

ESTATE PLANNING – INITIAL QUESTIONNAIRE SHEET

Please attach additional sheets if necessary.

I. Family Data

Client Name: _____
(LAST) (FIRST) (MIDDLE, NO INITIAL)

Other names by which you have been known: _____

Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Occupation: _____

Business Address: _____

Length of residence in Oklahoma: _____ years _____ months

Mailing Address: _____

Father's Name: _____

Mother's Name: _____

Spouse's Name: _____
(LAST) (FIRST) (MIDDLE, NO INITIAL)

Other names by which you have been known: _____

Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Occupation: _____

Business Address: _____

Length of residence in Oklahoma: _____ years _____ months

Mailing Address: _____

Father's Name: _____

Mother's Name: _____

Marriage Date: _____

State of Marriage License: _____

1. **Citizenship.** Are you U.S. citizens? Client #1 _____ Client #2 _____
 If not, citizen of what country? _____
2. **Children.** Please indicate if child is from a prior marriage (PM), adopted (A), or does not reside in your home (NIH). If the child does not reside in your home, please fill in the address along with the name of the custodial parent or guardian.

Name (Spouse)	Date of Birth	Social Security Number	Address (If child resides with you, write "Same")
	/ /	- -	
	/ /	- -	

	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

3. **Grandchildren.**

Name (Spouse)	Date of Birth	Parent's Name	Address
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

	/ /		
--	-----	--	--

4. **Other Dependents:** (Please list any other persons dependent upon either of you and their relationship)

Name	Date of Birth	Relationship	Address (If child resides with you, write "Same")
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

II. ADVISORS

Type	Name(s)	Contact Info (Phone and email address)
Lawyer(s)		
Accountant		
Financial Planner		
Stock Broker		
Investment Advisor		

Insurance Agent		
Clergy / Spiritual		

III. CURRENT ASSETS: Fair Market Value (FMV) and title of current assets, also please indicate how title is held. If any environmental hazards/liability, please describe (underground gas or oil storage tanks, asbestos or chemical storage).

A. Real Estate: Please list location, description, name of lender and amount of mortgage.

Real Property #1

Location: _____
 Deed Recorded at: _____
 FMV: _____
 Mortgage Lender: _____
 Mortgage Amount: _____
 Title held: _____

Real Property #2

Location: _____
 Deed Recorded at: _____
 FMV: _____
 Mortgage Lender: _____
 Mortgage Amount: _____
 Title held: _____

Real Property #3

Location: _____
 Deed Recorded at: _____
 FMV: _____
 Mortgage Lender: _____
 Mortgage Amount: _____
 Title held: _____

Attach additional sheets if necessary. Please use the same format.

B. STOCKS AND BONDS:

Please list brokerage house, etc. and identify any securities being held as custodian for a minor)
 Any margin loans?

Name	Broker	Fair Market Value	Title

C. BUSINESS INTERESTS:

(Is the business a sole proprietorship, partnership or corporation? Please list name and address of business, names of other participants, and percentage of business owned. Use a separate sheet of paper if necessary.)

Business Name	Business Type	Fair Market Value	Title

D. IRAs:

(Please list where IRA is held, fair market value, owner/beneficiary to whom the IRA will be paid at death.)

Has a beneficiary been designated? _____

Institution	Fair Market Value	Owner	Death Beneficiary

Notes:

E. EMPLOYER’S PENSION, 401K, PROFIT SHARING, STOCK BONUS OR DEFERRED COMPENSATION PLAN:

(Please list designated beneficiaries for death benefits)

Type	With Whom	Total Value / Amount Vested	Beneficiary

F. INSURANCE:

Please list the following

	Policy #1	Policy #2	Policy #3	Policy #4
Company				
Policy Type (Term, Whole Life, etc.)				
Policy No.				
Face Value				
Cash Value				
Owner				
Beneficiary				
Contingent Beneficiary				
Annual Premium				
Agent Info: Name Address Phone Fax				

G. CASH, CERTIFICATES OF DEPOSIT (CD), CHECKING (C), SAVINGS (S) AND/OR MONEY MARKET (MM) ACCOUNTS:

Please list all accounts, including any accounts held as trustee for another person – identify person for whom held.

Branch	Type of Account	Balance	Title

Notes: _____

H. COPYRIGHTS, PATENTS, TRADEMARKS, PLAYRIGHTS, OTHER INTANGIBLES:

I. AUTOMOBILES

Year/Make/Model	Value	Loan Value	Title Status
2009 Honda Odyssey	\$22,000	\$8,500	Ricky and Lucy Ricardo

J. OTHER:

Itemize, include interests under trusts, in other estates, powers of appointment held, jewelry, silverware, furs, art works, books, stamps and coin collections, household furniture, automobiles, boats, burial plans, cemetery plots, etc.

Notes: _____

K. Do you expect to receive any inheritances or substantial gifts in the future? If yes, state approximately how much and from whom?

L. LIABILITIES:

Please list any liabilities, mortgages, loans, etc.; If you have purchased insurance to pay debts at your death, please so indicate.

Description	Amount Due	Spouse – Joint

M. GENERAL QUESTIONS:

	Client #1	Client #2
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children from a prior marriage or relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse/domestic partner (Such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family members or potential beneficiary have any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe briefly: _____

Do you own a long-term care (nursing home) insurance policy? Yes No Yes No

Have you made any gifts over \$11,000 to any one person in any one year?

