## GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET SUCCESSIONS

CLIENT NAME:					Date:		
	First		Maiden	Last			
Date of Birth:		Age		City/State v	where born:		
Social Security No.							
Address:							
	Street		City	Parish	State	Zip	
Phone: ( )	Alternate Phone: ( )						
E-Mail Address:							
Employer:							
Employer Address:							
		Street	Cit	У	State	Zip	
DECEDENT NAM	/IE:						
A damaga		First	Middle	Maiden	Last		
Address:	Street		City	Parish	State	Zip	
Social Security No.							
Date of Birth:	of Birth:			City/State where born:			
Date of Death:			City/State where died:				
Did the decedent ha	ave a will?	Yes	🗌 No				
Who referred you t	o our office	e?					
This is a consultati						onsultation	
The retainer fee for							

the initial consultation.

\*I UNDERSTAND THAT THIS IS AN INITIAL CONSULTATION ONLY.

SIGNATURE

DATE