

**SLATE LAW & ASSOCIATES**  
*Attorneys At Law*

**Your Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CLIENT QUESTIONNAIRE – TRUST**

Please fill out this questionnaire. It is important that you answer each question **FULLY**.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

**NOTICE OF CONFIDENTIALITY**

**THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.**

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112 East Forrest Lane  
Deer Park, Texas 77536  
Fax: (281) 476-5811  
Tel: (281) 476- 9447

1920 Country Place Pkwy.  
Suite 410, (Fourth Floor)  
Pearland, Texas 77584  
Fax: (281) 476-5811  
Tel: (281) 464-3884

1635 Dunlavy Street  
Houston, Texas 77006  
Fax: (281) 476-5811  
Tel: (281) 476-9447

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**PERSONAL INFORMATION**

**1. Please give your *full* name, date and place of birth, and Social Security number.**

Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Alias Names/Previous Names (Maiden) (if any): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (City, County, State): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_

**2. Where are you living now, and what is your phone number?**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. At what address do you wish to receive mail from this office?**

\_\_\_\_\_

**4. How do you prefer that we contact you?**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**5. How were you referred to this office (please check one)?:**

- Personal reference: \_\_\_\_\_
- Internet – Website: \_\_\_\_\_
- Other: \_\_\_\_\_

6. **Have you consulted any other attorneys on this matter before coming to this office?** \_\_\_\_\_  
If so, please state who and when: \_\_\_\_\_

7. **Please complete the following information concerning your employment.**

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

8. **Please give any spouse's *full* name, date and place of birth, and Social Security number, if applicable.**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (City, County, State): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Previous Names (Maiden): \_\_\_\_\_

9. **Please give any former spouse's *full* name, date and place of birth, and Social Security number, if applicable.**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (City, County, State): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Previous Names (Maiden): \_\_\_\_\_  
Date and place of marriage/domestic partnership: \_\_\_\_\_  
Status of Former Spouse (circle one): Living   Deceased   Under Guardianship

**PERSONAL DATA OF DEVISEES**

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Status of Beneficiary (circle one): Living      Deceased      Under Guardianship

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Status of Beneficiary (circle one): Living      Deceased      Under Guardianship

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Status of Beneficiary (circle one): Living      Deceased      Under Guardianship

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Status of Beneficiary (circle one): Living    Deceased    Under Guardianship

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Status of Beneficiary (circle one): Living    Deceased    Under Guardianship

**NAME of BENEFICIARY:**

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Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Status of Beneficiary (circle one): Living    Deceased    Under Guardianship

**ASSETS**

**ASSETS TO BE FILED (VALUE, APPROX. VALUE, DEBT ASSOCIATED WITH ASSET):**

**IMPORTANT NOTES REGARDING ESTATE (Designation of Beneficiaries, Co-Ownership, Community Property vs. Separate Property):**

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**DESCRIPTION OF DISTRIBUTION OF ASSETS UPON TERMINATION OF TRUST:**

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**FAMILY TREE OR NAMED/IDENTIFIED HEREIN**

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State \_\_\_\_\_  
ZIP: Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State \_\_\_\_\_  
ZIP: Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State \_\_\_\_\_  
ZIP: Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Trustor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State \_\_\_\_\_  
ZIP: Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*\* If more individuals to be named, please print extra page.

**TRUSTEE NAMED IN WILL**

Name of Trustee #1: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_  
Co-Appointment (Jointly): \_\_\_\_\_

Name of Trustee #2: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_  
Co-Appointment (Jointly): \_\_\_\_\_

Name of Trustee #3: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_  
Co-Appointment (Jointly): \_\_\_\_\_

Name of Trustee #4: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_  
Co-Appointment (Jointly): \_\_\_\_\_