



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

Date: _____

Client Information Form (Estate Planning)

Client 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 _____

Best contact to reach you at _____

Employer _____ Job Title _____

Work Address _____

Where will you be storing your completed documents? _____

Marital Information

Marital Status (Married, Single, Divorced, Widowed?) _____

Name of Spouse _____

Date of Marriage _____ Place of Marriage _____

Date of Divorce or Death of Spouse _____

Does your spouse require estate planning at this time? _____

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 _____

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 _____

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 _____

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 _____

Who do you want to name your **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 _____

