**Client Data Sheet - Will &** Power of Attorney

Kasbee Law ~ 412-931-2340 ~ Scott@KasbeeLaw.com ~ <http://kasbeelaw.com/>

A. CLIENT

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Email |
| Address | Phone: Day | Phone: Other |
| City, State, Zip | County | Sex 🞏 Male 🞏 Female |
| Name of Spouse | Date of Birth | Phone |
| Do you have a Will? 🞏 Yes 🞏 No Does your spouse? 🞏 Yes 🞏 No | Is your permanent residence in this state? 🞏 Yes 🞏 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_