

---

**MORRIS LAW FIRM**  
P.L.L.C.  
Attorneys at Law

---



## Your Contact Data Form

Your Full Name:	Date:
-----------------	-------

**Complete and keep this data with your estate planning documents.**

The purpose is to list the information of all the people involved in your estate plan (such as trustees, executors, agents, administrators or beneficiaries) will need. Please update this form as information changes and send an updated copy to the office.

<b>Relationship:</b>	<b>Relationship:</b>
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Telephone:	Telephone:
<b>Relationship:</b>	<b>Relationship:</b>
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Telephone:	Telephone:
<b>Relationship:</b>	<b>Relationship:</b>
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Telephone:	Telephone:
Telephone:	Telephone:

<b>Relationship: Your Attorneys</b>	<b>Relationship: Your Financial Advisor</b>
MORRIS LAW FIRM, PLLC ATTORNEYS AT LAW	Name:
13951 WEST GRAND AVENUE, SUITE 203	Address:
SURPRISE, ARIZONA 85374	City, State, Zip:
Telephone: 623-583-1040 • Fax: 623-583-1046	Telephone:
<b>Relationship: Your Stockbroker</b>	<b>Relationship: Your Accountant</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
<b>Relationship: Your Health Insurance Agent</b>	<b>Relationship: Your Auto Insurance Agent</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
<b>Relationship: Your Home Insurance Agent</b>	<b>Relationship: Your Life Insurance Agent</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
<b>Relationship:</b>	<b>Relationship:</b>
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Telephone:	Telephone: