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CONFIDENTIAL CLIENT INFORMATION

CLIENT

FULL NAME: _____ DATE: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SSN _____ Driver's License No. _____ State: _____

Date of Birth _____ Place: _____

Street Address: _____

City, State, Zip Code _____

Employer _____

Employer Address: _____

Job Title and/or Description _____

Email address: _____

To whom are you giving Power of Attorney (property)? _____

Do you want to name an alternate? _____

To whom are you giving Power of Attorney (healthcare)? _____

Do you want to name an alternate? _____

In your Last Will and Testament, who will be named as your Executor or

Executrix? _____ Do

you want to name an alternate? _____

Please provide the name(s) of:

Your current spouse: _____

Your children (whether they are living or deceased) _____

Children of any deceased

children: _____

Do you have real property to bequeath? _____

Do you have checking accounts, savings account, money market accounts, CD's, etc? Please list the financial institution

where these accounts are?

Do any of these accounts have someone named “payable upon death” or a co-owner?

Are all of your retirement accounts and life insurance policies have beneficiaries, other than your “Estate”?

Please provide a list of any other personal property that you would like to have included in the Will.

Are there any special contingencies or instructions you would like included in your Will?

Please provide a detailed description of what you want in your Last Will and Testament.
