

CLIENT INFORMATION WORKSHEET

Client Information

Client Number:

Responsible Lawyer:

Name of Client:

Also known as (AKA):

Gender: Male
 Female

U.S. Citizen? Yes
 No

Street Address:

City:

State:

Zip:

Home Telephone Number:

Office Telephone Number:

Cell or Other Phone Number:

Email:

Date of Birth:

Social Security Number:

Marital Status: Married with Joint Child(ren)
 Married with Separate Child(ren)
 No Children
 Single/Widowed

Spouse Information

Name of Spouse:

Also known as (A.K.A.):

U.S. Citizen? Yes
 No

Street Address:

City:

State:

Zip:

Home Telephone Number:

Office Telephone Number:

Cell or Other Phone Number:

Email:

Date of Birth:

Social Security Number:

Children Information (regardless of who will inherit)

Heir Information (if other than children)

Name of Child (or Heir)	Date of Birth	SS#	Relationship/Child Of
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Is there a possibility for other children?	[]	Yes
	[]	No

Are any of the children under the age of 18?	[]	Yes
	[]	No

- If so, please complete Guardian Section

Deceased Children Information:

Name of Child	Date of Death	Child Of
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Issue (Children) Of Deceased Children Information:

Name of Child	Date of Birth	Child Of
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DISTRIBUTIONS WILL BE DISCUSSED IN THE DRAFTING MEETING

**TRUSTEE/POWERS OF ATTORNEY/ADVANCE DIRECTIVES
FOR CLIENT (AND SPOUSE)**

TRUSTEE (after yourself)

First Successor Trustee

Name of Trustee:

Street Address:

City:

State:

Relationship:

Second Successor Trustee (not required if Corporate Trustee named as First Successor)

Name of Agent:

Street Address:

City:

State:

Relationship:

POWER OF ATTORNEY – Client & Spouse can name different Agents

AGENTS FOR CLIENT

AGENTS FOR SPOUSE

Primary Agent(s)

Name of Agent:

Street Address:

City:

State:

First Alternate Agent(s)

Name of Agent:

Street Address:

City:

State:

Second Alternate Agent(s) (Required if Spouse named as Primary)

Name of Agent:

Street Address:

City:

State:

ADVANCE DIRECTIVES (LIVING WILL) – Client & Spouse can Name Different Agents
AGENTS FOR CLIENT **AGENTS FOR SPOUSE**

Primary Agent(s)

Name of Agent:
Relationship:
Street Address:
City:
State:
Zip Code:
Daytime Phone Number:
Evening Phone Number:
Cell/Other Phone Number:
Email:

First Alternate Agent(s)

Name of Agent:
Relationship:
Street Address:
City:
State:
Zip Code:
Daytime Phone Number:
Evening Phone Number:
Cell/Other Phone Number:
Email:

Second Alternate Agent(s) (Required if Spouse named Primary)

Name of Agent:
Relationship:
Street Address:
City:
State:
Zip Code:
Daytime Phone Number:
Evening Phone Number:
Cell/Other Phone Number:
Email:

GUARDIAN FOR MINOR CHILDREN:

Primary Guardian

Name of Agent:

Relationship:

Street Address:

City:

State:

Zip Code:

Daytime Phone Number:

Evening Phone Number:

Cell/Other Phone Number:

Email:

Alternate Guardian

Name of Agent:

Relationship:

Street Address:

City:

State:

Zip Code:

Daytime Phone Number:

Evening Phone Number:

Cell/Other Phone Number:

Email: