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ESTATE PLANNING

Personal and Financial Intake Form

PERSONAL AND CONFIDENTIAL

DATE: _____

PERSONAL INFORMATION

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce				
2. Your Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth
3. Other names you have used/ maiden name				
4. What Name would you prefer be used on legal documents?				
5. Spouse's Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth
6. Home Address (Number, Street)		City	County	State Zip
7. Mailing Address If Different From Above (Number, Street)		City	State Zip	
8. Your telephone number(s)- list in order you prefer we contact you. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular				
9. Employer		Work address		Occupation
10. Email address				

Please mark the appropriate response for the following:	
1. Are you an Oklahoma Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any of the following?	
Last Will and Testament?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advance Directive (Living Will)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prenuptial or Postnuptial Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold assets in Joint Tenancy with another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Are you expecting to receive property or money from _____ (circle all that apply): If so, approximately how much?	Gift Inheritance Lawsuit - Other \$
4. Do you have special medical conditions that I, as your legal advisor, should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do either you or your spouse have any other legal issues that I should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In which state do you plan to retire/live permanently?	
7. Do you have a divorce decree affecting your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have a safe deposit box(es)? If yes, please provide the following information regarding the box(es): Location: _____ Titled Name: _____ Persons with access: _____ Location: _____ Titled Name: _____ Persons with access: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION

1. Please list all children, both natural and legally adopted. (If none, please write N/A and go to No. 3.)

Child's Legal Name (and preferred name if different)	Residential Address	Telephone Number	Child of	Date of Birth	If deceased, Date of Death	Spouse
			Me/ Spouse/ Both			
			Me/ Spouse/ Both			
			Me/ Spouse/ Both			
			Me/ Spouse/ Both			

2. Please list all grandchildren, both natural and legally adopted. (If none, please write N/A.)

Grandchild's Legal Name (and preferred name if different)	Residential Address	Telephone Number	Child of	Date of Birth	If deceased, Date of Death	Spouse

3. Extended Family

a. If you do not have any living children or grandchildren, please list your parents and siblings.

Legal Name (and preferred name if different)	Residential Address	Telephone Number	Relationship	If deceased, Date of Death

b. If you listed any deceased siblings above, please list their children, both natural and legally adopted.

Legal Name (and preferred name if different)	Residential Address	Telephone Number	Relationship	If deceased, Date of Death	Child of Which Deceased Sibling

FINANCIAL INFORMATION

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Mortgage Balance	Equity
Total Net Value				

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Loan Balance	Equity
Total Net Value				

3. Do you have any bank accounts (including checking, savings, money market, and/or CD's)?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

4. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
Total Value				

5. Do you have any profit sharing, 401Ks, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

6. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Total Value					

7. Does anyone owe you money?

Description	Approx. Value
Total Net Value	

8. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Net Value	

9. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Approximate value\$ _____

10. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed
Total Debt	

11. Total value of everything you own (add totals of line 1 thru line 9 above).....\$ _____

12. Total amount you owe (total of line 10 above)\$ _____

13. Subtract line 12 from line 11 **TOTAL NET ESTATE VALUE \$** _____

BUSINESS OWNERSHIP

Do you own a business: Yes No

If yes, complete the following:

Name of Business:	
Address:	
Phone Number:	
FEI Number:	
Family owned business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your percentage of ownership	
Does the business have an Operating Agreement or Bylaws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business have Corporate Minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business set up as an S-Corp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Members/ Owners/ Shareholders	
Is the business currently represented by legal counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Attorney/Firm/Contact information
Do you anticipate the business continuing operations following your retirement, incapacitation or death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business been appraised or valued for any purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have whole or part ownership in another/other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGEMENT DECISIONS
YOUR ESTATE MANAGEMENT TEAM

1. Personal Representative / Executor / Trustee: This person manages the probate and settlement of your estate and can be your spouse, adult children, trusted friends, and/or a corporate fiduciary. Please note, individuals with criminal backgrounds may be disqualified. If you would like to designate different individuals for each role, please attach a separate sheet with the following information and indicate in which role you would like to appoint each person.

Name	Address	Telephone Number	Relationship

2. Successor Personal Representative: This person is a back-up representative who steps in if your first Personal Representative dies/resigns or otherwise cannot serve and in the case of a living trust, this person steps in at your death or disability. This person can be your adult children, trusted friends, and/or a corporate fiduciary.

Name (First Successor)	Address	Telephone Number	Relationship

Name (Second Successor)	Address	Telephone Number	Relationship

3. You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries:

The Personal Representative should be bonded. Yes No
The Trustee should be bonded. Yes No

4. Guardians for Minor Children: This person is a responsible adult who will raise your children if something happens to you.

Name (First Choice)	Address	Telephone Number	Relationship

Is the above-nominated Guardian(s) an individual? Yes No
If no, do you only want the above-nominated Guardians to be appointed if both of them are willing to act? Yes No
Is the above-named Guardian(s) a citizen of the U.S.? Yes No
Is the above-named Guardian(s) a resident of Oklahoma? Yes No

If the above-nominated Guardians are a couple, please list which Guardian you would like to be appointed in case the above-nominated Guardians are no longer together: _____

Name (Second Choice)	Address	Telephone Number	Relationship

Is the above-nominated Guardian(s) an individual? Yes No

If no, do you only want the above-nominated Guardians to be appointed if both of them are willing to act? Yes No

Is the above-named Guardian(s) a citizen of the U.S.? Yes No

Is the above-named Guardian(s) a resident of Oklahoma? Yes No

If the above-nominated Guardians are a couple, please list which Guardian you would like to be appointed in case the above-nominated Guardians are no longer together: _____

Name (Third Choice)	Address	Telephone Number	Relationship

Is the above-nominated Guardian(s) an individual? Yes No

If no, do you only want the above-nominated Guardians to be appointed if both of them are willing to act? Yes No

Is the above-named Guardian(s) a citizen of the U.S.? Yes No

Is the above-named Guardian(s) a resident of Oklahoma? Yes No

If the above-nominated Guardians are a couple, please list which Guardian you would like to be appointed in case the above-nominated Guardians are no longer together: _____

BENEFICIARIES

1. Special Gifts to Organizations: Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

2. Special Gifts To Individuals: Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to a specific grandchild, gun to a specific sibling, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries: Who do you want to receive the rest of your estate after these special gifts have been distributed? The total percentage must equal 100 percent. **Please note** that your spouse may have a statutory right of up to 50% of your marital estate.

Name of Person/Organization	Percentage	Alternate Beneficiary

4. Do you want your heirs to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)?

5. If a child dies, do you want that child's share to (check one):

Go to that child's children (your grandchildren)

Be divided among *only* your other living children, nothing to a grandchild whose parent died

6. Do you want to ensure that your children from a previous relationship receive a share of your estate? Yes No N/A

7. Dependents Who Require Special Care

Do you have dependents who have special needs or require special care? Yes No

8. Disinherit

Are there any relatives that you specifically do not want to receive anything from your estate? Yes No

If yes, please list the appropriate names:

TRUST

1. Do you wish to create a Trust: Yes No

If yes, please complete the following:

2. Preferred name of the Trust:

3. Do you wish to transfer all of your property to the Trust: Yes No

If no, please list property below that you do not want to be transferred to the Trust:

Description of Property	Titled in whose name

4. What distributions do you want to be made from your Trust (i.e., monthly, upon your death, for certain events):

SPECIAL INSTRUCTIONS FOR MEDICAL CARE

1. Advance Directive: An Advance Directive (a Living Will) makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery and nominates someone to make health care decisions for you when you are unable to do so in certain situations.

Do you want an Advance Directive? Yes No

If yes, please provide the following:

Name (First Choice)	Address	Telephone Number	Relationship

Name (Second Choice)	Address	Telephone Number	Relationship

2. Health Care Power of Attorney: A Health Care Power of Attorney gives broader protection than an Advance Directive. It allows you to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to do so, when the situation is not necessarily terminal.

Do you want a Health Care Power of Attorney? Yes No

If yes, please provide the following:

Name (First Choice)	Address	Telephone Number	Relationship

Name (Second Choice)	Address	Telephone Number	Relationship

Do you want the above individuals to also be appointed as the Guardian of your person if a Guardian is needed? Yes No

POWER OF ATTORNEY

1. Durable Power of Attorney: A Durable Power of Attorney allows you to appoint an agent that can make any decision and do any act that you can, excluding those healthcare decisions covered by the Health Care Power of Attorney. These powers will be immediate, but will also survive if you become incapacitated.

Do you want a Durable Power of Attorney? Yes No

If yes, please provide the following:

Name (First Choice)	Address	Telephone Number	Relationship

Name (Second Choice)	Address	Telephone Number	Relationship

2. Nomination of Guardian: A Power of Attorney allows you to nominate a person to serve as a guardian of your estate or your person in the event it is necessary for a court to appoint a guardian.

Do you want to nominate a Guardian? Yes No

If yes, please provide the following:

Name (Guardian of the Estate)	Address	Telephone Number	Relationship

Name (Guardian of your Person)	Address	Telephone Number	Relationship