

**CLIENT INFORMATION WORKSHEET  
FOR DRAFTING TESTAMENTARY DOCUMENTS  
with Living Trust  
PART 1: PERSONAL DATA**

A. Your full name: \_\_\_\_\_  
 Name you preferred to be called: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Are you a U.S. citizen? [ ] Yes [ ] No SS#: \_\_\_\_\_  
 DL# \_\_\_\_\_

B. Are you currently married? [ ] Yes [ ] No *(If no, skip to section C)*  
 Spouse's full name: \_\_\_\_\_  
 How long have you been married to current spouse? \_\_\_\_\_  
 Spouse's date of birth: \_\_\_\_\_ Currently living together? \_\_\_\_\_  
 Spouse's Street Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home telephone #: \_\_\_\_\_ work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is spouse a U.S. citizen? [ ] Yes [ ] No SS#: \_\_\_\_\_  
 DL# \_\_\_\_\_

C. Do you have living children, born or adopted? [ ] Yes [ ] No *(if no, skip to section D)*

<u>Name</u>	<u>Living?</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Married?</u>	<u>City/State</u>
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____
_____	Yes/No	M/F	_____	Yes/No	_____

\_\_\_\_\_ Yes/No M/F \_\_\_\_\_ Yes/No \_\_\_\_\_

For any child, give the name of the child's other parent if not your present spouse. \_\_\_\_\_

D. OTHER DEPENDENTS (if any – if none, skip to E):

<u>Name:</u>	<u>M/F</u>	<u>Birth date:</u>	<u>Relationship to you:</u>
_____	M/F	_____	_____
_____	M/F	_____	_____

E. GRANDCHILDREN'S INFORMATION

<u>Name:</u>	<u>M/F</u>	<u>Birth date:</u>	<u>Names of parents:</u>
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____

F. HEIRS - 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.

<u>Name:</u>	<u>Relationship:</u>	<u>Living?</u>	<u>City, State:</u>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

G. Please provide the following information regarding any former marriages:

<u>Name of former spouse</u>	<u>Living?</u>	<u>Date of Death or Divorce</u>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

H. Do you presently have a Will? [ ] No [ ] Yes Date of Will: \_\_\_\_\_

Was it signed in Texas?  Yes  No If not, where? \_\_\_\_\_

Amended Will or Codicil?  Yes  No Date: \_\_\_\_\_

Spouse presently has a Will?  No  Yes Date of Will: \_\_\_\_\_

Was it signed in Texas?  Yes  No If not, where? \_\_\_\_\_

Amended Will or Codicil?  No  Yes If yes, what date: \_\_\_\_\_

Are you a beneficiary, trustee (singly or jointly), or creator of a trust?  No  Yes

If yes, name and date of the trust: \_\_\_\_\_

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust?  No  Yes

If yes, name and date of the trust: \_\_\_\_\_

## **PART 2: YOUR DISPOSITIVE PLAN**

Describe in general terms how you wish to distribute your property under your will: \_\_\_\_\_

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Is anyone to be specifically *excluded*? (Details) \_\_\_\_\_

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Beneficiaries to receive property in trust upon your death?  minors only  specific others:

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### Details of Contingent Trust:

In Trust until age \_\_\_\_\_, then remainder outright

In Trust to be used for the health, safety, and education of beneficiaries, at the discretion of the Trustee.

Percent: \_\_\_\_\_ at age \_\_\_\_\_ then remainder at age \_\_\_\_\_, OR

Amount: \_\_\_\_\_ at age \_\_\_\_\_ and remainder at age \_\_\_\_\_

**PART 3: YOUR DESIGNEES**

**EXECUTOR:** the person who will be responsible for probating your will, filing the estate tax return if necessary, paying debts of estate, and distributing assets to the beneficiaries.

Name of Executor: \_\_\_\_\_ relationship: \_\_\_\_\_

1<sup>st</sup> alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

2<sup>nd</sup> alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

**TRUSTEE:** the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

Name of Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN:** the person who will take physical care of your minor children or other incapacitated persons should both parents die.

