to physicians regarding life saving procedures)

[_____] TRANSFER ON DEATH DEED (Real property passes outside of probate)

[_____] 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.):_____

PART 8: GENERAL QUESTIONS

How did you hear about us? _____

If referred, whom may we thank? _____

Are you currently working with a financial planner/advisor? Yes/No

If no, would you be interested in talking to someone regarding your options? Yes/No

Are you currently working with an insurance agent? Yes/No
If no, would you be interested in talking to someone regarding your options? Yes/No

Are you currently working with a CPA? Yes/No
If no, would you be interested in talking to someone regarding your options? Yes/No

Would you like to be added to our e-newsletter? Yes/No
(includes important updates & estate planning information)

What specific topics would you like to discuss at your appointment?

_____

_____

_____

_____

_____

_____

_____

_____

Signature:_____ ***Date:***_____