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ATTORNEY & COUNSELOR AT LAW

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Client Information

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

CLIENT INFORMATION WORKSHEET – WILL

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? Yes/No	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? Yes/No	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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	_____

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

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: _____

**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.: _____

PART IV- ASSETS

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____
Traveler's checks: _____
Money orders: _____

ACCOUNTS

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

REAL ESTATE: (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$_____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$_____

Other liens against property: _____

Current net equity in property: \$_____

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$_____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$_____

Other liens against property: _____

Current net equity in property: \$_____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$_____

Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value (as of _____): \$ _____

Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____): \$ _____

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)
Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

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: \$ _____

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: \$ _____

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: \$ _____

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: \$ _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of ____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of ____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of ____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

**PART V
YOUR ADVISORS**

Name of Accountant: _____
Address: _____
Phone No.: _____

Name of Insurance Agent: _____
Address: _____
Phone No.: _____

Name of Investment Advisor: _____
Address: _____
Phone No.: _____

Other: _____

Other: _____

**YOUR SPOUSE'S ADVISORS
IF DIFFERENT FROM ABOVE**

Name of Accountant: _____
Address: _____
Phone No.: _____

Name of Insurance Agent: _____
Address: _____
Phone No.: _____

Name of Investment Advisor: _____
Address: _____
Phone No.: _____

Other: _____

Other: _____

