



**CATHY R. COOK  
ATTORNEY AT LAW**

114 E. Eighth Street  
Cincinnati, OH 45202  
Telephone: 513-241-4029

(NEW CLIENT INFORMATION SHEET FOR  
WILLS & TRUSTS)  
(please use back of page if space provided is not sufficient for answer)

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

**YOUR PERSONAL INFORMATION:**

YOUR COMPLETE LEGAL NAME: \_\_\_\_\_

Your present address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**INFORMATION FOR LAST WILL AND TESTAMENT**

Name of Executor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Executrix: \_\_\_\_\_

(if Executor is unavailable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian for minor children: \_\_\_\_\_



**INFORMATION FOR LIVING WILL**

First contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Second Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Donor Registry:**

Do you wish to be listed on the Donor Registry: \_\_\_\_\_

**Medical Power of Attorney:**

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

If above named agent is not available:

**First Alternate Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Second Alternate Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell: \_\_\_\_\_