

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

Today's Date \_\_\_\_\_

<b>Full Name of Person Needing or Preparing for Care</b> _____		
<b>Full Name of Spouse (if applicable)</b> _____		
<b>Street Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Telephone Number</b> _____		
<b>Date of Birth</b> _____	<b>Marital Status</b> _____	
<b>Driver's License #</b> _____	<b>Social Security #</b> _____	
<b>Nursing Home (if applicable)</b> _____		
<b>Date Admitted to Nursing Home (if applicable)</b> _____		
<b>Veteran or Spouse of Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dates of Service</b> _____		

**CONTACT PERSON**

Full Name of Contact Person \_\_\_\_\_

Full Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**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: \_\_\_\_\_



**SPOUSE OF PERSON NEEDING ASSISTANCE (IF APPLICABLE)**

Name of Spouse \_\_\_\_\_

Spouse's Phone \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

**PREVIOUS MARRIAGES OF BOTH SPOUSES (IF APPLICABLE)**

Names of Former Spouses \_\_\_\_\_

Manner in Which Previous Marriages Ended: Divorce \_\_\_\_\_ Death \_\_\_\_\_

Dates Previous Marriages Ended \_\_\_\_\_

If a Spouse Has Predeceased You, Was the Spouse's Estate Handled By:

Probate       Administration       Affidavit of Heirship       Unknown

Names of Former Spouses \_\_\_\_\_

Manner in Which Previous Marriages Ended: Divorce \_\_\_\_\_ Death \_\_\_\_\_

Dates Previous Marriages Ended \_\_\_\_\_

If a Spouse Has Predeceased You, Was the Spouse's Estate Handled By:

Probate     Administration     Affidavit of Heirship     Unknown

**CHILDREN OF PERSON NEEDING ASSISTANCE    How many? \_\_\_\_\_**

Full Name \_\_\_\_\_

Address (Street, City, State and zip) \_\_\_\_\_

Phone \_\_\_\_\_      Date of Birth \_\_\_\_\_

Check One:  Natural     Adopted     Step Child      Disabled?  Yes     No



Full Name \_\_\_\_\_

Full Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One:  Natural  Adopted  Step Child      Disabled?  Yes  No

Full Name \_\_\_\_\_

Full Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One:  Natural  Adopted  Step Child      Disabled?  Yes  No

Full Name \_\_\_\_\_

Full Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One:  Natural  Adopted  Step Child      Disabled?  Yes  No

Full Name \_\_\_\_\_

Full Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One:  Natural  Adopted  Step Child      Disabled?  Yes  No

Full Name \_\_\_\_\_

Full Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One:  Natural  Adopted  Step Child      Disabled?  Yes  No

Do You Have Any Children Who Are Deceased?  Yes  No

Name and Date of Death \_\_\_\_\_

Is the Deceased Child Survived by Descendants?  Yes  No

If so please list names and addresses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?  
\_\_\_\_\_

Please bring you to your appointment with a copy of the most recent statement for each financial/ bank account

Please bring a copy of your estate planning documents.

Please bring documents showing gross income to the appointment