

- CLIENT DATA SHEET
 WILL

Office Use Only

Amt. Pd. _____

CLIENT	A. CLIENT		Date of Birth	Social Security No.
	Name		Phone: Day	Other
	Address		County	Sex ()M ()F
	City, State		Date of Birth	Social Security No.
	Zip		Is your permanent residence in this state? () YES () NO	
	Name of Spouse		Do you have a Will? () YES () NO	
		Does your spouse? () YES () NO		

CHILDREN	B. SURVIVING CHILDREN (Use reverse side if necessary.)			
	Name	Sex	Age	City of Residence
	1.			
	2.			
	3.			
	4.			

OTHERS	C. OTHER PEOPLE YOU MAY WANT TO NAME IN YOUR WILL			
	Name	Sex	Age	Relationship
	1.			
	2.			
	3.			
	4.			

ASSETS	D. DO YOU OWN? (Please circle appropriate answer.)					
	Your house	YES	NO	Car	YES	NO
	Other real estate	YES	NO	Life insurance	YES	NO
	Savings account	YES	NO	A business	YES	NO
	Checking account	YES	NO	Pension plan	YES	NO
	Stocks and bonds	YES	NO	Other (specify) _____		

HOW DID YOU HEAR OF OUR SERVICES? _____