### GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET WILL PREPARATION

Full Name:			Date of Birth:				
Address:							
	Street	City	Parish	State	Zip		
Phone: ( )		Alternate Phone: ( )					
Occupation:		Employer	<u>;</u>				
		URRENT MARRIA	GE INFO				
<b>Current Spous</b>	e:						
Full Name:			Date of Birtl	h:			
Date of Marriag	e:						
Place of Marriag	ge:						
Children of Cu	rrent Marriage:						
Full Name:			Date of Birtl	h:			
Address:							
	Street	City	Parish	State	Zip		
Full Name:			Date of Birtl	h:			
Address:							
	Street	City	Parish	State	Zip		
Full Name:			Date of Birth:				
Address:							
	Street	City	Parish	State	Zip		
Full Name:	l Name:		Date of Birtl	Date of Birth:			
Address:							
	Street	City	Parish	State	Zip		
Full Name:		Date of Birth:					
Address:							
	Street	City	Parish	State	Zip		

# **PRIOR MARRIAGE INFO**

<b>Prior Spouse:</b>							
Full Name:				Date of Birth:			
Date of Marriage	e:						
If divorced, date	and court of divorce	e:					
If widow(er)ed,	date of death of form	ner spouse:					
Children of Pri	or Marriage:						
Full Name:			Date of Birth:				
Address:							
	Street	Ci	ity	Parish	State	Zip	
Full Name:				Date of Birth:			
Address:							
	Street	Ci	ity	Parish	State	Zip	
Full Name:				Date of Birth:			
Address:							
	Street	Ci	ity	Parish	State	Zip	
Full Name:				Date of Birth:			
Address:							
	Street	Ci	ity	Parish	State	Zip	
	]	EXECUTOR (	OR EXE	<u>CUTRIX</u>			
Full Name:				Relationship:_			
Address:							
	Street	Ci	ity	Parish	State	Zip	
Phone: ( )	Alternate Phone: ()						
Independent:	Yes	☐ No					
Bond:	Yes	☐ No					

## ALTERNATE EXECUTOR OR EXECUTRIX

ull Name:			Relationship:	Relationship:			
Address:							
	Street	City	Parish	State	Zip		
Phone: ( )		Altern	ate Phone: ( )	Phone: ( )			
Independent:	Yes	☐ No					
Bond:	Yes	☐ No					
		SPECIFIC LEG	<u>GACIES</u>				
Full Name:		Relationship:					
Address:							
Item(s):	Street	City	Parish	State	Zip		
Full Name:			Relationship:				
Address:		Cite	D	Ctata	7:		
Item(s):	Street	City	Parish	State	Zip		
E IIN			D. 1				
			Relationship:				
Address:	Street	City	Parish	State	Zip		
Item(s):					r		
Full Name:			Relationship:				
Address:							
	Street	City	Parish	State	Zip		

# **RESIDUARY LEGATEE(S)**

(The person or persons who will receive the remainder of your estate after the specific legacies above are satisfied.)

Full Name:			Relationship:				
Address:							
	Street	City	Parish	State	Zip		
Percent of resid	uary estate to be receiv	ved:					
Full Name:			Relationship:				
Address:							
	Street	City	Parish	State	Zip		
Percent of resid	uary estate to be receiv	ved:					
Full Name:			Relationship:				
Address:							
	Street	City	Parish	State	Zip		
Percent of resid	uary estate to be receiv	ved:					
	TUTO	OR(S) FOR MINOR	<u>CHILDREN</u>				
Full Name:	Date of Birth:						
Address:							
	Street	City	Parish	State	Zip		
Relationship to	you:						
Full Name:			Date of Birtl	n:			
Address:							
	Street	City	Parish	State	Zip		
Relationship to	vou:						

## **ALTERNATIVE TUTOR(S) FOR MINOR CHILDREN**

Full Name:			Date of Birth:					
Address:								
	Street	City	Parish	State	Zip			
Relationship to you	u:							
Full Name:			Date of Birth:					
Address:								
	Street	City	Parish	State	Zip			
Relationship to you	u:							
Other Comments:								
This is a consultati	on only. A consult	ation fee of \$300.00 is o	lue and payable at	the time of con	sultation.			
The retainer fee for	r representation is	determined based on the	e facts to the attorne	ey at the time of	of the initial			
consultation.								
Signature			Date					