

CLIENT INFORMATION SHEET – WILL & POAs

How did you find out about us? \_\_\_\_\_ Google \_\_\_\_\_ Union \_\_\_\_\_ Former Client  
\_\_\_\_\_ ARAG \_\_\_\_\_ Legal Resource Other (explain) \_\_\_\_\_  
TODAY'S DATE \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LAST THREE OF SOCIAL SECURITY #: \_\_\_\_\_

LAST THREE OF DRIVER'S LICENSE #/STATE: \_\_\_\_\_

INDEPENDENT EXECUTOR: \_\_\_\_\_

ALTERNATE INDEPENDENT EXECUTOR (optional): \_\_\_\_\_

AGENT FOR MEDICAL POWER OF ATTORNEY: \_\_\_\_\_

ADDRESS AND PHONE NUMBER FOR AGENT: \_\_\_\_\_

ALTERNATE AGENT FOR MEDICAL POWER OF ATTORNEY (optional): \_\_\_\_\_

ADDRESS AND PHONE NUMBER FOR AGENT: \_\_\_\_\_

AGENT FOR DURABLE POWER OF ATTORNEY: \_\_\_\_\_

ADDRESS AND PHONE NUMBER FOR AGENT: \_\_\_\_\_

ALTERNATE AGENT FOR DURABLE POWER OF ATTORNEY (optional): \_\_\_\_\_

ADDRESS AND PHONE NUMBER FOR AGENT: \_\_\_\_\_

TESTATOR/TESTATRIX's BENEFICIARIES

FULL NAME(S)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

SPECIFIC BEQUESTS/REQUESTS

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