



**The Parker Law Firm**  
**107 Shadwell Lane, 2nd Floor**  
**Friendswood, Texas 77546**  
**(281) 800-1156**

**CLIENT INFORMATION WORKSHEET**

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**PART 1: PERSONAL DATA**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SPOUSE INFORMATION (if applicable)**

Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**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	_____

**OTHER DEPENDENTS, IF ANY:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRANDCHILDREN'S INFORMATION (if they will be listed as beneficiaries in your will)**

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

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	_____

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: \_\_\_\_\_

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? \_\_\_\_\_

**PART II  
DISPOSITIVE PLAN**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? If they are minors, we will need to create a Minor's Trust:

- \_\_\_\_\_ Outright
- \_\_\_\_\_ In Trust until reach age \_\_\_\_, then outright
- \_\_\_\_\_ In Trust with distributions at various ages and amounts
  - \_\_\_\_\_ 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? If they are minors, we will need to create a Minor's Trust:

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

### PART III - 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, city and state of residence: \_\_\_\_\_

1st Alternate Executor, city and state of residence: \_\_\_\_\_

2nd Alternate Executor, city and state of residence: \_\_\_\_\_

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

Name of Trustee, city and state of residence: \_\_\_\_\_

1st Alternate Trustee, city and state of residence: \_\_\_\_\_

2nd Alternate Trustee, city and state of residence: \_\_\_\_\_

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

Name of Guardian, city and state of residence: \_\_\_\_\_

1st Alternate Guardian, city and state of residence: \_\_\_\_\_

2nd Alternate Guardian, city and state of residence: \_\_\_\_\_

**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.: \_\_\_\_\_