

**CONFIDENTIAL INFORMATION SHEET**  
COVERED BY ATTORNEY-CLIENT PRIVILEGE



EDMONDSON LAW, PLLC

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Financial Advisor: \_\_\_\_\_  
 Full Legal Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_  
 \_\_\_ Single \_\_\_ Married \_\_\_ Widow(er) SSN (Mine): xxx-xx - \_\_\_\_\_ SSN (Spouse): xxx-xx- \_\_\_\_\_  
 Spouse Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone (Mine): \_\_\_\_\_ Phone (Spouse): \_\_\_\_\_  
 Email (Mine): \_\_\_\_\_ Email (Spouse): \_\_\_\_\_

Please list **ALL children** (Living and Deceased), **even if you do not plan** on providing for them in your will.  
 (use back of form if additional space is needed)

| Full Legal Name | Date of Birth | Who is bio/adopted parent? (Circle One) | Additional Information (i.e. special needs) |
|-----------------|---------------|---|---|
|                 |               | Both Husband Wife                       |   |
|                 |               | Both Husband Wife                       |   |
|                 |               | Both Husband Wife                       |   |
|                 |               | Both Husband Wife                       |   |
|                 |               | Both Husband Wife                       |   |
|                 |               | Both Husband Wife                       |   |

**-----ATTORNEY TO FILL OUT SECTION BELOW-----**

**WILL:** \_\_\_ Sweetheart \_\_\_ Pourover \_\_\_ Other

Ex: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Grd: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Trustee: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Trust Dispo : 18 21 25 Other: \_\_\_\_\_

Funeral: \_\_\_\_\_

Disposition: \_\_\_\_\_

Notes: \_\_\_\_\_

Disinherit: \_\_\_\_\_

**FPOA:** \_\_\_ General \_\_\_ Limited \_\_\_ Other

Agents: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Notes: \_\_\_\_\_

**MPOA:** \_\_\_ Mirror FPOA \_\_\_ Other

Agents: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Notes: \_\_\_\_\_

**HIPAA:** \_\_\_ Mirror MPOA \_\_\_ Other

Notes: \_\_\_\_\_

**LW:** \_\_\_ Client Decide \_\_\_ PTP \_\_\_ Other

Notes: \_\_\_\_\_

**GUARD:** \_\_\_ Mirror MPOA \_\_\_ Other

Notes: \_\_\_\_\_

Disqualify: \_\_\_\_\_

**DEED:** \_\_\_ LBD \_\_\_ TODD \_\_\_ GWD \_\_\_ Other

Property: \_\_\_\_\_

SCOPE: SEP / WP / TODD / POA / OTH: \_\_\_\_\_

Quote: \$ \_\_\_\_\_ Retainer: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

CC Cash Check # \_\_\_\_\_

**PERSON ONE**

RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**PERSON TWO:**

RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**PERSON THREE**

RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**ADDITIONAL NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_