If YES, state amount and recipient: _____

Have gift tax returns ever been filed to report gifts made? _____

***If YES, please bring copies of the returns to your appointment.

What is your primary motivation for considering estate planning? (Select one or more)

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other:

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

Attorney Conducting Consultation: _____

Date / Time of Appointment: _____

DOCUMENT CHECK LIST FOR ESTATE PLANNING

- _____ 1. Completed basic information form (attached)
- _____ 2. Copies of any federal gift tax returns filed
- _____ 3. Copies of current individual and business financial statements
- _____ 4. Copies of wills, trust agreements, any business agreements, ante-nuptial agreements, divorce settlement agreements, and any other agreements related to testamentary disposition of property
- _____ 5. Copies of life insurance policies
- _____ 6. Copies of stock certificates for any business you own
- _____ 7. Copies of deeds, leases, mortgages, agreements of sale, title searches and any other agreements related to real property holdings
- _____ 8. Copies of any partnership papers in which you are a partner, corporate by-laws for any corporation in which you are an owner, and/or LLC operating agreements in which you are a member

APPOINTMENTS AND PLAN OF DISTRIBUTION

In this section, you will provide us with information as to whom you would like to act on your behalf in the event of your death, disability, or incapacity, and will also tell us how and to whom you would like your estate distributed.

A. APPOINTMENTS - STATE NAME, ADDRESS & PHONE NUMBER

If married, please identify appointments for both clients.

1. PERSONAL REPRESENTATIVE. The will should name a personal representative to probate the estate. This person may be the same or different from your successor trustee, if you establish a trust. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse/domestic partner as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse/domestic partner as primary personal representative may not be appropriate.)

PERSONAL REPRESENTATIVE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

SECOND ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. SUCCESSOR TRUSTEE. If you choose to avoid probate of your estate by executing a living trust, a successor trustee should be named. The successor trustee will be responsible for managing assets if you are unable, or in the case of a joint trust, if neither you nor your spouse are able. The successor trustee will distribute assets to your named beneficiaries after death, or in a joint trust, when neither you nor your spouse/domestic partner survives.

SUCCESSOR TRUSTEE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

SECOND ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

3. HEALTH CARE AGENT. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse/domestic partner.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

HEALTH CARE AGENT: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

SECOND ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

HEALTHCARE DECISIONS

Your Advanced Health Care Directive will control all your health care decisions.

Who would you like to make health care decisions for you if you could not make them for yourself?

CLIENT #1

Spouse/Partner is first Agent

Agent's Name

(1) _____

(2) _____

(3) _____

CLIENT #1

Spouse/Partner is first Agent

Agent's Name

(1) _____

(2) _____

(3) _____

	Client #1	Client #2
Do you want life support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want feeding tubes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want pain medication even if it may hasten your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to donate any organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the purpose for which you want your organs donated:	<input type="checkbox"/> Transplant <input type="checkbox"/> Education <input type="checkbox"/> Research <input type="checkbox"/> Therapy <input type="checkbox"/> Any Purpose	<input type="checkbox"/> Transplant <input type="checkbox"/> Education <input type="checkbox"/> Research <input type="checkbox"/> Therapy <input type="checkbox"/> Any Purpose

What are your post-mortem wishes?	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other _____ _____ _____ _____
-----------------------------------	--	--

4. DURABLE POWER OF ATTORNEY. This is the person who will handle your financial affairs for you in the event you are declared unable to do so yourself. It may or may not be same person who handles your health care decisions for you.

PRIMARY: _____
 Mailing Address: _____
 Phone Number: _____
 Email Address: _____

ALTERNATE: _____
 Mailing Address: _____
 Phone Number: _____
 Email Address: _____

SECOND ALTERNATE: _____
 Mailing Address: _____
 Phone Number: _____
 Email Address: _____

**PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE
MINOR BENEFICIARIES (CHILDREN OR GRANDCHILDREN),
OR BENEFICIARIES WITH DISABILITIES**

5. GUARDIAN. If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

GUARDIAN: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ALTERNATE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

6. TESTAMENTARY TRUSTEE. You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

TESTAMENTARY TRUSTEE: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ALTERNATE _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

7. AGE OF DISTRIBUTION. If you do establish a trust for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

B. PLAN OF DISTRIBUTION

1. SPECIFIC GIFTS. Do you want to make charitable gifts, such as to a charitable organization, religious organization, or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? These are gifts that are made BEFORE the rest of your estate is distributed. If YES, please IDENTIFY THE GIFT and TO WHOM it is going:

<u>Description of Gift</u>	<u>Identity Recipient</u> (Including address, phone, and email)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach additional pages if necessary.

2. Briefly describe where you would want assets remaining after any of the above specific gifts are distributed ("Net Proceeds"). (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- All to spouse/domestic partner; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse/domestic partner, then equally between surviving children.
- All to spouse/domestic partner, then _____
- As follows: _____
- _____
- _____
- _____

BENEFICIARIES OTHER THAN CHILDREN NAMED IN PART ONE

Name	Contact Info (Address, Phone and Email)	Date of Birth	Relationship
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

3. DISINHERITANCE. Is there anyone, including any children, that you wish to expressly **EXCLUDE** from inheriting any part of your estate? If YES, please identify:

Name (Maiden)	Address (Identification only. This person will not be contacted.)	Date of Birth	Relationship
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

4. NO CONTEST. Do you wish to include a provision stating that anyone who contests your estate receives nothing? Yes No

5. ULTIMATE DISTRIBUTION. You might want to provide for the distribution of your property if either you, your spouse/domestic partner or your children/other beneficiaries named above do not survive (the “disaster strikes” provision). Often this is “to my heirs at law” or “50% to my heirs at law, 50% to my spouses/domestic partners’ heirs at law”.
