

**RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
ESTATE PLANNING**

Today's Date _____

Husband or Single Man

Full Name _____

Address _____ City _____ State _____ Zip _____

County _____

Cell Phone _____ Work Phone _____

Date of Birth _____ E-mail _____

Wife or Single Woman

Full Name _____

Address _____ City _____ State _____ Zip _____

County _____

Cell Phone _____ Work Phone _____

Date of Birth _____ E-mail _____

Veteran or Spouse of Veteran Yes No _____

Dates of Service _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

Previously used our services: _____

Referred by another client: _____

Referred by a professional: _____

General Reputation

Website

Internet Advertising

Yellow Pages

Waco Today

Other: _____



AUTHORIZED CONTACT PERSON

Full Name _____ Relationship _____

Full Address _____

Cell Phone _____ Work Phone _____

E-mail _____

CHILDREN: How many _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted

Parent: Both Spouses Husband or Single Man Wife or Single Woman

Attorney may discuss case with this child yes no (initial) _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted

Parent: Both Spouses Husband or Single Man Wife or Single Woman

Attorney may discuss case with this child yes no (initial) _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted

Parent: Both Spouses Husband or Single Man Wife or Single Woman

Attorney may discuss case with this child yes no (initial) _____



CHILDREN (CONTINUED)

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted

Parent: Both Spouses Husband or Single Man Wife or Single Woman

Attorney may discuss case with this child yes no (initial) _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted

Parent: Both Spouses Husband or Single Man Wife or Single Woman

Attorney may discuss case with this child yes no (initial) _____

DECEASED CHILDREN

Do You Have Any Children Who Are Deceased? _____

Child's Name and Date of Death _____

Descendants of Deceased Child _____

AGENTS OR RELEVANT PARTIES OTHER THAN SPOUSE OR CHILDREN

Full Name _____ Relationship _____

Full Address _____

Cell Phone _____ Work Phone _____

Full Name _____ Relationship _____

Full Address _____

Cell Phone _____ Work Phone _____



Do you have a Will? Yes _____ No _____

Do you have a Durable Power of Attorney? Yes _____ No _____

Do you have a Living Trust? Yes _____ No _____

Do you have a Medical Power of Attorney? Yes _____ No _____

Do you have a Living Will Yes _____ No _____

Do you have any other Estate Planning? Yes _____ No _____

What is the estimated value of your estate \$ _____

Are there any family members likely to contest you estate planning or benefits planning?
