



21815 Oak Park Trails Drive Katy TX 77450
Tel: 281-646-0644 Fax: 281-676-3758

Date: _____

Client Information Form (Estate Planning)

Spouse 1 Information

First Name _____ Middle Name _____ Family Name _____

Name you prefer to be called _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Employer _____ Job Title _____

Work Address _____

Spouse 2 Information

First Name _____ Middle Name _____ Family Name _____

Name you prefer to be called _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Employer _____ Job Title _____

Word Address _____

Date of Marriage _____ Place of Marriage _____

Do you have any children? _____ If yes, how many? _____

Please provide the names and contact information of each child:

1. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

2. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

3. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

4. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

5. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

6. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

7. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

8. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

Spouse 1

Who do you want to name as the **Executor** of your estate?

1st Executor

Name _____

Relation _____

Address _____

Phone Number _____

2nd Executor

Name _____

Relation _____

Address _____

Phone Number _____

3rd Executor

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Executor** of your estate?

1st Executor

Name _____

Relation _____

Address _____

Phone Number _____

2nd Executor

Name _____

Relation _____

Address _____

Phone Number _____

3rd Executor

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Trustee** of your trusts (if any)?

1st Trustee

Name _____

Relation _____

Address _____

Phone Number _____

2nd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

3rd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Trustee** of your trusts (if any)?

1st Trustee

Name _____

Relation _____

Address _____

Phone Number _____

2nd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

3rd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Guardian** of your minor children?

1st Guardian

Name _____

Relation _____

Address _____

Phone Number _____

2nd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

3rd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Guardian** of your minor children?

1st Guardian

Name _____

Relation _____

Address _____

Phone Number _____

2nd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

3rd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** on your **Durable Power of Attorney**?

1st Agent

Name _____

Relation _____

Address _____

Phone Number _____

2nd Agent

Name _____

Relation _____

Address _____

Phone Number _____

3rd Agent

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** on your **Durable Power of Attorney**?

1st Agent

Name _____

Relation _____

Address _____

Phone Number _____

2nd Agent

Name _____

Relation _____

Address _____

Phone Number _____

3rd Agent

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** on your **Medical Power of Attorney?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** on your **Medical Power of Attorney?**

1st Guardian
Name _____
Relation _____
Address _____

Phone Number _____

2nd Guardian
Name _____
Relation _____
Address _____

Phone Number _____

3rd Guardian
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** of your **HIPAA Release?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** of your **HIPAA Release?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 1

Who do you want to appoint as your **Agent to dispose of your remains?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to appoint as your **Agent to dispose of your remains?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Do you have specific instructions for the disposition of your remains? If yes, please detail below

HOW DID YOU HEAR ABOUT OUR PRACTICE?

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)
