



TREY YATES LAW

THE LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.
SAM M. (TREY) YATES, III
BOARD CERTIFIED FAMILY LAW
TEXAS BOARD OF LEGAL SPECIALIZATION
FELLOW - AMERICAN ACADEMY OF MATRIMONIAL LAWYERS
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CLIENT INFORMATION FORM
FOR WILL/ESTATE PLANNING MATTERS
****PERSONAL AND CONFIDENTIAL****

Please fill out as completely as possible. If you lack requested information, please make note and provide missing information as soon as possible. All information provided to our office is strictly confidential and protected by the attorney-client privilege.

YOUR INFORMATION:

Name: (First) (Middle) (Last) (Maiden)

Date/Place of Birth: Date of Birth Place of Birth (City and State)

Identification Nos: Social Security # State and Driver's Lic. # (attach a copy)

Home Address: Street City/state Zip Code

Mailing Address: (if different) Street City/state Zip Code

Communication: Home Phone Cell Phone Work Phone

Personal Email Work Email

Home Fax # Work Fax # Pager #

Occupation:

Employment: Employer Address

Are you: Single Married Divorced Separated Widow(er) In a Relationship

If currently married or in a relationship, please provide the name of your spouse or significant other:

Name: _____
(First) (Middle) (Last) (Maiden)

Date/Place of Birth: _____
Date of Birth Place of Birth (City and State)

If married, date and place of your marriage: _____
Date Place (City and State)

Have you ever been divorced? ___ If so, state the name of each ex spouse with date(s) and place(s) of divorce: _____

Is your spouse deceased? ___ If so, state the date and county where your spouse died: _____

Do you have any children? ___ If so, provide the following information:

Child's Full Name: _____ Date of Birth: _____
Child's Full Name: _____ Date of Birth: _____
Child's Full Name: _____ Date of Birth: _____

WILL INFORMATION:

Potential Executor/Executrix: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

1ST Alternate: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

2ND Alternate: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship
1ST Potential Beneficiary: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

Specific Bequest: _____

Portion of Estate: _____
Percent or Amount

2ND Potential Beneficiary: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

Specific Bequest: _____

Portion of Estate: _____
Percent or Amount

3RD Potential Beneficiary: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

Specific Bequest: _____

Portion of Estate: _____
Percent or Amount

Do you wish to create a Trust for any of your beneficiaries? _____ Yes _____ No

If so, provide the following information:

1ST Trust Recipient: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship Age/Event to Terminate Trust

Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

1ST Alternate Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

2ND Alternate Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

2ND Trust Recipient: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship Age/Event to Terminate Trust

Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

1ST Alternate Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

2ND Alternate Trustee to Appoint: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Date of Birth Relationship

Do you wish to be cremated? _____ Yes _____ No

If you have specific funeral requests, briefly describe: _____

PRENEED DOCUMENT INFORMATION:

Who do you want to designate in your Medical Power of Attorney and Statutory Power of Attorney to make decisions regarding health and financial matters?

Health Decisions: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Financial Decisions: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Who do you want to designate in your Directive to Physicians to make decisions regarding your health?

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

Address City/State/Zip Phone Number

Who do you want to designate as your Guardian, in the event the need arises?

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

Address City/State/Zip Phone Number

Guardian of the _____ Person Estate Both

1st Alternate: _____
(First) (Middle) (Last) (Maiden)

Address City/State/Zip Phone Number

Guardian of the _____ Person Estate Both

Any additional information you would like to provide: _____

I UNDERSTAND and ACKNOWLEDGE that a consultation fee of \$ 450.00 shall be paid at the time of my initial consultation. I also ACKNOWLEDGE that my documents will not be drafted in final form until payment is received in full.

Date: _____ Signature: _____

Consultation fee received by: _____

Method and Amount of Payment: _____