The Law Office of Geri R. Wyatt

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CLIENT INFORMATION WORKSHEET (Individual)

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: ☐

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. _____
_____
_____
_____

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:

GRANDCHILDREN'S INFORMATION (Only if leaving something to them)

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	

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-a
YOUR 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?

_____ Outright
_____ In Trust until reach age ___, then outright
_____ In Trust with distributions at various ages and amounts
_____ percent at age _____
_____ 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?

_____ Outright
_____ In Trust until reach age ___, then outright
_____ In Trust with distributions at various ages and amounts
_____ percent at age _____
_____ percent at age _____
_____ percent at age _____
_____ remaining share at age ____

Do you want the executor of your will to be compensated?

_____ Yes
_____ No

Do you want to include a provision regarding funeral arrangements? If so, please describe:

_____
_____
_____

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) – **Please also list this person's relationship to you.**

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) – **Please also describe your relationship to the Trustee.** (Only if doing trust)

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) **– Please also describe the relationship between you and the Guardian.**

Name of Guardian: SKIP THIS
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.: _____

YOUR LIVING WILL INFORMATION:

Select the treatment provision you choose if you are suffering from an irreversible condition and cannot care for yourself or make medical conditions for yourself and you are expected to die without life sustaining treatment:

_____ Life-sustaining treatments discontinued
_____ Life-sustaining treatments continued

Select the treatment provision you choose if you are suffering from a terminal condition from which you are expected to die within six months, even with available life sustaining treatment:

_____ Life-sustaining treatments discontinued
_____ Life-sustaining treatments continued

Do you wish to provide additional requests regarding particular treatments? If so, please describe below:_____
_____
_____
_____