

# HAND LAW FIRM

ATTORNEY AT LAW



## CLIENT INFORMATION FORM

### SIMPLE WILL

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Name, address, and phone number of Company you work for: \_\_\_\_\_

\_\_\_\_\_

**Confidential information will be sent to the email address and your home address**

Name of spouse and birthdate

\_\_\_\_\_

Name of the person or persons you would like to be your personal representative

\_\_\_\_\_

\_\_\_\_\_

Name of children and birthdates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Name of others you would like to name in your will (if any) and relationship to you

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Real Estate Owned and Address

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Personal Property Owned

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(For office use only)

Flat Fee Rate: \_\_\_\_\_

SOL: \_\_\_\_\_

