

Appointment Date _____
Appointment Time _____

ESTATE PLANNING CONFIDENTIAL CLIENT DATA SHEET

Dryer and Associates, P.C.
5110 South Yale Avenue
Suite 430
Tulsa, Oklahoma 74135

Date _____ Referred by _____

I. PERSONAL and FAMILY INFORMATION:

NAME _____ BIRTH DATE _____
Full Legal Name - Please Print

SPOUSE _____ BIRTH DATE _____
Full Legal Name - Please Print

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY OF RESIDENCE _____ HOME PHONE (____) _____

OCCUPATION (YOU) _____ WORK PHONE (____) _____

OCCUPATION (SPOUSE) _____ WORK PHONE (____) _____

SOCIAL SECURITY NO. YOU _____ SPOUSE _____

MARITAL STATUS ___ MARRIED ___ SINGLE ___ WIDOW(ER) ___ DIVORCED

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

II. SERVICES DESIRED:

___ ESTATE PLANNING ___ FINANCIAL ___ RETIREMENT PLANNING

___ BUSINESS PLANNING ___ INSURANCE PLANNING

___ OTHER _____

III. CHILDREN

1. NAME _____ AGE: _____
(Full Legal Name – Please Print)

ADDRESS _____

CHILD'S SPOUSE _____ AGE: _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

2. NAME _____ AGE: _____
(Full Legal Name – Please Print)

ADDRESS _____

CHILD'S SPOUSE _____ AGE: _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

3. NAME _____ AGE: _____
(Full Legal Name – Please Print)

ADDRESS _____

CHILD'S SPOUSE _____ AGE: _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

4. NAME _____ AGE: _____
(Full Legal Name – Please Print)

ADDRESS _____

CHILD'S SPOUSE _____ AGE: _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? ___ YES ___ NO IF YES,

DESCRIBE: _____

ARE THESE CHILDREN FROM THIS MARRIAGE? ___ YES ___ NO IF NO, PLEASE

EXPLAIN: _____

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? ___ YES ___ NO

IV. GOALS and OBJECTIVES

(Please check and comment on the following as it may be applicable to you – in as much detail as possible)

I WANT OR NEED TO:

___ Avoid probate of my/our estate _____

___ Provide privacy in the transfer of my/our estate _____

___ Reduce or eliminate Federal Estate Taxes in my/our estate _____

___ Control the time and conditions for distribution of my/our estate _____

___ Establish a special trust for a beneficiary with special needs _____

___ Consider charity in my estate planning _____

___ Provide for the continuation/transfer of a business _____

___ Provide liquidity for spouse, children or business _____

___ Reduce or eliminate capital gains taxes _____

___ Provide for grandchildren's education or other needs _____

___ In addition to the above, I/we have the following goals and objectives _____

V. FINANCIAL INFORMATION:

*(Please include Title of Property using the following: J-Jointly Owned H-Husband W-Wife S-Self)

<u>ASSETS</u>				<u>LIABILITIES & NET WORTH</u>
	Value	*Title	Basis	
<u>Cash/Cash Equivalents:</u>				<u>Liabilities:</u>
Checking Accounts	_____	_____	_____	Credit Cards _____
Money Market Funds	_____	_____	_____	Margin Accts. _____
Savings Accounts	_____	_____	_____	Auto Loans _____
CDs	_____	_____	_____	Rental Property _____
Total Cash/Equivalent	_____			Personal Residence _____
	Unpaid Taxes	_____		Notes Payable _____
				Total Liabilities _____

Invested Assets:

	Value	*Title	Basis
Bonds	_____	_____	_____
Common Stocks	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
401(k); 403(b)	_____	_____	_____
Annuities	_____	_____	_____
Deferred Comp Plan	_____	_____	_____
Rental Property(s)	_____	_____	_____
Raw Land	_____	_____	_____
Business Interest(s)	_____	_____	_____
Notes Receivable	_____	_____	_____
Total Invested Assets	_____		

(Attach additional pages, if needed, for any information regarding Invested Assets)

#3. Total Estate Value _____
 minus _____
 Total Liabilities _____
 equals _____
Net Estate Value _____

