

Date: \_\_\_\_\_

**Client Information**

<b>Individual</b>	Name (First, Middle, Last):	Social Security Number:	Date of Birth:	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name (Other names known by):	Email:		County of Domicile:
	Name (Other names known by):	Home Phone:	Cell Phone:	
	Employer Name:	Occupation:	Work Phone:	

<b>Home Address:</b>	Street Address:	City:	State:	Zip:
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<b>Marital Status &amp; Children:</b>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Total Number of Children: _____	Previous Spouse Name (if deceased) _____ Number of children this marriage: _____
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**Questions**

1.	Do you currently have a Will? If yes, please provide a copy.	No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Do you currently have a Trust? If yes, please provide a copy	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.	Will you EXCLUDE any of your children from your Will?	No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
4.	If a beneficiary contests your will, do you want him to forfeit his bequest?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.	How long must a beneficiary survive in order to take under the will?	30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days <input type="checkbox"/> ____

**Notes:**

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**Other:**

	Please provide a copy of one of the following: <input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification Card
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**PATSY R. GLENN, CPA  
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