

Client Information Worksheet

Note: If there is not enough room on a particular page, please copy that page.

Section 1. Personal Data

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: _____

Spouse/Domestic Partner: _____
 Alias Names (if any): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____
 Place of Birth: _____
 Date of Death: _____
 Place of Death: _____
 Date and place of marriage/domestic partnership: _____
 Status of Spouse: _____ Living _____ Deceased _____ Under Conservatorship
 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: _____

Location of Trusts, if any: _____
 Date of Trusts: _____
 Location of Amendments, if any: _____
 Date of Amendments: _____

Section 2. Family Information

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	Death or Divorce/Date
_____	Yes/No	_____
_____	Yes/No	_____

Section 3. Important Family Questions

- Do you have a child with a learning disability? ___ Yes ___ No
- Do any of your children receive governmental support or benefit? ___ Yes ___ No
- Do you have adopted children? ___ Yes ___ No
- Do any of your children have special education, medical, or physical needs? ___ Yes ___ No
- Are any of your children institutionalized? ___ Yes ___ No
- Are you or your spouse receiving Social Security, Disability, or other governmental benefits ___ Yes ___ No
- Do you provide primary, or other major financial support, to adult children? ___ Yes ___ No
- Have either of your, or your spouse, been divorced? ___ Yes ___ No
- In what state have you lived with your current spouse? During what periods of time did you reside there?

If you answer yes to the following, please provide a copy of the documents in question

- Are you making payments pursuant to a divorce or property settlement? ___ Yes ___ No
- Have you or your spouse ever filed a federal or state gift tax return? ___ Yes ___ No
- Have you or your spouse ever filed a federal or state estate tax return? ___ Yes ___ No
- Have you or your spouse completed previous will, trust, or estate planning? ___ Yes ___ No

Section 4. Decedent’s Designees

Personal Representative (Executor/executrix): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

1st Alternate Personal Representative: _____

2nd Alternate Personal Representative: _____

3rd Alternate Personal Representative: _____

Name of Trustee: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

Guardian of Minor Children: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

Section 5. 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.

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 date of death): \$ _____

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

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

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

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

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

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

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

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

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

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

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

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

Other liens against property: _____

Current net equity in property: \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 (at financial institutions):

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

Name of financial institution: _____

Account title: _____

Account number: _____

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

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

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 date of death) \$ _____

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 date of death) \$ _____

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 date of death) \$ _____

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 date of death) \$ _____

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 date of death) \$ _____

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: \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

Business Interests: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities)

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of date of death): \$ _____

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of date of death): \$ _____

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of date of death): \$ _____

Business Personal Property (i.e., patents, copyrights, trademarks, and royalties, etc.)

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

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 date of death): \$ _____

Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

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 date of death): \$ _____

Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

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 date of death): \$ _____

Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

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 date of death): \$ _____

Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

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 date of death): \$ _____

Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

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 date of death): \$ _____

Firearms:

How many rifles did decedent own/possess? _____

How many shotguns did decedent own/possess? _____

How many handguns did decedent own/possess? _____

Did decedent own a Federal Firearms License? No Yes

Did decedent own a tax stamp for any firearm or accessory? No Yes

Has any potential executor, administrator, or trustee:

 Been convicted of a felony? No Yes (explain)

 Been convicted of a domestic or family violence? No Yes (explain)

 Been adjudicated or diagnosed with mental issues? No Yes (explain)

 Renounced his or her US citizenship? No Yes (explain)

Has any potential heir, beneficiary, or distributee:

 Been convicted of a felony? No Yes (explain)

 Been convicted of a domestic or family violence? No Yes (explain)

 Been adjudicated or diagnosed with mental issues? No Yes (explain)

 Renounced his or her US citizenship? No Yes (explain)

Does any potential heir, beneficiary, or distributee live out of state? No Yes

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: \$ _____

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: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Section 6. Indicate Documents Client Should Bring to Interview

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

