The Law Office of Geri R. Wyatt

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CLIENT INFORMATION WORKSHEET

	PA	RT 1: Pl	ERSONAL D	ATA	
Name:				DOB:	
Street Address:				SS#:	
City:	State: Zip:		Home	e #:	
Employer:					
E-mail:				Cell #	:
Alias Names (if an	ıy):				
Are you a U.S. citi	zen? Yes: No:	:			
Spouse's Name:				DOB:	
Street Address:					
City:					
Employer:					
E-mail:				Cell #	:
Alias Names (if an	ıy):				
Is spouse a U.S. ci	tizen? Yes: No	o:			
CHILDREN'S INF	FORMATION:				
	ordyn 11101				
Name	Living?	Age	Birthdate	Married?	City/State of Residence
					Residence
				<u> </u>	

For each child, state	the name of the child's	s other parent if no	t your present spouse.
OTHER DEPENDEN	NTS, IF ANY:		
Name:	Ag	e: Residence:	
GRANDCHILDREN Name:	I'S INFORMATION Ag	e: Birthdate:	Names of parents:
Please list the names so, list their city and		ers, and sisters, and	d state whether they are living, and i
Name:	Relationship	: Living?	Residence:

		_	
ist, as well, the same info	rmation for your spou	se's parents and	d siblings.
Name:	Relationship:	Living?	Residence:
		- - -	
lease provide the following	ng information regardi	ng any former	marriages:
ame of former spouse	Living?	Date of De	eath or Divorce
	<u> </u>		
ease provide the following	ng information regardi	ng your spouse	e's former marriages, if any:
ame of former spouse	Living?	Date of De	eath or Divorce
	<u>—</u>		
			he date on the Will?
mended Will or Codicil?			

Spouse presently has 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?
Is your spouse 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 spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?
Outright In Trust until:
If your children are beneficiaries of your property, do you want the property to be distributed to you children outright or in trust until a certain date?
Outsialet
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 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
PART II-b
SPOUSE'S DISPOSITIVE PLAN
Describe in general terms how you wish to distribute your property under your will:
f your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?
Outright
In Trust until:
f 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?
OutrightIn Trust until reach age, then outrightIn Trust with distributions at various ages and amountspercent at agepercent at ageremaining share at age
Do you want the executor of your will to be compensated?
Yes No
Does your spouse what the executor of his/her 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:

3rd Alternate Executor:	
	be responsible for the long-term management of property for r beneficiaries) – Please also describe your relationship to
1st Alternate Trustee:2nd Alternate Trustee:	
	EN (i.e. the person who will take physical care of your minor lease also describe the relationship between you and the
2nd Alternate Guardian:	
POWER OF ATTORNEY (i.e., the affairs in the event you become incapa	person who will be responsible for handling your financial acitated)
Name of Power of Attorney:	
Address:	Wk Phone No.:
Alternate Power of Attorney:Address:	
Hm Phone No.:	Wk Phone No.:
HEALTH CARE AGENT (i.e., the pyou are unable to make them for yours	person who will make medical decisions for you in the event self.)
Name of Health Care Surrogate:	
Address: Hm Phone No.:	Wk Phone No.:
Alternate Health Care Surrogate:	

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) 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.
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 list the relationship between yourself and the Guardian.
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: Wk Phone No.: Wk Phone No.:
Alternate Power of Attorney:

Address:	
Hm Phone No.:	Wk Phone No.:
HEALTH CARE AGENT (i.e., the poyou are unable to make them for yourse	erson who will make medical decisions for you in the event elf.)
Name of Health Care Surrogate:	
Hm Phone No.:	Wk Phone No.:
Alternate Health Care Surrogate:Address:	
Hm Phone No.:	Wk Phone No.:
YOUR LIVING WILL INFORMAT	TION:
	ose if you are suffering from an irreversible condition and al conditions for yourself and you are expected to die without
Life-sustaining treatments di Life-sustaining treatments co	
	se if you are suffering from a terminal condition from which ths, even with available life sustaining treatment:
Life-sustaining treatments di	

•	provide additional requests regarding particular treatments? If so, please describe
YOUR SPOUSI	ES' LIVING WILL INFORMATION:
condition and ca	ment provision you spouse chooses if he/she is suffering from an irreversible annot care for him/herself or make medical conditions for him/herself and s/he is without life sustaining treatment:
	ustaining treatments discontinued ustaining treatments continued
	nent provision your spouse chooses if s/he is suffering from a terminal condition are expected to die within six months, even with available life sustaining treatment:
	astaining treatments discontinued astaining treatments continued
	provide additional requests regarding particular treatments? If so, please describe