**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 🞏 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_