

JODI HEAD LOPEZ & ASSOCIATES

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CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your legal problem. All information will be held in strict confidence.

PART 1: PERSONAL DATA

Name: _____ DOB: _____

Street Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____ Home #: _____

Employer: _____ Work #: _____

Email: _____ Cell #: _____

Alias Names (if any): _____

Are you currently married? Yes: ___ No:___

Spouse's Names (if any): _____

Are you a U.S. citizen? Yes: ___ No:___

CHILDREN'S INFORMATION (If Any):

Table with 7 columns: Name, Living?, Age, Birthdate, Married?, City/State of Residence. It contains four rows of blank lines for data entry.

For each child, state the name of the child's other parent if not your present spouse.

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION, IF ANY:

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living Yes/No	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

Name:	Relationship:	Living Yes/No	Residence:
_____	_____	_____	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding any former marriages:

Name of former spouse	Living	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

Do you presently have a Will? Yes: ___ No: ___

If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___
If so, what is the name and date of the trust?

PART 2-A: YOUR DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will:

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age
 _____ percent at age
 _____ remaining share at age

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age
 _____ percent at age
 _____ percent at age
 _____ remaining share at age

PART 3-A: YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____

First Alternate Executor: _____

Second Alternate Executor: _____

Third Alternate Executor: _____

TRUSTEE (OPTIONAL) (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

First Alternate Trustee: _____

Second Alternate Trustee: _____

Third Alternate Trustee: _____

GUARDIAN OF PERSON (i.e. the person who will be responsible for the care of your person in case of later disability or incapacitation)

Name of Guardian _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

First Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

Second Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

Third Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

GUARDIAN OF ESTATE (i.e. the person who will be responsible for the care of your estate in case of later disability or incapacitation)

Name of Guardian _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

First Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

Second Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

Third Alternate Guardian: _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

GUARDIAN OF MINOR CHILDREN (OPTIONAL) (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian _____

Address: _____

Home Phone No.: _____ Wk Phone No.: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____

Address: _____

Home Phone Number: _____ Work Phone No.: _____

First Alternate Power of Attorney: _____

Address: _____

Home Phone Number: _____ Work Phone No.: _____

Second Alternate Power of Attorney: _____

Address: _____

Home Phone Number: _____ Work Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____

Address: _____

Home Phone Number: _____ Work Phone No.: _____

First Alternate Health Care Surrogate: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Second Alternate Health Care Surrogate: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

PART 4: ASSETS

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.) FILL OUT ONLY IF THE ACCOUNTS ARE NOT PAY ON DEATH (POD) OR HAS RIGHTS OF SURVIVORSHIP

ACCOUNTS

Name of financial institution: _____

Account title: _____

Last four account numbers: _____

Name of financial institution: _____

Account title: _____

Last four account numbers: _____

Name of financial institution: _____

Account title: _____

Last four account numbers: _____

REAL ESTATE: (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____

Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

Year: ____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
Name and address of plan administrator: _____
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER) _____
Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER) _____
Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Last four account number (and numbers of subaccounts if any): _____
Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Last four account number (and numbers of subaccounts if any): _____
Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____): \$ _____
Name of business: _____
Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUITIES:

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face Amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Current value (as of _____): \$ _____

DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

1. Prior and present Wills, and any codicils
2. Trust instruments in which client is grantor, trustee, or beneficiary
3. Income tax return (most recent)
4. Gift tax returns (all)
5. Texas intangible tax return (most recent)
6. Financial statements prepared by accountant
7. Financial information submitted to lending institutions
8. Real and personal property tax bills
9. Deeds to property
10. Mortgages

11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
12. Government, municipal, and corporate bonds
13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
15. Stockholder or partnership agreements
16. Pension and profit-sharing plans and summary of current benefits
17. Leases
18. Instruments under which client has any interest or power of appointment
19. Prenuptial, postnuptial, or separation agreements
20. Judgments of dissolution of marriage
21. Court orders or agreements under which client is obligated to provide support
22. Wills of other family members, if pertinent
23. Employment contracts
24. Powers of attorney
25. Living will and designation of health care surrogate.