

NEW CLIENT INFORMATION SHEET

Estate Planning- Short

	Spouse 1	Spouse 2
Name:	_____	_____
Address:	_____	_____
	_____	_____

Client's Phone Numbers

Home _____
Work _____
Cell _____
Other _____

County: _____ **State** _____

Children:

Name _____ Address, County, State _____

Personal Representative/ Trustee

Alternate

Name	_____	_____
Relationship	_____	_____
Address	_____	_____
	_____	_____
Phone No.	_____	_____

Please Circle Documents to Discuss:

Wills Trusts Durable Power of Attorney Medical Care Power of Attorney
Deeds Other: _____