

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Wills Client Questionnaire**

Please fill out this questionnaire and bring it with you to your initial consultation, and/or fax the completed questionnaire prior to your scheduled appointment to 972-668-9704. It is important that you answer each question fully.

It is imperative that you be candid.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the answer to the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

**Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.**

#### **NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Your Name: \_\_\_\_\_  
(Nickname): \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
County where you reside: \_\_\_\_\_ Length of time in county? \_\_\_\_\_  
Home phone:(\_\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_\_) \_\_\_\_\_  
Pager:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_  
Employer's name: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Work phone:(\_\_\_\_\_) \_\_\_\_\_ Work fax no.: (\_\_\_\_\_) \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Nickname): \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
County where you reside: \_\_\_\_\_ Length of time in county? \_\_\_\_\_  
Home phone:(\_\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_\_) \_\_\_\_\_  
Pager:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_  
Employer's name: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Work phone:(\_\_\_\_\_) \_\_\_\_\_ Work fax no.: (\_\_\_\_\_) \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of marriage to current spouse: \_\_\_\_\_  
Prior marriages (please list the name of any former spouses and the date of the marriage(s)): \_\_\_\_\_

Children (please list their names, addresses, phone numbers, dates of birth and the name of the child's other parent): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who would you like to leave your property to in your will? (Please list names, relationship to you and addresses of all beneficiaries of your will): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any specific items you would like to leave to certain people? If so, please list the item and to whom you wish to leave the property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who would you like to serve as the executor/executrix in your will? (Please list the names, relationship to you and addresses of at least 2 people to serve as the executor/executrix of your will.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who would you like to serve as your agent in a general power of attorney? (Please list names, relationship to you and addresses of at least 2 people to serve as your agent.)

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Who would you like to serve as your agent in a medical power of attorney? (Please list names, relationship to you and addresses of at least 2 people to serve as your agent.)

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In the event that you are suffering from a terminal condition from which you are expected to die in 6 months even with life support, do you wish to remain on life support? \_\_\_\_\_

In the event that you are suffering from an irreversible condition to an extent that you cannot care for yourself or make decisions for yourself and are expected to die without life support, do you wish to remain on life support? \_\_\_\_\_