

RAINEY & RAINEY, LLP
ESTATE PLANNING INFORMATION

{Please complete first two pages only and for each person needing documents or advice}

Date _____

Full Name _____

Address _____

City, State and Zip _____

Work Telephone Number _____ Home Telephone Number _____

Social Security Number _____

TX Driver License _____

MARITAL STATUS

Current Status _____

If Married, Name of Spouse _____

CHILDREN (Please indicate if natural child, adopted child or step-child)

Full Name _____ Birth Date _____

Address(City, State and Zip) and Phone _____

Full Name _____ Birth Date _____

Address(City, State and Zip) and Phone _____

Full Name _____ Birth Date _____

Address(City, State and Zip) and Phone _____



Full Name _____ Birth Date _____

Address(City, State and Zip) and Phone _____

ALTERNATIVE CONTACT PERSON

Name, address and Phone: _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies)

Previously used our services _____

Advertising _____ Source _____

Referred by another client _____ General reputation _____

Referred by another professional _____ (Whom) _____

Walk-in _____

Other _____

EXECUTOR

Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____



GUARDIAN OF CHILDREN

Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

TRUSTEE

Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

MISCELLANEOUS ISSUES

Taxable Estate?

Any Individuals Intentionally Omitted?

Non-Contest Clause?

Medical Power of Attorney _____

Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

Alternate Name _____ Relationship _____

Address _____

Directive to Physicians _____

Designation of Guardian _____