



**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

**"PROBATE/ ESTATE INTERVIEW FORM"**

Please fill out completely. You can fax or email back to us at the email above or you can bring the completed form with you to your appointment. This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

**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. PLEASE HELP YOURSELF TO THE FREE INFORMATION BROCHURES IN THE RECEPTION AREA.**

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: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

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 Decedent: \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_ Decedent's Date of Death: \_\_\_\_\_  
Decedent's Social: \_\_\_\_\_

Address of Decedent at time of death:

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Your relationship to the Decedent:

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List the Heirs of the Decedent or any person named in the Decedent's Will: (Continue on last page if needed)

NAME      ADDRESS      PHONE NUMBER      DATE OF BIRTH      RELATIONSHIP

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Please answer the following questions and bring with you copies/originals of any documents held:

Is there a Will? \_\_\_\_\_ Can you bring a copy or the original? \_\_\_\_\_

Is there a Power of Attorney? \_\_\_\_\_ Can you bring a copy or the original? \_\_\_\_\_

If applicable, do you have a copy of any property Deeds or titles? \_\_\_\_\_

Do you expect anyone to contest the administration of the Estate or Will in any way? If so please explain. \_\_\_\_\_

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ASSETS OF DECEDENT

Fill the below information in to the best of your ability.

Stocks, bonds and other securities. List names of owners, approximate value of each account. (Joint - Survivorship - P.O.D. - Trust - Custodial) If none or unknown, so state.

COMPANY                      AMOUNT OF POLICY                      CO-OWNER/BENEFICIARY

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Real Estate: Location and General Description - Record Owners -  
Estimated Value - Mortgages, Approximate Amount of Each: If none or unknown, so state.

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

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Insurance policies, pensions, retirement and death benefits:  
(Identification and beneficiary) If none or unknown, so state

| <u>COMPANY</u> | <u>AMOUNT OF POLICY</u> | <u>BENEFICIARY</u> |
|----------------|-------------------------|--------------------|
| <hr/>          |                         |                    |
| <hr/>          |                         |                    |
| <hr/>          |                         |                    |

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

| <u>COMPANY</u> | <u>AMOUNT IN ACCOUNT</u> | <u>CO-OWNER/BENEFICIARY</u> |
|----------------|--------------------------|-----------------------------|
| <hr/>          |                          |                             |
| <hr/>          |                          |                             |
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Major Personal Effects: Including Furs, Jewelry, Art, Cash on Hand and other items of Substantial Value and the Approximate Amount of Each:  
If none or unknown, so state

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Other Investments: Nature and in What Names(s) Held and the Approximate Amount of Each:  
If none or unknown, so state

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Safe Deposit Box: Location and How Registered: If none or unknown, so state

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Liabilities More Than \$2,000.00: If none or unknown, so state

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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: \_\_\_\_\_

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

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**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 of 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 an Attorney-client relationship unless you hire the Attorney and enter into the Agreement for Representation as described above.

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



