



Tiffany N. Provence, Esq.  
James H. Messervy, Sr., Esq.  
David E. Causey, Esq.

Home Office & Mailing Address:  
504 W. 5th North Street  
Summerville, SC 29483

Phone: (843) 871-9500 • Website: PMCLawFirm.com • Fax: (843) 242-9455

### ESTATE PLANNING

Please fill this form out as completely as possible. You can fax or email it back to us, or you can bring it with you to your appointment. This form is extremely important. Your accuracy and completeness in responding will help us make the best plans for you. Your first appointment will be used to review this information and determine the Estate Planning documents that best suit your needs. We will review, finalize, and execute your documents at a second meeting.

Please list your specific questions for the Attorney at the end of the last page. All responses are protected by Attorney/Client privilege and will be held in strictest confidence.

Your Full Name:

\_\_\_\_\_

First

Last

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (Optional): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

How did you hear about or find us? \_\_\_\_\_

Do you have any of the following documents already in place (Check all that apply):

- Will
- Health Care Power of Attorney
- Financial or General Durable Power of Attorney

List any persons you wish to name in your planning documents:  
(Continue on last page if needed)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>DOB</u>	<u>RELATIONSHIP</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the name of the person you would like to be in charge of your Estate. Lines 2 and 3 should be used for alternates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any minor children or incapacitated persons that will need specific attention in your planning documents:

_____
_____
_____

*\* If your assets exceed \$5,000,000.00, and you desire estate planning to avoid or reduce estate tax liability, or if you require a Trust to protect a spouse, please advise us. A standard Will is not designed to address these issues. We do not do complex tax planning or Medicaid planning. \**

Please list any of the following assets you currently own, jointly or solely:

Real Estate:

_____
_____
_____
_____

Business:

_____
_____
_____
_____



**PLEASE READ CAREFULLY AND SIGN:**

Following your initial consultation, you will sign a Retainer Agreement if you agree to hire the Attorney and the Attorney agrees to represent you. That Agreement will set forth the terms and conditions of representation.

NOTICE: This firm does not represent you until a Retainer Agreement is executed in writing.

If the Attorney is willing to represent you and you decide not to sign the Retainer Agreement concluding your appointment, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

If for whatever reason the Attorney is unable to represent you, the Attorney does not represent you with regard to any of the information set forth by you on this information form or any other matters you may have discussed with the Attorney during your consultation. If your legal problems involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another Attorney to protect your rights. The Attorney's inability to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature below acknowledges that you believe the information you have provided to be accurate and understand that submission of this information does not create an Attorney-Client relationship.

Signature :

Date:

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