

Law Offices of
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Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to complete your will and related documents. *All information will be held in strict confidence.*

CLIENT

Please complete the following information on *yourself*.

Name: _____
(first) (middle) (last) (maiden)

(address) (city) (state) (zip)

Mailing address (if different from residential address): _____

Email address: _____

Date of birth: _____

Place of birth: _____

Social Security No.: _____

Driver's Licence: _____
(number) (state)

Telephone number. () _____

Work: () _____

Do you have children? no yes

If so, give the following information on each child including address if different from yours.

a. _____
Full Name date of birth

(address) (city) (state) (zip)

b. _____
Full Name date of birth

(address) (city) (state) (zip)

(If you need more space, continue on the back of this page.)

Previous Last Will and Testament

1. Do you have a previous will? no yes - Prepared by _____

2. Does your spouse have a previous will? no yes - Prepared by _____

REFERRAL Who can we thank for referring you to this office: _____

WILL

EXECUTOR

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

1st ALTERNATE EXECUTOR

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

2nd ALTERNATE EXECUTOR

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

GUARDIAN

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

1st ALTERNATE GUARDIAN

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

2nd ALTERNATE GUARDIAN

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

TRUST

TRUSTEE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

1st ALTERNATE TRUSTEE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

2nd ALTERNATE TRUSTEE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: (_____) _____

TRUST TO TERMINATE

WHEN YOUNGEST CHILD REACHES _____ YEARS OF AGE.

MISC. INFORMATION

Additional Instructions:

POWER OF ATTORNEY

STATUTORY DURABLE POA

Who would you want appointed as your agent and attorney-in-fact to act for you in any lawful way?

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number. () _____

1st ALTERNATE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number. () _____

2nd ALTERNATE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number. () _____

HEALTH CARE

Who would you appoint as your agent to make any and all health care decisions for you if you become unable to make your own health care decisions?

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number. () _____

1st ALTERNATE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number. () _____

2nd ALTERNATE

Name: _____
(first) (middle) (last) (relationship)

(Residential City, County, State)

Telephone number: () _____