Use Assets:

Personal Residence	_____	_____	_____
Second Home	_____	_____	_____
Personal Property	_____	_____	_____
Automobiles	_____	_____	_____
Art/Antiques/Collectibles	_____	_____	_____
Total Use Assets	_____		
TOTAL ASSETS	_____		

Life Insurance Death Benefit: (Complete Section VI. B.)
 Husband _____
 Wife _____

Expected Inheritances:
 Husband _____
 Wife _____

TOTAL ESTATE VALUE _____

VI. FINANCIAL INFORMATION – Detailed Information:

A. RETIREMENT PLANS – TYPE: IRA, KEOGH, PENSION & PROFIT SHARING, TSA DEFERRED COMP

OWNER (YOU OR SPOUSE)	TYPE	BENEFICIARY	DEATH VALUE
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

B. LIFE INSURANCE – TYPE: **T** – TERM **W** – WHOLE **UL** – UNIVERSAL **V** – VARIABLE

OWNER	TYPE	INSURED	BENEFICIARY	DEATH VALUE
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

C. BUSINESS INTERESTS – TYPE: **C** – C CORP **S** – S CORP **SP** – SOLE PROPRIETORSHIP
P – PARTNERSHIP **PC** – PROFESSIONAL CORPORATION **LLC** – LIMITED LIABILITY COMP
FLP – FAMILY LIMITED PARTNERSHIP

1. NAME OF BUSINESS _____

WHAT DOES IT DO? _____

TYPE _____ PERCENT OWNER _____ OWNERSHIP VALUE _____

WHO WILL CONTINUE THE BUSINESS AT DEATH OR RETIREMENT? _____

DO YOU HAVE A BUY-SELL AGREEMENT? ___Y___N

IS IT FUNDED? ___Y___N DO YOU HAVE KEYMAN AND/OR DISABILITY

INSURANCE? _____Y_____N

(IF ADDITIONAL BUSINESS INFORMATION, PLEASE ATTACH ADDITIONAL INFORMATION IN A SIMILAR FORMAT.)

VII. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTORS OF WILLS:

FIRST: _____ SPOUSE _____ OTHER _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

B. TRUSTEES OF REVOCABLE LIVING TRUST OR TESTAMENTARY TRUSTS:

ORIGINAL: _____ SPOUSE(S) _____ OTHER: _____
(NAME)

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

THIRD BACK-UP: _____
(NAME)

C. GUARDIANS FOR MINOR CHILD(REN) (IF ANY):

FIRST: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

D. FINANCIAL POWER OF ATTORNEY:

FIRST: _____ SPOUSE _____ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

VII. KEY PEOPLE IN YOUR ESTATE PLAN (cont.)

D. HEALTH CARE POWER OF ATTORNEY:

HUSBAND:

ORIGINAL: ___ SPOUSE(S) ___ OTHER: _____
(NAME)

FIRST BACK-UP: _____
ADDRESS _____ (NAME)

SECOND BACK-UP: _____
ADDRESS _____ (NAME)

WIFE:

ORIGINAL: ___ SPOUSE(S) ___ OTHER: _____
(NAME)

FIRST BACK-UP: _____
ADDRESS _____ (NAME)

SECOND BACK-UP: _____
ADDRESS _____ (NAME)

VIII. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH:

A. UPON FIRST DEATH: ____ SPOUSE ____ BY-PASS/SURVIVOR'S TRUST
____ TO OTHERS: _____

____ INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

SPECIFIC REQUESTS? ____ YES ____ NO IF YES, PLEASE EXPLAIN, _____

B. (UPON THE DEATH OF THE SURVIVING SPOUSE), THE ASSETS ARE TO
BE DISTRIBUTED AS FOLLOWS:

____ IMMEDIATE OUTRIGHT DISTRIBUTION TO CHILDREN

____ INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? ____ YES ____ NO IF YES, PLEASE EXPLAIN _____

C. TRUST DISTRIBUTION FOR CHILDREN:

1. MULTIPLIER TRUST: ____ UNITRUST

CHILDREN'S SHARE OF INCOME _____

CHARITY'S SHARE OF INCOME _____