

DATE OF INITIAL APPOINTMENT _____

Client Number Assigned _____

GENA WALLING MCCRAY, PLLC

ATTORNEY AND COUNSELOR AT LAW

LOUISBURG, NORTH CAROLINA

Gena Walling McCray
NC FAMILY LAW SPECIALIST

Mailing Address
Post Office Box 492
Louisburg, N.C. 27549

Street Address
215 Court Street
Louisburg, N.C. 27549

Telephone (919) 497-0091
Fax (919) 497-0092

ESTATE PLANNING CLIENT INFORMATION

Thank you for taking the time to fill this out. Having this information for our first meeting will help make our time together more productive and will help us focus on what is most important to you. The information requested is very general. We will get more detailed information when we meet.

Please fill in your responses. Not all of the information requested will be applicable to you. Write "N/A" on those lines that are not. We really look forward to meeting you.

Your Full Name: _____

Spouse Full Name:
(If Applicable) _____

Street Address: _____

Mailing Address: _____

Home Phone #: () - _____ Cell Phone #: () - _____

Work Phone #: () - _____ Email Address _____

Date of Marriage:
(If Applicable) / / _____

Your children's names and ages: _____

Your grandchildren's names and ages: _____

Approximate value of your estate: _____

Do you have a current estate plan? _____

What would you like to accomplish with your estate plan?

Anything else that you want to make sure you remember to tell your attorney:

CONSULTATION POLICY

A consultation with Ms. McCray is \$200.00 for one hour. This is paid in cash or money order before the consultation begins. For people who live too far away to come in person for a consultation, we will accept payment by credit card. There is a 3% surcharge on all credit card charges.

If you hire our office within five (5) business days of your consultation, your consultation fee is waived (which means you are not charged for the *first hour* spent in consultation) and you will receive a \$200 credit on your first bill.

If you understand this policy and agree to its terms, then please date and sign your name below turn this form in with your consultation fee.

Date: _____

Sign here