

**CONFIDENTIAL
PERSONAL AND FINANCIAL DATA**

**TO ASSIST IN WEALTH PRESERVATION
AND
ESTATE PLANNING**

CONFIDENTIALITY NOTICE

The information herein provided to JONES LAW OFFICE, PLLC is submitted for the purpose of facilitating the rendition of professional legal services. The following information is protected from disclosure pursuant to the provisions of *Okla. Stat. tit. 12, §2502* (2002) and Rule 1.6 of the Rules of Professional Conduct as adopted by the Supreme Court of the State of Oklahoma

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CLIENT ESTATE PLANNING DATA SHEET

DATE _____ REFERRED BY _____

NAME _____ BIRTHDATE _____
(Please print your full legal name.)

SPOUSE _____ BIRTHDATE _____
(Please print their full legal name.)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE () _____ COUNTY _____

E-MAIL(S) _____

WORK PLACE – **HIS** _____

ADDRESS _____

WORK TELEPHONE () _____ E-MAIL(S) _____

WORK PLACE-**HERS** _____

ADDRESS _____

WORK TELEPHONE () _____ E-MAIL(S) _____

SOCIAL SECURITY #: YOU _____ SPOUSE _____

MARITAL STATUS: MARRIED SINGLE WIDOW(ER) DIVORCED

UNITED STATES CITIZEN: YOU: YES NO; SPOUSE YES NO

SERVICES DESIRED: ESTATE PLANNING BUSINESS PLANNING

OTHER

ESTATE PLANNING DATA SHEET

PLEASE BRING TO THE FIRST CONFERENCE COPIES OF AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU:

- Existing Wills &/or Trust Agreements;
- Life Insurance Policies;
- Estate Preservation Policies (Medical, Disability, Long Term Health Care);
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Pre-nuptial or post-nuptial Agreements;

If your Estate might be worth over 4 million dollars at your death

- Last Year's Income Tax Returns;
- Gift Tax Returns;

