

#### **CLIENT INFORMATION WORKSHEET - SIMPLE**

**PART 1: PERSONAL DATA FIRST SPOUSE:** Name: Alias: Date of Birth: Social Security Number: Address: County of Residence: Primary Phone: Alternate Phone: E-mail: Preferred contact method: Are you a U.S. Citizen: Yes \_\_\_ No **SECOND SPOUSE:** Name: Alias: Date of Birth: Social Security Number: Address: County of Residence:

### PART 2: FIRST SPOUSE'S INFORMATION

#### **A.WILL INFORMATION**

Preferred contact method:

Are you a U.S. Citizen: Yes \_\_\_\_ No

Primary Phone:

Alternate Phone:

E-mail:

	not, where?	
mended Will or Codicil? Yes: No:l	Date:	
ENEFICIARY INFORMATION:		
NAME	AGE	RELATIONSHII
PECIFIC BEQUESTS:		
		RECIPIENT
BEQUEST5		

**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	RELATIONSHIP
Executor:	

	1st Alternate Executor:	
NAME RELATIONSHIP  Trustee:  1* Alternate Trustee:  2* Alternate Trustee:    NAME   RELATIONSHIP	2 <sup>nd</sup> Alternate Executor:	
Trustee:  1° Alternate Trustee:  2° Alternate Trustee:  GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of yehildren should both parents die)  NAME  RELATIONSHIP  Guardian:  1° Alternate Guardian:  2° Alternate Guardian:  Describe in general terms how your property should be distributed under the will:		e long-term management of prope
1° Alternate Trustee:  2° Alternate Trustee:  GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of yellildren should both parents die)  NAME  RELATIONSHIP  Guardian:  1° Alternate Guardian:  2° Alternate Guardian:  Describe in general terms how your property should be distributed under the will:	NAME	RELATIONSHIP
2nd Alternate Trustee:  GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of y shildren should both parents die)  NAME RELATIONSHIP Guardian:  1nd Alternate Guardian:  2nd Alternate Guardian:  Describe in general terms how your property should be distributed under the will:	Trustee:	
GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of y hildren should both parents die)  NAME  RELATIONSHIP  Guardian:  1" Alternate Guardian:  Describe in general terms how your property should be distributed under the will:	1st Alternate Trustee:	
NAME RELATIONSHIP  Guardian:  1st Alternate Guardian:  2nd Alternate Guardian:  Describe in general terms how your property should be distributed under the will:	2 <sup>nd</sup> Alternate Trustee:	
Guardian:  1st Alternate Guardian:  2st Alternate Guardian:  Describe in general terms how your property should be distributed under the will:	children should both parents die)	
2 <sup>nd</sup> Alternate Guardian:  Describe in general terms how your property should be distributed under the will:		RELATIONSHIP
Describe in general terms how your property should be distributed under the will:	1st Alternate Guardian:	
Describe in general terms how your property should be distributed under the will:  FUNERAL ARRANGEMENTS: Describe any funeral arrangements to be included in the w	2nd Alternate Guardian:	
		ibuted under the will:
	Describe in general terms how your property should be distr	
	Describe in general terms how your property should be distr	

# **B.POWER OF ATTORNEY & OTHER INFORMATION**

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

Name of Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event unable to make them for yourself.)  Name of Health Care Agent:	you are
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Health Care Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
HIPAA AUTHORIZED RECIPIENT (i.e., the person who is authorized to receive your rinformation form a health care provider)	nedical
Name of Authorized Recipient:	
Address:	
Primary Phone No.:	

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	AGE	KELATIONSIIII
NAME	AGE	RELATIONSHIP
BENEFICIARY INFORM	AATION:	
Amended Will or Codicil?	Yes: No:Date:	
Was it signed in Texas? Ye	s: No: If not, where?	
Do you currently have a Wi	ill? Yes:No: If yes, th	ne date of the Will?
A.WILL INFORMATION	1	
P	ART 3: SECOND SPOUSE	'S INFORMATION
ADDITIONAL INFORM	ATION not included elsewher	re:
Alternate Phone No.:		
Primary Phone No.:		
Address:		
Name of Alternate Author	ized Recipient:	
Alternate Phone No		
Alternate Phone No.:		

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			bating your will, filing the e
			bating your will, filing the e
ssary, and distributi	ng assets to the ber		
essary, and distributi	ng assets to the ber		
ecutor: Alternate Executor:	ng assets to the ber		
ecessary, and distributi ecutor: Alternate Executor: Alternate Executor:	NAME on who will be resp	ponsible for the l	
cessary, and distribution cutor: Alternate Executor: VSTEE (i.e., the person ving spouse, children	NAME on who will be resp	ponsible for the l	RELATIONSHIP
tor: ernate Executor: ernate Executor:	NAME  on who will be responded to the bereficial	ponsible for the l	RELATIONSHIP

NAME	RELATIONSHIP
Guardian:	
1st Alternate Guardian:	
2 <sup>nd</sup> Alternate Guardian:	
Describe in general terms how your property should be distrib	buted under the will:
FUNERAL ARRANGEMENTS: Describe any funeral arra	angements to be included in the will:
B.POWER OF ATTORNEY & OTHER INFORMATION	V
<b>POWER OF ATTORNEY</b> (i.e., the person who will be resin the event you become incapacitated)	ponsible for handling your financial affa
Name of Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Agent:	
Address:	

Primary Phone No.:	
Alternate Phone No.:	
<b>HEALTH CARE AGENT</b> (i.e., the person who will make medical decisions for you in the event unable to make them for yourself.)	you are
Name of Health Care Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Health Care Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
HIPAA AUTHORIZED RECIPIENT (i.e., the person who is authorized to receive your reinformation form a health care provider)  Name of Authorized Recipient:	nedical
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Authorized Recipient:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
ADDITIONAL INFORMATION not included elsewhere:	

INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW 1.Prior and present Wills, and any codicils	
2.Any Power of Attorney	
3.Directive to Physician	
4	
5	
CLIENT INFORMATION WORKSHEET - SIMPLE	
PART 1: PERSONAL DATA CLIENT:	
Name:	
Alias:	
Date of Birth:	
Social Security Number:	
Address:	
County of Residence:	
Primary Phone:	
Alternate Phone:	
E-mail:	
Preferred contact method:	
Are you a U.S. Citizen: Yes No	

PART 2: CLIENT'S INFORMATION

## **A.WILL INFORMATION**

NAME	AGE	RELATIONSHIP
BEQUESTS:		RECIPIENT

1st Alternate Executor:

r-term management of property for the
RELATIONSHIP
will take physical care of your mino
RELATIONSHIP
l under the will:
ments to be included in the will:
- 1

in the event you become incapacitated)	
Name of Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Alternate Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
Name of Health Care Agent:  Address:	
Primary Phone No.:	
Alternate Phone No.:	_
Name of Alternate Health Care Agent:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
HIPAA AUTHORIZED RECIPIENT (i.e., the person who is authorized to receive your information form a health care provider)	medica
Name of Authorized Recipient:	_
Address:	
Primary Phone No.:	
Alternate Phone No.:	

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs

Name of Alternate Authorized Recipient:	
Address:	
Primary Phone No.:	
Alternate Phone No.:	
ADDITIONAL INFORMATION not included elsewhere:	
INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW	
1.Prior and present Wills, and any codicils	
2.Any Power of Attorney	
3.Directive to Physician	
4	
5	