

-CLIENT DATA SHEET-

WILL

WACHSMANN & ASSOCIATES, P.C.



A. CLIENT

Name	Date of Birth	Social Security No.
Address	Home Phone:	Work Phone:
City, State ZIP:	Cell Phone:	Work Hours:
E-Mail:	County	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Spouse	Date of Birth	Social Security No.
Do you have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your permanent residence in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. SURVIVING CHILDREN (Use reverse side if necessary.)

Name	DOB	Sex	Age	City of Residence
1.				
2.				
3.				
4.				

C. OTHER PEOPLE YOU MAY WANT TO NAME IN YOUR WILL

Name	Sex	Age	Relationship
1.			
2.			
3.			
4.			

D. DO YOU OWN? (Please check box of appropriate answer.)

Your house	<input type="checkbox"/> YES <input type="checkbox"/> NO	Car	<input type="checkbox"/> YES <input type="checkbox"/> NO
Out of State Property	<input type="checkbox"/> YES <input type="checkbox"/> NO	Life insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	A business	<input type="checkbox"/> YES <input type="checkbox"/> NO
Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pension plan	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stocks and bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is estate over \$1,500,000 (Relates to Federal Estate Tax concerns)	<input type="checkbox"/> YES <input type="checkbox"/> NO