



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: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND 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: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: FIRST SPOUSE'S INFORMATION

A.WILL INFORMATION

Do you currently have a Will? Yes: ___ No: ___ If yes, the date of the Will? _____
 Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

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

BENEFICIARY INFORMATION:

NAME	AGE	RELATIONSHIP

SPECIFIC BEQUESTS:

BEQUESTS	RECIPIENT

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:	

1 st Alternate Executor:	
2 nd 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	RELATIONSHIP
Trustee:	
1 st Alternate Trustee:	
2 nd Alternate Trustee:	

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

NAME	RELATIONSHIP
Guardian:	
1 st Alternate Guardian:	
2 nd 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 will:

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 you are unable to make them for yourself.)

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 medical information from a health care provider)

Name of Authorized Recipient:
Address:
Primary Phone No.:

Alternate Phone No.:

Name of Alternate Authorized Recipient:

Address:

Primary Phone No.:

Alternate Phone No.:

ADDITIONAL INFORMATION not included elsewhere:

PART 3: SECOND SPOUSE'S INFORMATION

A.WILL INFORMATION

Do you currently have a Will? Yes: ___ No: ___ If yes, the date of the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

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

BENEFICIARY INFORMATION:

NAME	AGE	RELATIONSHIP

SPECIFIC BEQUESTS:

BEQUESTS	RECIPIENT

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:	
1 st Alternate Executor:	
2 nd 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	RELATIONSHIP
Trustee:	
1 st Alternate Trustee:	
2 nd Alternate Trustee:	

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

NAME	RELATIONSHIP
Guardian:	
1 st Alternate Guardian:	
2 nd 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 will:

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.:

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Primary Phone No.:
Alternate Phone No.:

Name of Alternate Health Care Agent:
Address:
Primary Phone No.:
Alternate Phone No.:

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Name of Authorized Recipient:
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. _____

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E-mail:
Preferred contact method:
Are you a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: CLIENT'S INFORMATION

A. WILL INFORMATION

Do you currently have a Will? Yes: ___ No: ___ If yes, the date of the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

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

BENEFICIARY INFORMATION:

NAME	AGE	RELATIONSHIP

SPECIFIC BEQUESTS:

BEQUESTS	RECIPIENT

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
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1 st Alternate Executor:	

2 nd Alternate Executor:	
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