

<b>CLIENT INTERVIEW SHEET</b> <b>Estate Planning Documents</b>
---

WHERE DID YOU HEAR ABOUT US?

DATE: \_\_\_\_\_, 2020

**PLEASE PRINT CLEARLY.** *If corrections must be made because of unclear handwriting or inaccurate information given to us, a fee of \$25.00 will be due to correct the error.*

**Client(s) Information:**

First/Middle/Last Name \_\_\_\_\_

Full Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

First/Middle/Last Name \_\_\_\_\_

Full Address if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Marital History:**

Date of Marriage to each other and City/State \_\_\_\_\_ Previous marriages for:

Husband :

Wife:

**Children(s) Information:** List all children born to or adopted by you and/or your spouse, without regard to whether you want to provide for them in this will:

1) First/Middle/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

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

2) First/Middle/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

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

3) First/Middle/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

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

4) First/Middle/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

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

5) First/Middle/Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

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

Are any of these children stepchildren to either parent? If so, please place initials of spouse who is the child's birthparent to the left of the child's name for each child that both spouses are not both the parent of.

Are there any deceased children? If so, whom?

*The following may be filled out but does not have to be. I will go over during the consultation. Diane*

**Will Information for Husband**

\_\_\_\_\_ All to my spouse and then to my children in equal shares.

\_\_\_\_\_ All to my spouse and then to: \_\_\_\_\_

\_\_\_\_\_ All to my children in equal shares and then to their descendants.

\_\_\_\_\_ All to my children and then to: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Is spouse first choice as executor (person to distribute your estate) of the estate?

Alternate Executor: (Person to serve if your spouse cannot): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Do you want the executor to be compensated for services performed?

**Power of Attorney Information (financial for Husband)** If spouse is not willing or able to serve or if you do not want your spouse as your first choice.

Agent's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Alternate's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**Power of Attorney Information (medical for Husband)** If spouse is not willing or able to serve, or if you do not want your spouse as your first choice.

Agent's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Alternate's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**HIPPA Release for Husband** **Release of Protected Health Information.** Spouse, in addition to the following:

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

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

---

**Will Information for Wife**

\_\_\_\_\_ All to my spouse and then to my children in equal shares.

\_\_\_\_\_ All to my spouse and then to: \_\_\_\_\_

\_\_\_\_\_ All to my children in equal shares and then to their descendants.

\_\_\_\_\_ All to my children and then to: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Is spouse first choice as executor (person to distribute your estate) of the estate?

Alternate Executor (*Person to serve if your spouse cannot*): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Do you want the executor to be compensated for services performed?

**Power of Attorney Information (financial for Wife)** If spouse is not willing or able to serve, or if you do not want your spouse as your first choice.

Agent's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Alternate's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**Power of Attorney Information (medical for Wife)** If spouse is not willing or able to serve, or if you do not want your spouse as your first choice.

Agent's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Alternate's name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**HIPPA release for Wife** **Release of Protected Health Information.** Spouse, in addition to the following:

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

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

Please review the following words. Diane will go over your wishes about the options in the consultation.

---

My Agent is entitled to reimbursement of reasonable expenses incurred on my behalf and to compensation that is reasonable under the circumstances. **OR** My Agent is entitled to reimbursement of reasonable expenses incurred on my behalf but shall receive no compensation for serving as my agent.

---

My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below

- \_\_\_\_\_ The power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.
- \_\_\_\_\_ Make a gift, subject to the limitations of Section 751.032 of the Durable Power of Attorney Act (Section 751.032, Estates Code) and any special instructions in this power of attorney
- \_\_\_\_\_ Create or change rights of survivorship
- \_\_\_\_\_ Authorize another person to exercise the authority granted under this power of \_\_\_\_\_ attorney.
- \_\_\_\_\_ Create, amend, revoke, or terminate an intervivos trust.

---

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

- \_\_\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR
  - \_\_\_\_\_ I request that I be kept alive in this terminal condition using available life-sustaining treatment.
- 

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

- \_\_\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR
- \_\_\_\_\_ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)