

Law Office of Susan M. Edmonson
2501 65th Street, Suite B
Galveston, Texas 77551
Phone: (409) 744-0816 Fax: (409) 741-3979

CLIENT INFORMATION FORM- ESTATE PLANNING

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ City/State of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Nature of case / reason for seeking consultation with our office: _____

How did you hear about our office? _____

Please continue on the next page

SPOUSE INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

SURVIVING CHILDREN INFORMATION

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please continue on next page

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

OTHER PEOPLE YOU MAY WANT TO HAVE IN YOUR WILL INFORMATION

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

ADDITIONAL INFORMATION

Do you own: Your House? _____ Car? _____ Other Real Estate? _____ Life Insurance? _____

Savings Account? _____ A business? _____ Checking Account? _____ Pension Plan? _____

Stocks? _____ Bonds? _____ Other? (Please specify) _____

Are you a Legal Plan Member? _____ If so, Which Plan _____

Case Number if Given: _____ Member Number if Given: _____

I understand that the cost of a consultation is \$50 and to be paid at time of service.

Signature: _____

Date: _____

* Legal plan members will be charged according to their respective plans & billed for time not covered.