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D

CLIENT HUSBAND (H) OR WIFE(W) QUESTIONNAIRE

**Send this document to:**

CLIENT FIRST NAME: \_\_\_\_\_  
CLIENT MIDDLE NAME: \_\_\_\_\_  
CLIENT LAST NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE : \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY OF RESIDENCE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
BUSINESS PHONE: (H) \_\_\_\_\_  
1st E-MAIL: \_\_\_\_\_

SPOUSE FIRST NAME: \_\_\_\_\_  
SPOUSE MIDDLENAME: \_\_\_\_\_  
SPOUSE LAST NAME: \_\_\_\_\_  
CLIENT(H) BIRTHDATE: \_\_\_\_\_  
CLIENT(W) BIRTH DATE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CLIENT (W) CELL: \_\_\_\_\_  
BUSINESS PHONE: (W) \_\_\_\_\_  
2ND E-MAIL: \_\_\_\_\_

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**INDICATE IF CHILDREN ARE OF (HUSBAND) OR (WIFE) BY A PRIOR RELATION:**

CHILD 1 NAME: \_\_\_\_\_  
CHILD 1 MIDDLE NAME: \_\_\_\_\_  
CHILD 1 LAST NAME: \_\_\_\_\_  
CHILD 1 ADDRESS1: \_\_\_\_\_  
CHILD 1 ADDRESS2: \_\_\_\_\_  
CHILD 1 E-MAIL: \_\_\_\_\_

CHILD 1 BIRTH DATE: \_\_\_\_\_  
CHILD 1 PHONE: \_\_\_\_\_

SON:            DAUGHTER:            (H's)            OR (W's)

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CHILD 2 NAME: \_\_\_\_\_  
CHILD 2 MIDDLE NAME: \_\_\_\_\_  
CHILD 2 LAST NAME: \_\_\_\_\_  
CHILD 2 ADDRESS1: \_\_\_\_\_  
CHILD ADDRESS2: \_\_\_\_\_  
CHILD 2 E-MAIL: \_\_\_\_\_

CHILD 2 BIRTH DATE: \_\_\_\_\_  
CHILD 2 PHONE: \_\_\_\_\_

SON:            DAUGHTER:            (H's)            OR (W's)

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CHILD 3 NAME: \_\_\_\_\_  
CHILD 3 MIDDLE NAME: \_\_\_\_\_  
CHILD 3 LAST NAME: \_\_\_\_\_  
CHILD 3 ADDRESS1: \_\_\_\_\_  
CHILD 3 ADDRESS2: \_\_\_\_\_  
CHILD 3 E-MAIL: \_\_\_\_\_

CHILD 3 BIRTH DATE: \_\_\_\_\_  
CHILD 3 PHONE: \_\_\_\_\_

SON:            DAUGHTER:            (H's)            OR (W's)

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CHILD 4 NAME: \_\_\_\_\_  
CHILD 4 MIDDLE NAME: \_\_\_\_\_  
CHILD 4 LAST NAME: \_\_\_\_\_  
CHILD 4 ADDRESS1: \_\_\_\_\_  
CHILD 4 ADDRESS2: \_\_\_\_\_  
CHILD 4 E-MAIL: \_\_\_\_\_

CHILD 4 BIRTH DATE: \_\_\_\_\_  
CHILD 4 PHONE: \_\_\_\_\_

SON:            DAUGHTER:            (H's)            OR (W's)

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IF ONE OR THE OTHER IS NOT A U.S. CITIZEN UN-CHECK THE BOX AND WRITE THE COUNTRY OF THE NON-CITIZEN IN THE SPACE PROVIDED.

U.S. CITIZEN: H:            U.S. CITIZEN: W:            COUNTRY OF NON-CITIZEN: \_\_\_\_\_

**EXECUTOR (OTHER THAN SPOUSE)AND ALTERNATIVES:**

Executor First Name: \_\_\_\_\_  
Executor Middle Name: \_\_\_\_\_  
Executor Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd Alt First Name: \_\_\_\_\_  
2nd Alt Middle Name: \_\_\_\_\_  
2nd Alt. Last Name: \_\_\_\_\_  
2nd Alt. Address 1: \_\_\_\_\_  
2nd Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**POWER OF ATTORNEY AGENT (OTHER THAN SPOUSE) FOR CLIENT'S PROPERTY AND ALTERNATES:**