Name of Guardian: \_\_\_\_\_ relationship: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ relationship: \_\_\_\_\_

**PART 4: FUNERAL and BURIAL ARRANGEMENTS**

Do you want to a provision regarding funeral arrangements? [ ] NO [ ] YES

If yes, what special arrangements are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 5: OTHER DOCUMENTS TO BE PREPARED**

**INITIAL AND COMPLETE THE FOLLOWING SECTIONS ONLY IF YOU ARE REQUESTING THESE ADDITIONAL DOCUMENTS BE PREPARED:**

[ \_\_\_\_\_ ] **POWER OF ATTORNEY** (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

The Power of Attorney is to take effect: [ ] immediately [ ] upon my disability

1. Name of Agent: \_\_\_\_\_ relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_
  2. Alternate agent: \_\_\_\_\_ relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_
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[ \_\_\_\_\_ ] **MEDICAL POWER OF ATTORNEY** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

The Medical Power of Attorney is to take effect: [ ] immediately [ ] upon my disability

1. Name of Health Care Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_
  2. Alternate Health Care Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_
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[\_\_\_\_\_] **HEALTHCARE DIRECTIVE** (*Directive to physicians regarding life saving procedures*)

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[\_\_\_\_\_] **APPOINTMENT OF AGENT FOR DISPOSITION OF REMAINS**

If you are not married, is there someone other than a direct family member that is to be named as the person in charge of funeral arrangements and details regarding your funeral, burial, or cremation?

[ ] Yes [ ] No If yes, name: \_\_\_\_\_

Relationship (friend, life partner, etc.): \_\_\_\_\_

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[\_\_\_\_\_] **LIVING TRUST** (document that transfers property to a trust during your lifetime, not upon your death) **IF LIVING TRUST IS BEING DRAFTED YOU WILL NEED TO COMPLETE THE FOLLOWING SECTION. IF YOU DO NOT NEED A LIVING TRUST, YOU DO NOT NEED TO COMPLETE THE FOLLOWING SECTION:**

Describe in general terms your goals in establishing a living trust (tax purposes, privacy, avoidance of probate, etc.): \_\_\_\_\_

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Beneficiaries to receive property in trust upon your death? [ ] minors only [ ] specific others:

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Details of Living Trust:

[ ] In Trust until age \_\_\_\_\_, then remainder outright

[ ] In Trust to be used for the health, safety, and education of beneficiaries, at the discretion of the Trustee.

[ ] Percent: \_\_\_\_\_ at age \_\_\_\_\_ then remainder at age \_\_\_\_\_, OR

[ ] Amount: \_\_\_\_\_ at age \_\_\_\_\_ and remainder at age \_\_\_\_\_

**TRUSTEE:** the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

Name of Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_ relationship: \_\_\_\_\_

## **YOUR PROPERTY**

### **Real Estate**

1. Full Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

2. Full Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

3. Full Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

4. Full Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

### **Automobiles:**

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

4. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

5. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

**Bank Accounts:**

1. Type: \_\_\_\_\_ Bank: \_\_\_\_\_  
Account #: \_\_\_\_\_
2. Type: \_\_\_\_\_ Bank: \_\_\_\_\_  
Account #: \_\_\_\_\_
3. Type: \_\_\_\_\_ Bank: \_\_\_\_\_  
Account #: \_\_\_\_\_
4. Type: \_\_\_\_\_ Bank: \_\_\_\_\_  
Account #: \_\_\_\_\_
5. Type: \_\_\_\_\_ Bank: \_\_\_\_\_
6. Type: \_\_\_\_\_ Bank: \_\_\_\_\_
7. Account #: \_\_\_\_\_
8. Type: \_\_\_\_\_ Bank: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CONSULTATION AGREEMENT

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$150.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given. This fee is due at the time the appointment is scheduled, and this fee reserves your appointment time. If you do not give at least 24 hours notice of cancellation, the \$150.00 is non-refundable.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form, then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

How did you hear about our law firm?     phone book     internet     magazine ad

I'm a past client     referral from \_\_\_\_\_

other: \_\_\_\_\_