



# Wills

## CLIENT INFORMATION

1. Your Name (First, Middle, Last) \_\_\_\_\_

2. Your Social Security Number \_\_\_\_\_

3. Your Date Of Birth \_\_\_\_\_

4. Your Address \_\_\_\_\_

5. Your Home Phone Number \_\_\_\_\_

6. Your Cell Phone Number \_\_\_\_\_

7. Your Email \_\_\_\_\_

8. Your Work Phone Number \_\_\_\_\_

9.	Children's Name	Age	Date Of Birth	Soc Sec.
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

If your children are under 18, would you like to name a guardian for your children? Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Spouse's name (First, Middle, Last) \_\_\_\_\_

11. Real property owned

Address \_\_\_\_\_

Who you want to bequest the property to: \_\_\_\_\_

Their Address: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

12. Other property you would like bequeathed:

a. Item: \_\_\_\_\_

To whom: \_\_\_\_\_

Their address: \_\_\_\_\_

b. Item: \_\_\_\_\_

To whom: \_\_\_\_\_

Their address: \_\_\_\_\_

c. Item: \_\_\_\_\_

To whom: \_\_\_\_\_

Their address: \_\_\_\_\_

d. Item: \_\_\_\_\_

To whom: \_\_\_\_\_

Their address: \_\_\_\_\_

e. Item: \_\_\_\_\_

To whom: \_\_\_\_\_

Their address: \_\_\_\_\_

13. Who do you want to be your executor of your estate: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you \_\_\_\_\_

b. Second executor: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Do you want them to be co-executors? Circle One:            Yes            No

Anything additional? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**HOW DID YOU HEAR ABOUT MCDANIEL LAW GROUP, LLC?**

Please Circle one:

Business Card

Internet search

Website

Referral

Other

Please explain: \_\_\_\_\_