



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
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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 \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_  
(First ) (Middle) (Last) (Maiden)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_  
(First ) (Middle) (Last) (Maiden)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
**1<sup>st</sup> Potential Beneficiary:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Specific Request: \_\_\_\_\_  
\_\_\_\_\_

Portion of Estate: \_\_\_\_\_  
Percent or Amount

**2<sup>nd</sup> Potential Beneficiary:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Specific Request: \_\_\_\_\_  
\_\_\_\_\_

Portion of Estate: \_\_\_\_\_  
Percent or Amount

**3<sup>rd</sup> Potential Beneficiary:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Specific Request: \_\_\_\_\_  
\_\_\_\_\_

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:

1<sup>ST</sup> 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

1<sup>ST</sup> Alternate Trustee to Appoint: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

\_\_\_\_\_  
Address City/State/Zip Phone Number

\_\_\_\_\_  
Date of Birth Relationship

2<sup>ND</sup> Alternate Trustee to Appoint: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

\_\_\_\_\_  
Address City/State/Zip Phone Number

\_\_\_\_\_  
Date of Birth Relationship

2<sup>ND</sup> 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

1<sup>st</sup> Alternate Trustee to Appoint: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)  
\_\_\_\_\_  
Address City/State/Zip Phone Number  
\_\_\_\_\_  
Date of Birth Relationship

2<sup>nd</sup> 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

1<sup>st</sup> 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:** \_\_\_\_\_