

LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.

ATTORNEY ~ MEDIATOR

50 Briar Hollow Lane, Suite 425 West
Houston, Texas 77027
TEL 713-932-7177
FAX 713-932-7277

EMAIL trey@treyyateslaw.com

www.treyyateslaw.com

CLIENT INFORMATION FORM FOR WILL/ESTATE PLANNING MATTERS

******PERSONAL AND CONFIDENTIAL******

Please fill out as completely. If you lack some information, please make note of it and notify our office with the information as soon as possible. All information is strictly confidential

YOUR NAME:

(Last) (First) (Middle) (Maiden)

Date of Birth Place of Birth (City and State)

IDENTIFICATION #'S

Social Security # State and Driver's License # (Attach a copy)

RESIDENCE:

Street City/State Zip Code

MAILING ADDRESS:

If different from residence _____
Street City/State Zip Code

COMMUNICATION:

Home # Fax # @ Home e-mail @ home

Pager # Cell/Mobile #

Work # Fax # @ Work e-mail @ work

OCCUPATION:

EMPLOYMENT:

Employer Address

POTENTIAL

EXECUTOR/EXECUTRIX:

(Last) (First) (Middle) (Maiden)
()

Address City/State/Zip Telephone Number

Age Date of Birth SS# Relationship

1ST ALTERNATE:

(Last) (First) (Middle) (Maiden)
()

Address City/State/Zip Telephone Number

Age Date of Birth SS# Relationship

2ND ALTERNATE:

(Last) (First) (Middle) (Maiden)
()

Address City/State/Zip Telephone Number

Age Date of Birth SS# Relationship

POTENTIAL BENEFICIARY:

(Last) (First) (Middle) (Maiden)
()

Address City/State/Zip Telephone Number

Age Date of Birth SS# Relationship

SPECIFIC BEQUEST:

Item Item Item Item Item

PORTION OF ESTATE:

Percent or Amount

POTENTIAL BENEFICIARY:

_____		_____		_____		_____	
(Last)		(First)		(Middle)		(Maiden)	
_____				()		_____	
Address		City/State/Zip		Telephone Number			
_____		_____		_____		_____	
Age	Date of Birth	SS#	Relationship				

SPECIFIC BEQUEST:

_____	_____	_____	_____	_____
Item	Item	Item	Item	Item

PORTION OF ESTATE:

_____	_____	_____	_____
Percent	or	Amount	

POTENTIAL BENEFICIARY:

_____		_____		_____		_____	
(Last)		(First)		(Middle)		(Maiden)	
_____				()		_____	
Address		City/State/Zip		Telephone Number			
_____		_____		_____		_____	
Age	Date of Birth	SS#	Relationship				

SPECIFIC BEQUEST:

_____	_____	_____	_____	_____
Item	Item	Item	Item	Item

PORTION OF ESTATE:

_____	_____	_____	_____
Percent	or	Amount	

POTENTIAL BENEFICIARY:

_____		_____		_____		_____	
(Last)		(First)		(Middle)		(Maiden)	
_____				()		_____	
Address		City/State/Zip		Telephone Number			
_____		_____		_____		_____	
Age	Date of Birth	SS#	Relationship				

SPECIFIC BEQUEST:

_____	_____	_____	_____	_____
Item	Item	Item	Item	Item

PORTION OF ESTATE:

_____	_____	_____	_____
Percent	or	Amount	

TRUST RECIPIENT:

	(Last)	(First)	(Middle)	(Maiden)
	()			
Address	City/State/Zip		Telephone Number	
Age	Date of Birth	SS#	Relationship	

TRUST RECIPIENT:

	(Last)	(First)	(Middle)	(Maiden)
	()			
Address	City/State/Zip		Telephone Number	
Age	Date of Birth	SS#	Relationship	

TRUST RECIPIENT:

	(Last)	(First)	(Middle)	(Maiden)
	()			
Address	City/State/Zip		Telephone Number	
Age	Date of Birth	SS#	Relationship	

If you would like to make other special bequest, we will need to know what items of your estate and to whom.

Who do you want designated to make decisions regarding health and financial matters in the event of your incapacitation. If this is an individual not previously listed please provide the following information:

Health Decisions:

	(Last)	(First)	(Middle)	(Maiden)
	()			
Address	City/State/Zip		Telephone Number	

Financial Decisions:

	(Last)	(First)	(Middle)	(Maiden)
	()			
Address	City/State/Zip		Telephone Number	

GUARDIANSHIP APPOINTMENT

Do you need a Directive to Physician (Living Will) Yes No

Do you wish to be cremated? Yes No

Do you have specific funeral requests? If so please describe briefly: _____

I UNDERSTAND that a consultation fee of \$ _____ will be charged.
I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____