POA First Name: \_\_\_\_\_  
POA Middle Name: \_\_\_\_\_  
POA Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd Alt First Name: \_\_\_\_\_  
2nd Alt Middle Name: \_\_\_\_\_  
2nd Alt. Last Name: \_\_\_\_\_  
2nd Alt. Address 1: \_\_\_\_\_  
2nd Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**TRUSTEE(OTHER THAN SPOUSE) AND ALTERNATIVES:**

Trustee First Name: \_\_\_\_\_  
Trustee Middle Name: \_\_\_\_\_  
Trustee Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd Alt First Name: \_\_\_\_\_  
2nd Alt Middle Name: \_\_\_\_\_  
2nd Alt. Last Name: \_\_\_\_\_  
2nd Alt. Address 1: \_\_\_\_\_  
2nd Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY (OTHER THAN SPOUSE) AND ALTERNATES:**

Agent First Name: \_\_\_\_\_  
Agent Middle Name: \_\_\_\_\_  
Agent Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd. Alt. First Name: \_\_\_\_\_  
2nd. Alt. Middle Name: \_\_\_\_\_  
2nd. Alt. Last Name: \_\_\_\_\_  
2nd. Alt. Address 1: \_\_\_\_\_  
2nd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**HIPAA RELEASE OF MEDICAL INFORMATION: (IN ADDITION TO MEDICAL AGENTS AND ALTERNATES )**

HIPPA First Name: \_\_\_\_\_  
HIPPA Agent Middle Name: \_\_\_\_\_  
HIPPA Agent Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd. Alt. First Name: \_\_\_\_\_  
2nd. Alt. Middle Name: \_\_\_\_\_  
2nd. Alt. Last Name: \_\_\_\_\_  
2nd. Alt. Address 1: \_\_\_\_\_  
2nd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**AGENT TO CONTROL REMAINS AND FUNERAL (OTHER THAN SPOUSE) AND ALTERNATES:**

Agent First Name: \_\_\_\_\_  
Agent Middle Name: \_\_\_\_\_  
Agent Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address 1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd. Alt. First Name: \_\_\_\_\_  
2nd. Alt. Middle Name: \_\_\_\_\_  
2nd. Alt. Last Name: \_\_\_\_\_  
2nd. Alt. Address 1: \_\_\_\_\_  
2nd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

**GUARDIAN FOR MINOR CHILD AFTER PARENTS AND ALTERNATES:**

GuardianFirst Name: \_\_\_\_\_  
GuardianMiddle Name: \_\_\_\_\_  
GuardianLast Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

2nd Alt First Name: \_\_\_\_\_  
2nd Alt Middle Name: \_\_\_\_\_  
2nd Alt.Last Name: \_\_\_\_\_  
2nd Alt. Address 1: \_\_\_\_\_  
2nd Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**GUARDIAN (OTHER THAN SPOUSE) FOR CLIENT SHOULD THE NEED ARISE AND**

Guardian First Name: \_\_\_\_\_  
GuardianMiddle Name: \_\_\_\_\_  
GuardianLast Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

1st. Alt. First Name: \_\_\_\_\_  
1st. Alt. Middle Name: \_\_\_\_\_  
1st. Alt. Last Name: \_\_\_\_\_  
1st. Alt. Address1: \_\_\_\_\_  
1st. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

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2nd Alt Middle Name: \_\_\_\_\_  
2nd Alt.Last Name: \_\_\_\_\_  
2nd Alt. Address 1: \_\_\_\_\_  
2nd Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

3rd. Alt. First Name: \_\_\_\_\_  
3rd. Alt. Middle Name: \_\_\_\_\_  
3rd. Alt. Last Name: \_\_\_\_\_  
3rd. Alt. Address 1: \_\_\_\_\_  
3rd. Alt. Address 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

**BRING TO MEETING:** THE ABOVE CONTACT INFORMATION, AN ASSET LISTING (BALLPARK), INCLUDING INSURANCE, DEATH BENEFITS, INDIVIDUAL RETIREMENT ACCOUNTS, OIL AND GAS, OUT OF STATE PROPERTY AND ANY SPECIAL ASSETS. CONSIDER CONTINGENT BENEFICIARIES (NAMES AND RELATIONSHIPS OR CHARITIES) IN THE EVENT YOUR IMMEDIATE FAMILY FAILS TO SURVIVE.