

Client Data Sheet - **WILL & POWER OF ATTORNEY**

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A. CLIENT

| | | |
|--|---|--|
| Name | Date of Birth | Email |
| Address | Phone: Day | Phone: Other |
| City, State, Zip | County | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name of Spouse | Date of Birth | Phone |
| Do you have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your permanent residence in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

B. SURVIVING CHILDREN (Use reverse side if necessary.)

| Name | Sex | Age | City of Residence |
|------|-----|-----|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

C. OTHER PEOPLE YOU MAY WANT TO NAME IN YOUR WILL or POA

| Name | Sex | Age | Relationship |
|------|-----|-----|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

D. DO YOU OWN?

Your house.....Yes No
 Other real estate.....Yes No
 Savings account.....Yes No
 Checking account... Yes No
 Car..... Yes No

Life insurance Yes No
 A business Yes No
 Pension plan Yes No
 Stocks and bonds Yes No

Other _____