

**CLIENT INFORMATION WORKSHEET**

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**PART I - PERSONAL DATA**

**NAME of DECEDENT:** \_\_\_\_\_  
Alias Names (if any): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Was Decedent a U.S. citizen? Yes: \_\_\_ No: \_\_\_  
If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_  
  
Location of Will, if any: \_\_\_\_\_  
Date of Will: \_\_\_\_\_  
Location of Codicils, if any: \_\_\_\_\_  
Date of Codicils: \_\_\_\_\_

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE:** \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**PART II - BENEFICIARIES or HEIRS AT LAW**

**NAME of SPOUSE/DOMESTIC PARTNER:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date and place of marriage/domestic partnership: \_\_\_\_\_  
Status of Spouse: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Under Conservatorship

**CHILDREN'S INFORMATION:**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	Yes/No	_____	_____	Yes/No	_____
_____	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 decedent's surviving spouse/partner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

<b>Name:</b>	<b>Age:</b>	<b>Residence:</b>
_____	_____	_____
_____	_____	_____

**GRANDCHILDREN'S INFORMATION**

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding decedent's former marriages, if any:

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

**PART III - DECEDENT'S DESIGNEES**

**TRUSTEE** (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_  
1st Alternate Trustee: \_\_\_\_\_  
2nd Alternate Trustee: \_\_\_\_\_  
3rd Alternate Trustee: \_\_\_\_\_

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

Name of Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_  
1st Alternate Guardian: \_\_\_\_\_  
2nd Alternate Guardian: \_\_\_\_\_  
3rd Alternate Guardian: \_\_\_\_\_

**PART IV - ASSETS**

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

**CASH**

Cash on hand: \_\_\_\_\_  
Traveler's checks: \_\_\_\_\_  
Money orders: \_\_\_\_\_

**ACCOUNTS**

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**REAL ESTATE:** (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**MINERAL INTERESTS:** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS:**

**Name of brokerage firm/mutual fund:** \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**STOCKS, BONDS & OTHER SECURITIES:** (include securities not in a brokerage account, mutual fund, or retirement fund)

**Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

**Name of business:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

<b>Item Identification</b>	<b>Location</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

**Name of plan:** \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of plan:** \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of plan:** \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE:**

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES:**

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.** (including mobile homes, trailers, and recreational vehicles)

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY:** (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES:**

**Name of depository:** \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_  
Items in safe-deposit box: \_\_\_\_\_  
\_\_\_\_\_

**Name of depository:** \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_  
Items in safe-deposit box: \_\_\_\_\_  
\_\_\_\_\_

**Name of depository:** \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_  
Items in safe-deposit box: \_\_\_\_\_  
\_\_\_\_\_

**INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW**

- \_\_\_\_\_ 1. Prior and present Wills, and any codicils
- \_\_\_\_\_ 2. Death certificate
- \_\_\_\_\_ 3. Paid funeral bills
- \_\_\_\_\_ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- \_\_\_\_\_ 5. Income tax return (most recent)
- \_\_\_\_\_ 6. Gift tax returns (all)
- \_\_\_\_\_ 7. Texas intangible tax return (most recent)
- \_\_\_\_\_ 8. Financial statements prepared by accountant
- \_\_\_\_\_ 9. Financial information submitted to lending institutions
- \_\_\_\_\_ 10. Real and personal property tax bills
- \_\_\_\_\_ 11. Deeds to property
- \_\_\_\_\_ 12. Mortgages
- \_\_\_\_\_ 13. Vehicle titles
- \_\_\_\_\_ 14. Copies of any bills and creditors' addresses
- \_\_\_\_\_ 15. Government, municipal, and corporate bonds
- \_\_\_\_\_ 16. Government, municipal, and corporate bonds
- \_\_\_\_\_ 17. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- \_\_\_\_\_ 18. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- \_\_\_\_\_ 19. Stockholder or partnership agreements
- \_\_\_\_\_ 20. Pension and profit-sharing plans and summary of current benefits
- \_\_\_\_\_ 21. Leases
- \_\_\_\_\_ 22. Instruments under which client has any interest or power of appointment
- \_\_\_\_\_ 23. Prenuptial, postnuptial, or separation agreements
- \_\_\_\_\_ 24. Judgments of dissolution of marriage
- \_\_\_\_\_ 25. Court orders or agreements under which client is obligated to provide support
- \_\_\_\_\_ 26. Wills of other family members, if pertinent
- \_\_\_\_\_ 27. \_\_\_\_\_