

# 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

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 \_\_\_\_\_