

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	

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: _____

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

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: _____

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.: _____

LIFE INSURANCE:

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

ORGAN DONATION

Do you wish to complete an Organ Donor Form? _____ Yes _____ No

INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Income tax return (most recent)
- _____ 4. Gift tax returns (all)
- _____ 5. Texas intangible tax return (most recent)
- _____ 6. Financial statements prepared by accountant
- _____ 7. Financial information submitted to lending institutions
- _____ 8. Real and personal property tax bills
- _____ 9. Deeds to property
- _____ 10. Mortgages
- _____ 11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
- _____ 12. Government, municipal, and corporate bonds
- _____ 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 15. Stockholder or partnership agreements
- _____ 16. Pension and profit-sharing plans and summary of current benefits
- _____ 17. Leases
- _____ 18. Instruments under which client has any interest or power of appointment
- _____ 19. Prenuptial, postnuptial, or separation agreements
- _____ 20. Judgments of dissolution of marriage
- _____ 21. Court orders or agreements under which client is obligated to provide support
- _____ 22. Wills of other family members, if pertinent
- _____ 23. Employment contracts
- _____ 24. Powers of attorney
- _____ 25. Living will and designation of health care surrogate.
- _____ 26. _____
- _____ 27. _____