



KROSCHER & KROSCHER, P.C.

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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	_____
_____	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 DISPOSITION PLAN & SPECIFIC BEQUESTS**

Describe in general terms how you wish to distribute your property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

1<sup>st</sup> Alternate Executor: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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

Full Name of Guardian: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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 and Phone Number: \_\_\_\_\_

1<sup>st</sup> Alternate Power of Attorney: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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 and Phone Number: \_\_\_\_\_

1<sup>st</sup> Alternate Health Care Surrogate: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

1st Alternate Executor: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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 and Phone Number: \_\_\_\_\_

1<sup>st</sup> Alternate Power of Attorney: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**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 and Phone Number: \_\_\_\_\_

1<sup>st</sup> Alternate Health Care Surrogate: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_