

CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

NAME of DECEDENT: _____
Alias Names (if any): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____
Place of Birth: _____
Date of Death: _____
Place of Death: _____
Social Security Number: _____
Was Decedent a U.S. citizen? Yes: ___ No: ___
If naturalized U.S. citizen, Date and Place of Naturalization: _____
Location of Will, if any: _____
Date of Will: _____
Location of Codicils, if any: _____
Date of Codicils: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____
Work #: _____ Fax #: _____
E-mail: _____ Pgr #: _____
Date of Birth: _____
Social Security Number: _____
Date and place of marriage/domestic partnership: _____
Status of Spouse: ___ Living ___ Deceased ___ Under Conservatorship

CHILDREN'S INFORMATION:

Name	Living	Age	Birthdate	Married	Address
_____	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, if not decedent's surviving spouse/partner. _____

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	____	_____
_____	____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of parents:
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Please list the names of decedent's 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	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

Name:	Relationship:	Living	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding decedent's former marriages, if any:

Name of former spouse	Living	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

PART III - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____

Traveler's checks: _____

Money orders: _____

ACCOUNTS

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

REAL ESTATE:

(Include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community? _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community? _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community? _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community? _____

MINERAL INTERESTS:

(include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Separate or Community? _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Separate or Community? _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Separate or Community? _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____
Separate or Community? _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____

Account Title: _____
Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____
Separate or Community? _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____

Account Title: _____
Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____
Separate or Community? _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____

Account Title: _____
Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____
Separate or Community? _____

STOCKS, BONDS & OTHER SECURITIES:

(Include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____
Current market value (as of _____): \$ _____
Separate or Community? _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____
Separate or Community? _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____
Separate or Community? _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____
Separate or Community? _____

CLOSELY HELD BUSINESS INTERESTS:

(include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
Address: _____
Type of business organization and date of creation: _____
Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

Name of business: _____

Address: _____

Type of business organization and date of creation: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

Name of business: _____

Address: _____

Type of business organization and date of creation: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS:

(including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

ANNUITIES:

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face Amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Current value (as of _____): \$ _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face Amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Current value (as of _____): \$ _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face Amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Current value (as of _____): \$ _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of ____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.

(Including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of ____): \$ _____
Current net equity in vehicle: \$ _____
Separate or Community? _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of ____): \$ _____
Current net equity in vehicle: \$ _____
Separate or Community? _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of ____): \$ _____
Current net equity in vehicle: \$ _____
Separate or Community? _____

Year: ____ Make: _____ Model: _____

Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____
Separate or Community? _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____
Separate or Community? _____

OTHER MISCELLANEOUS PROPERTY:

(including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

DOCUMENTS YOU SHOULD BRING TO INTERVIEW IF AVAILABLE

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Death certificate
- _____ 3. Paid funeral bills
- _____ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 5. Income tax return (most recent)
- _____ 6. Gift tax returns (all)
- _____ 7. Texas intangible tax return (most recent)
- _____ 8. Financial statements prepared by accountant
- _____ 9. Financial information submitted to lending institutions
- _____ 10. Real and personal property tax bills
- _____ 11. Deeds to property
- _____ 12. Mortgages
- _____ 13. Vehicle titles
- _____ 14. Copies of any bills and creditors' addresses
- _____ 15. Government, municipal, and corporate bonds
- _____ 16. Government, municipal, and corporate bonds

- _____ 17. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 18. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 19. Stockholder or partnership agreements
- _____ 20. Pension and profit-sharing plans and summary of current benefits
- _____ 21. Leases
- _____ 22. Instruments under which client has any interest or power of appointment
- _____ 23. Prenuptial, postnuptial, or separation agreements
- _____ 24. Judgments of dissolution of marriage
- _____ 25. Court orders or agreements under which client is obligated to provide support
- _____ 26. Wills of other family members, if pertinent
- _____ 27. _____