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WILLS & ESTATES ~ CLIENT INFORMATION SHEET

PLEASE FILL IN AS COMPLETELY AS POSSIBLE
(All information is needed to file and complete legal documents)

PART 1: PERSONAL DATA

YOU

Name: _____ DOB: _____

Street Address: _____ SS #: _____

City: _____ State: ____ Zip: _____ Home #: _____

Employer: _____ Work #: _____

E-mail: _____ Cell #: _____

Alias Names (if any): _____

Are you a U.S. citizen? Yes: ___ No: ___

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

YOUR SPOUSE

Spouse's Name: _____ DOB: _____

Street Address: _____ SS #: _____

City: _____ State: ____ Zip: _____ Home #: _____

Employer: _____ Work #: _____

E-mail: _____ Cell #: _____

Alias Names (if any): _____

Is your spouse a U.S. citizen? Yes: ___ No: ___

Does your Spouse have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

CHILDREN'S INFORMATION:

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	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 your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name	Age	Residence
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of Parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 2 -YOUR DISPOSITIVE PLAN

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

If your Spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your Spouse?

_____ Outright

_____ In Trust until: _____

If your Children are beneficiaries of your property, do you want the property to be distributed to your Children outright or in trust until a certain date?

_____ Outright

_____ In Trust until reach age _____, then outright

_____ In Trust with distributions at various ages and amounts

_____ percent at age _____

_____ percent at age _____

_____ remaining share at age _____

If your Grandchildren are beneficiaries of your property, do you want the property to be distributed to your Grandchildren outright or in trust until a certain date?

_____ Outright

_____ In Trust until reach age _____, then outright

_____ In Trust with distributions at various ages and amounts

_____ percent at age _____

_____ percent at age _____

_____ remaining share at age _____

PART 3 - YOUR DESIGNEES

EXECUTOR (the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to your beneficiaries)

Full Name of Executor: _____

1st Alternate Executor: _____

2nd Alternate Executor: _____

3rd Alternate Executor: _____

TRUSTEE (the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries, IF NEEDED)

Full Name of Trustee: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (the person who will take physical care of your minor children should both parents die)

Full Name of Guardian: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

POWER OF ATTORNEY (the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Full Name of Power of Attorney: _____

Address: _____

Home Phone # : _____ Work Phone # : _____

Alternate Power of Attorney: _____

Address: _____

Home Phone # : _____ Work Phone # : _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Full Name of Health Care Surrogate: _____

Address: _____

Home Phone # : _____ Work Phone #: _____

Alternate Health Care Surrogate: _____

Address: _____

Home Phone # : _____ Work Phone # : _____

PART 4 - YOUR SPOUSE'S DESIGNEES

EXECUTOR (the person who will be responsible for probating your spouse' will, filing the estate tax return, if necessary, and distributing assets to his or her beneficiaries)

Full Name of Executor: _____

1st Alternate Executor: _____

2nd Alternate Executor: _____

3rd Alternate Executor: _____

TRUSTEE (the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries, IF NEEDED)

Full Name of Trustee: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (the person who will take physical care of your spouse's minor children should both parents die)

Full Name of Guardian: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

POWER OF ATTORNEY (the person who will be responsible for handling your spouse's financial affairs in the event he or she becomes incapacitated)

Full Name of Power of Attorney: _____

Address: _____

Home Phone # : _____ Work Phone # : _____

Alternate Power of Attorney: _____

Address: _____

Home Phone # : _____ Work Phone # : _____

HEALTH CARE AGENT (the person who will make medical decisions for your spouse in the event he or she is unable to make them for his or herself)

Full Name of Health Care Surrogate: _____

Address: _____

Home Phone # : _____ Work Phone #: _____

Alternate Health Care Surrogate: _____

Address: _____

Home Phone # : _____ Work Phone # : _____