Tina Adcock-Thomas
2800 SW 14th Street, Suite 14
Bentonville, AR 72712
479-464-4693
attyAR@gmail.com

Fee Type:_____
Payment:_____
Date:_____

Client Information
ESTATE PLANNING

Spouse 1:_____ Spouse 2:_____

Property Address:_____ Apt:_____

City:_____ County:_____ State:_____ Zip:_____

Mailing Address (if different): _____

Email Address:_____

Phone 1: (_____)_____ Phone 2: (_____)_____

Email Address:_____ Mirror Image Wills? Y / N

Children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Preference of Guardian if children are minors at your death:

Name: _____ Address:_____

Successor Executor (after last of you is deceased or incapacitated) for the Will:

Spouse 1 :_____ Spouse 2: _____

Successor Trustee (after the last of you is deceased or incapacitated): _____

Other real property owned (submit deed)

Specific Bequests: _____

_____