

CLIENT INFORMATION WORKSHEET

PART 1: PERSONAL DATA

Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Are you a U.S. citizen? Yes: ___ No: ___

Spouse's Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Is spouse a U.S. citizen? Yes: ___ No: ___

CHILDREN'S INFORMATION:

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____

For each child, state the name of the child's other parent if not your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding any former marriages:

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

Please provide the following information regarding your spouse's former marriages, if any:

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

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____
Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Spouse presently has a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____
Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

_____ remaining share at age _____

_____ remaining share at age _____

PART III-a - YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

PART III-b - YOUR SPOUSE'S DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____