

**CLIENT INFORMATION WORKSHEET
FOR DRAFTING TESTAMENTARY DOCUMENTS**

PART 1: PERSONAL DATA

A. Your full name: _____
Name you preferred to be called: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Employer: _____ Occupation: _____
Home telephone #: _____ 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: _____
How long have you been married to current spouse? _____
Spouse's date of birth: _____ Currently living together? _____
Spouse's Street Address (if different): _____
City: _____ State: _____ Zip: _____ County: _____
Spouse's Employer: _____ Occupation: _____
Home telephone #: _____ work #: _____
Cell #: _____ Email: _____
Is spouse 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 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	_____	_____

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>Residence:</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.

[] In Trust with distributions at various ages and amounts:

[] 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: _____

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 4: FUNERAL 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

THESE ARE OPTIONAL - INITIAL AND COMPLETE THE FOLLOWING SECTIONS ONLY IF YOU ARE REQUESTING THESE ADDITIONAL DOCUMENTS:

[_____] **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: _____

Address: _____

Hm Phone No.: _____ Work 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: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

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

[_____] 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.):

Signature: _____ *Date:* _____