

**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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name:	Relationship:	Living?	Residence:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the following information regarding any former marriages:

Name of former spouse	Living?	Date of Death or Divorce
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name of former spouse	Living?	Date of Death or Divorce
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? \_\_\_\_\_  
\_\_\_\_\_

**PART II-a**  
**YOUR DISPOSITIVE PLAN**

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

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

\_\_\_\_\_ Outright  
\_\_\_\_\_ In Trust until: \_\_\_\_\_

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

\_\_\_\_\_ Outright  
\_\_\_\_\_ In Trust until reach age \_\_\_\_\_, then outright  
\_\_\_\_\_ In Trust with distributions at various ages and amounts  
          \_\_\_\_\_ percent at age \_\_\_\_\_  
          \_\_\_\_\_ percent at age \_\_\_\_\_  
          \_\_\_\_\_ percent at age \_\_\_\_\_  
          \_\_\_\_\_ remaining share at age \_\_\_\_\_

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

\_\_\_\_\_ Outright  
\_\_\_\_\_ In Trust until reach age \_\_\_\_\_, then outright  
\_\_\_\_\_ In Trust with distributions at various ages and amounts  
          \_\_\_\_\_ percent at age \_\_\_\_\_  
          \_\_\_\_\_ percent at age \_\_\_\_\_  
          \_\_\_\_\_ percent 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: \_\_\_\_\_

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

Name of Trustee: \_\_\_\_\_  
1st Alternate Trustee: \_\_\_\_\_  
2nd Alternate Trustee: \_\_\_\_\_  
3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: \_\_\_\_\_  
1st Alternate Guardian: \_\_\_\_\_  
2nd Alternate Guardian: \_\_\_\_\_  
3rd Alternate Guardian: \_\_\_\_\_

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

Name of Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**HEALTH CARE AGENT** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Health Care Surrogate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**PART III-b - 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: \_\_\_\_\_

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

Name of Trustee: \_\_\_\_\_  
1st Alternate Trustee: \_\_\_\_\_  
2nd Alternate Trustee: \_\_\_\_\_  
3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: \_\_\_\_\_  
1st Alternate Guardian: \_\_\_\_\_  
2nd Alternate Guardian: \_\_\_\_\_  
3rd Alternate Guardian: \_\_\_\_\_

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

Name of Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**HEALTH CARE AGENT** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Health Care Surrogate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

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Signature

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Printed Name

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Spouse's Signature

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Printed Name