



**PROVENCE  
MESSERVY**  
COUNSELORS & ATTORNEYS AT LAW

TIFFANY N. PROVENCE, ESQ.  
JAMES H. MESSERVY, ESQ.  
DAVID CAUSEY, ESQ.  
AUTUMN W. HAZY, ESQ.  
VIRGINIA S. SPENCER, ESQ.

*Home Office & Mailing Address:*  
300 N. Cedar Street, Suite A  
Summerville, SC 29483  
*Daniel Island Location:*  
234 Seven Farms Dr., Suite #112  
Charleston, SC 29492

PHONE: (843) 871-9500 • WWW.PROVENCEMESSERVY.COM • FAX: (843) 261-7035

### "ESTATE PLANNING INTERVIEW FORM"

Please fill out completely. You can fax or email back to us, or you can bring with you to your appointment. This form is extremely important. Your accuracy and completeness in responding will help us best represent you. This will be a two-part appointment. Your first appointment will be used to review this information and determine the Estate Planning documents that best suit your needs. You will need to return in 7 to 10 business days to review and finalize your documents.

**ALL THE PAGES AND SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO SEEING THE ATTORNEY. WRITE YOUR SPECIFIC QUESTIONS AT THE END OF THE LAST PAGE. ALL RESPONSES ARE PROTECTED BY ATTORNEY/CLIENT PRIVILEGE AND WILL BE HELD IN STRICT CONFIDENCE.**

The purpose of an initial consultation is for one of our attorneys to advise you, the *prospective* client, about whether or not we can assist you in meeting your legal needs and what fees might apply to your case. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the initial information that you may be able to provide at this time.

Quick Definitions: Heir- A blood relative or legally adopted child  
Devisee- Any person, not necessarily related by blood, who shall receive something via your Will. This can be a friend, neighbor, or charity, etc.

**PLEASE PRINT CLEARLY**

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

Your Full Name: [Person Filling out Form]

\_\_\_\_\_  
First Last

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

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

Telephone Numbers: Cell: \_\_\_\_\_ Day: \_\_\_\_\_

Night: \_\_\_\_\_ Other: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License State and Number: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about us? Referred by: \_\_\_\_\_

If referred by a person, is this a client or attorney? If you heard about this law office by the internet, which search engine? What search terms did you use?

Name of person in need of Estate planning? (If other than person filling out this interview sheet):

\_\_\_\_\_

Current address and phone for person whom Probate / Estate Planning is sought:

\_\_\_\_\_

\_\_\_\_\_

Relationship of person filling out this interview sheet:

\_\_\_\_\_

List of heirs or beneficiaries whom you wish to name in your planning documents: (Continue on last page if needed)

NAME	ADDRESS	DOB	RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the Name and Address of the Person(s) whom you would like to be in charge of your Estate  
Only 1 person is required. Lines 2 and 3 should be used for alternates if you choose to have them:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If there are minor children set to receive from your estate, please list the person who will be in control of their asset(s) until they reach a specific age, and list that age:

---

---

---

If there are minor children or an incapacitated person that you are the custodian for or where custody and/or care will be an issue, please list the person(s) in need of care and who you wish that care and custody to be transferred to:

---

---

---

Special medical or financial needs of person, spouse and dependents if any:

---

---

ASSETS

Major Personal Effects you wish to leave to a specific heir or beneficiary- List the heir to receive and include if the items are specific such as Furs, Jewelry, Art, Cash on Hand etc. If none, write the name of heir(s) or beneficiary(s) to receive and or split all assets:

---

---

---

Investments you wish to pass that are not already established with a beneficiary: List heir to receive, the Nature of account and in What Names(s) Held:  
If none, write none

---

---

Real Estate: Location and General Description – List heir to receive, address if more than one and any other joint owners of record:  
If none, write none

---

---

---

Businesses: Does the Decedent have any ownership interest in a business? If so, how is that business organized (sole proprietorship, LLC, corporation, etc.?)

---

---

---

---

---

Insurance policies, pensions, retirement and death benefits:  
(Identification and beneficiary) If none, write none

COMPANY

BENEFICIARY

---

---

---

---

Bank and Savings & Loan Association Accounts: Savings - Time Cert. - Checking - other. How registered (Joint, Survivorship, Trust, Custodial)  
If none, write none

BANK

BENEFICIARY

---

---

---

---

Safe Deposit Box: Location and How Registered: If none, write none

---

Liabilities More Than \$2,000.00: If none, write none

---

---

Please let us know if you have any of the follow documents already in place. If so, please bring the originals or a copy with you to the appointment.

- A. Do you have a Will? \_\_\_\_\_
- B. Do you have any Powers of Attorney? If so, state which one(s) \_\_\_\_\_
- C. Do you have a copy of your Deed? \_\_\_\_\_

Please classify your urgency in concluding this matter? (Check One)

- Critical- Personal Safety or Serious Medical Condition.
- Very Important- Traveling in the near future, hardship, etc.
- Important- Traveling soon, future medical procedures, change in life status, birth of child.
- Needs to be done, but no immediate hardship or urgency.
- Just want to be sure my documents are up-to-date and cover my current needs and wishes.

If this matter involves payment of money, what form of payment do you plan to use? \_\_\_\_\_

Are you currently or have you ever been represented by an attorney? \_\_\_\_\_

If yes, who and are they still representing you? \_\_\_\_\_

Please give a brief explanation of the circumstance for that case: \_\_\_\_\_

**ESTATE PLANNING**

If the assets exceed \$1,000,000 and you desire estate planning to avoid or reduce your estate tax or require a Trust to protect a spouse, please advise us. A Standard Will is not designed to address estate tax issues. We do not do Tax Planning or Medicaid Planning.

**PLEASE USE THIS PAGE TO WRITE YOUR SPECIFIC QUESTIONS FOR THE ATTORNEY:**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

---

---

---

---

---

**PLEASE READ CAREFULLY & SIGN:**

Following your initial interview, if you agree to hire the Attorney and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of the representation.

If the Attorney is willing to represent you and you decide not to sign the Agreement of Representation 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 the matter set forth by you on this information sheet, nor any other matters you may discuss with the attorney during your consultation. If your legal problem(s) 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 fo your case.

NOTICE: This office does not represent you with regards to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until, both you and Attorney execute a written Agreement for Representation.

Your signature acknowledges only that you received a copy of this completed information sheet, believe the information to be accurate, and understand that submission of this information does not constitute and Attorney-client relationship unless you hire the Attorney and enter into the Agreement for Representation as described above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

~~~~~

This portion to be completed by the Attorney

Stocks, bonds and other securities. How Registered. Approximate Amount of Each. (Joint - Survivorship - P.O.D. - Trust - Custodial) If none, write none

---

---

---

Estimated Gross Estate: \$ \_\_\_\_\_

- Will represent.
- Will Investigate and report (Schedule a follow-up conference for \_\_\_\_\_ days)
- Representation declined – Letter of declination will be sent.
- Party will get back with us- No action to be taken and party was so informed.
- Client declined representation at this time.

Interviewed by: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Office Location: \_\_\_\_\_

NOTES:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---