

Law Offices of  
**Ray Harris Adams, P.C.**

**Ray Harris Adams**  
Attorney/Mediator & Former Judge  
[www.lawyers-sa.com](http://www.lawyers-sa.com)

14350 Northbrook, Suite 240  
San Antonio, Texas 78232

Telephone: (210) 370-3249  
Facsimile: (210) 370-3187  
Email: [rhainsa@satx.rr.com](mailto:rhainsa@satx.rr.com)

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: ( \_\_\_\_\_ ) \_\_\_\_\_

### 1<sup>st</sup> ALTERNATE EXECUTOR

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

### 2<sup>nd</sup> 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: ( \_\_\_\_\_ ) \_\_\_\_\_

### 1<sup>st</sup> ALTERNATE GUARDIAN

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

### 2<sup>nd</sup> 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: ( \_\_\_\_\_ ) \_\_\_\_\_

**1<sup>st</sup> ALTERNATE TRUSTEE**

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**2<sup>nd</sup> 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. ( ) \_\_\_\_\_

### 1<sup>st</sup> ALTERNATE

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number. ( ) \_\_\_\_\_

### 2<sup>nd</sup> 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. ( ) \_\_\_\_\_

### 1<sup>st</sup> ALTERNATE

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number. ( ) \_\_\_\_\_

### 2<sup>nd</sup> ALTERNATE

Name: \_\_\_\_\_  
(first) (middle) (last) (relationship)

\_\_\_\_\_  
(Residential City, County, State)

Telephone number: ( ) \_\_\_\_\_