Any Other Information **That Might Be Important.**

II. CHILDREN:

1. NAME _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

2. NAME _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

3. NAME _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

4. NAME _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____

CHILDREN? [] YES [] NO IF SO, AGES _____

5. NAME _____ AGE _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? [] YES [] NO IF SO, AGES _____

6. NAME _____ AGE _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? [] YES [] NO IF SO, AGES _____

7. NAME _____ AGE _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? [] YES [] NO IF SO, AGES _____

III. KEY PEOPLE IN YOUR ESTATE PLAN:

A. TRUSTEES OF TRUSTS: PLEASE PROVIDE FULL LEGAL NAMES

HUSBAND

ORIGINAL [] Spouse [] Other _____

1ST SUCCESSOR _____

2ND SUCCESSOR _____

3RD SUCCESSOR _____

Corporate Successor [] Jones Law Office [] Other _____

WIFE

ORIGINAL [] Spouse [] Other _____

1ST SUCCESSOR _____

2ND SUCCESSOR _____

3RD SUCCESSOR _____

Corporate Successor [] Jones Law Office [] Other _____

B. EXECUTORS OF WILLS (if different than Trustees above):

HUSBAND

FIRST Spouse Other _____

SECOND _____

THIRD _____

FOURTH _____

WIFE

FIRST Spouse Other _____

SECOND _____

THIRD _____

FOURTH _____

C. FINANCIAL POWER OF ATTORNEY (if different than Trustees above):

HUSBAND

FIRST Spouse Other _____

SECOND _____

THIRD _____

FOURTH _____

WIFE

FIRST Spouse Other _____

SECOND _____

THIRD _____

FOURTH _____

D. GUARDIANS FOR MINOR CHILDREN:

FIRST _____

SECOND _____

THIRD _____

FOURTH _____

E. HEALTH CARE POWER OF ATTORNEY & ADVANCED DIRECTIVE (Living Will):

ORIGINAL Spouse(s) Other _____

HUSBAND:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

WIFE:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

E. GUARDIAN OR CONSERVATOR FOR YOURSELF AND SPOUSE :

ORIGINAL [] Spouse(s) [] Other _____

HUSBAND:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

WIFE:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

IV. INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION):

***TITLE:** J-JOINT TENANCY WITH SURVIVORSHIP H-HUSBAND W-WIFE
S-SELF TC-TENANTS IN COMMON C-COMMUNITY PROPERTY

****PROPERTY DESCRIPTION:** VR-VACANT RESIDENTIAL CD-CONDOMINIUM
(PD) VC-VACANT COMMERCIAL TH-TOWNHOUSE
IR-IMPROVED RESIDENTIAL TS-TIMESHARE
IC-IMPROVED COMMERCIAL CO-CO-OWNERSHIP

STATE *TITLE MARKET VALUE DEBTS

RESIDENCE _____

OTHER REAL ESTATE, MINERAL INTEREST, OR INTEREST :

ADDRESS OF PROPERTY	TITLE*	MARKET VALUE	DEBTS	PD**	LEGAL DESCRIPTION

ITEM(S)	TITLE*	VALUE
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PERSONAL PROPERTY

VEHICLES

CHECKING ACCOUNTS

SAVINGS ACCOUNTS

STOCKS & BONDS

T-BILLS, CDS

MUTUAL FUNDS

NOTES TO YOU

OTHER

RETIREMENT PLANS: INCLUDES IRAs, KEOGHs, PENSION & PROFIT SHARING PLANS

OWNER	TYPE	DEATH BENEFICIARY	DEATH VALUE
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LIFE INSURANCE: TYPE: T-TERM WL-WHOLE LIFE G-GROUP TERM

OWNER	*TYPE	INSURED BENEFICIARY	FACE VALUE	CASH VALUE
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BUSINESSES (Please give complete information):

TYPE: C-CORPORATION S-S CORPORATION SP-SOLE PROPRIETORSHIP
 P-PARTNERSHIP PC-PROFESSIONAL CORPORATION LLC

#1. NAME OF BUSINESS: _____
WHAT DOES BUSINESS DO? _____

*TYPE	SHAREHOLDERS/PARTNERS	OWNERSHIP VALUE

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH?

DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? _____
DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? _____

#2. NAME OF BUSINESS: _____
WHAT DOES BUSINESS DO? _____

*TYPE	SHAREHOLDERS/PARTNERS	OWNERSHIP VALUE

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH?

DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? _____
DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? _____

INTERESTS IN TRUSTS: (WHERE YOU ARE NAMED AS A BENEFICIARY)

NAME OF TRUST	INTEREST HELD	VALUE	WHEN TO RECEIVE

TOTALS FOR ESTATE:

	MARKET VALUE	DEBTS
BUSINESSES:	_____	_____
INTERESTS IN TRUST:	_____	_____
LIFE INSURANCE:	_____	_____
RETIREMENT PLANS:	_____	_____
ALL OTHER:	_____	_____
GROSS ESTATE:	_____	
LESS DEBTS:		_____
<u>NET ESTATE VALUE</u>	_____	

V. ESTATE PRESERVATION MATERIALS:

MEDICAL HEALTH INSURANCE POLICIES AND/OR ACCOUNTS:

OWNER	TYPE	POLICY CARRIER	DEDUCTIBLE AMOUNT	COVERAGE AMOUNT

DISABILITY INSURANCE (Personal and Property)

OWNER	TIME TO ACTIVATION	POLICY CARRIER	COVERAGE AMOUNT	COVERAGE PERIOD

LONG TERM HEALTH CARE

OWNER	TIME TO ACTIVATION	POLICY CARRIER	COVERAGE AMOUNT	COVERAGE PERIOD

VI. DISTRIBUTIONS: WHERE YOUR ASSETS ARE TO GO AFTER DEATH:

A. UPON FIRST DEATH, I WANT ASSETS TO BE DISTRIBUTED AS FOLLOWS:

HUSBAND

	SPECIFIC ASSETS	PERCENTAGE
--	------------------------	-------------------

TO MY SPOUSE:

Distribution to spouse :

- | | |
|---|-------------------------------|
| Outright | Life Estate |
| Credit Shelter Trust w/ QTIP
(Qualified Terminal Interest in Property) | Credit shelter Trust w/o QTIP |
| One Distribution | Two Distributions |

TO OTHERS:

NAME	SPECIFIC ASSETS	PERCENTAGE
-------------	------------------------	-------------------

WIFE

	SPECIFIC ASSETS	PERCENTAGE
--	------------------------	-------------------

TO MY SPOUSE:

Distribution to spouse :

- | | |
|------------------------------|-------------------------------|
| Outright | Life Estate |
| Credit Shelter Trust w/ QTIP | Credit shelter Trust w/o QTIP |

TO OTHERS: NAME	One Distribution	Two Distributions
	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

B. UPON THE SURVIVING SPOUSE'S DEATH, THE ASSETS ARE TO BE DISTRIBUTED AS FOLLOWS:

NAME	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

C. TRUST DISTRIBUTIONS FOR CHILDREN:

- AGES & PERCENTAGES: _____% at _____ YEARS
 _____% at _____ YEARS
 _____% at _____ YEARS

2. SPECIAL PROVISIONS:

VII. BACKGROUND INFORMATION: (VERY IMPORTANT, PLEASE COMPLETE)

A. DID EITHER YOU OR YOUR SPOUSE HAVE ANY PREVIOUS MARRIAGES:

YES NO

IF YES, PLEASE LIST FOR EACH ONE:

I. PARTICULARS

FORMER SPOUSE'S NAME: _____

DATE & PLACE OF MARRIAGE: _____

HOW TERMINATED: _____

II. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: _____
ALIMONY: _____
LIFE INSURANCE: _____
OTHER TERMS: _____

III. CHILDREN FROM THIS MARRIAGE? [] YES [] NO

IF YES, WHICH CHILDREN:

B. ARE THERE SPECIAL NEEDS FOR ANY CHILD? [] YES [] NO

IF YES, PLEASE EXPLAIN: _____

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? ~ [] YES [] NO

IF YES, PLEASE EXPLAIN: _____

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES): _____

E. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS FOR EITHER YOU OR YOUR SPOUSE:

F. NAME(S) & ADDRESS(ES) OF PHYSICIAN(S): _____

G. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA& WI) [] YES [] NO

IF YES, PLEASE TELL WHERE AND WHEN: _____

H. ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? [] YES [] NO

IF YES, WHICH ONES: _____

K. PREVIOUS RESIDENCES: (STATES) _____

- L. ANY NAME CHANGES: YES NO
- M. ANY GIFTS MADE PRIOR TO 1982
IN EXCESS OF \$3,000? YES NO
- AFTER 1982 IN EXCESS OF \$13,000? YES NO
- N. FORGIVE ANY LOANS AT DEATH? YES NO
- O. SPECIFIC INSTRUCTIONS FOR BURIAL? YES NO
- P. ANTICIPATE INHERITANCES FROM OTHERS? YES NO
- Q. ANY RECENTLY INHERITED ASSETS? YES NO
- R. ANY PRE-NUPTIAL AGREEMENTS? YES NO
- S. ANY MEDICARE/MEDICAID PROVISIONS? YES NO

VIII. PARENTS &/OR OTHER PARTIES INVOLVED IN ESTATE:

NAME	ADDRESS	PHONE

IX. ADVISORS:

	NAME	ADDRESS	PHONE
A. ACCOUNTANT:			
B. BUSINESS ATTORNEY:			
C. STOCKBROKER:			
D. FINANCIAL PLANNER:			
E. LIFE INSURANCE AGENT:			
F. OTHER ADVISORS:			

X. COMMENTS: