

**BROWN & ASSOCIATES**  
ATTORNEYS & COUNSELORS AT LAW, PLLC

One Grand Center  
201 N. Grand, Suite 301  
Enid, OK 73701  
(580) 234-6600  
Fax (580) 234-6606  
Email: mail@brownlaw-ok.com  
Website: www.brownlaw-ok.com

**Gary L. Brown**  
*Fellow: American College  
of Trust and Estate Counsel*

**Jerry E. Shiles**

**Sarah J. Lane**

**ESTATE PLANNING**  
**CLIENT QUESTIONNAIRE**

The information requested on this worksheet may seem like *none of an attorney's business*, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, fill out one worksheet only. If information for each spouse differs, make a copy of this worksheet so each spouse has one to fill out.

For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To fill out forms, please fill in the wife's blanks if you are female and the husband's blanks if you are male.

Date \_\_\_\_\_ Phone Number (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Address: \_\_\_\_\_

Spouse (Wk) \_\_\_\_\_

**HUSBAND**

\_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last*

\_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *Social Security Number*

Known by any other names? If so, what: \_\_\_\_\_

**WIFE**

\_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last*

\_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *Social Security Number*

Known by any other name? If so, what: \_\_\_\_\_

- Marital Status:  Married  Divorced  
 Separated  Single (including widowed and not remarried)

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

- Probate Avoidance
- Concerns about Potential Nursing Home Expenses
- Business or Farm Planning
- Other: \_\_\_\_\_
- Federal Estate Tax Planning (for estates over \$625,000)
- Guardianship for Minor Children

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

	<b>Husband</b>	<b>Wife</b>
Do you presently have a will? <input type="checkbox"/> Put a ✓ in box if copy is attached.	<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"/> Put a ✓ in box if copy is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<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
Is there an antenuptial agreement in the current marriage? <input type="checkbox"/> Put a ✓ in box if copy is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children or other beneficiaries handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children or other beneficiaries adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the need for nursing home care probable in the next three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is preserving assets from nursing home costs important enough to you that you would feel comfortable giving up control of assets to someone else, such as a family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there 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 hold everything jointly with your spouse, or is some property separate?  All Joint  Some (except IRA's, separate pensions, etc.)

**LIFETIME GIFTS**

Have you made lifetime gifts to family members?     Yes             No

If yes, please describe briefly. \_\_\_\_\_

Check if Federal Gift Tax Return is attached.

**CHILDREN OR OTHER BENEFICIARIES**

<b>Full Name &amp; SS#</b>	<b>Complete Address</b>	<b>Date of Birth</b>	<b>Relationship</b>

**APPOINTMENTS**

1.    **PERSONAL REPRESENTATIVE.** The *Last Will and Testament* should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

1st ALTERNATE PERSONAL REP: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

2nd ALTERNATE PERSONAL REP: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

2.    **SUCCESSOR TRUSTEE.** Generally you will serve as initial trustee of your *Revocable Trust*. If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if neither you nor your spouse could manage assets due to incompetency, and the successor trustee would distribute assets to beneficiaries after neither you nor your spouse survive. The successor trustee is often the same individual or institution named as alternate personal representative.

INITIAL TRUSTEE: \_\_\_\_\_

1st SUCCESSOR TRUSTEE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

2nd SUCCESSOR (CO-)TRUSTEE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

3rd SUCCESSOR TRUSTEE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

4th SUCCESSOR TRUSTEE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

3. **UNIFORM DURABLE POWER OF ATTORNEY:**

Attorney-in-Fact: Husband: 1st: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 2nd: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 3rd: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Wife: 1st: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 2nd: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 3rd: \_\_\_\_\_  
 Address: \_\_\_\_\_

4. **ADVANCE DIRECTIVE FOR HEALTH CARE** (also known as the "Living Will"):

- Statutory Form (discontinuing water and food tubes)
- Discontinue water only     Discontinue food only

**Health Care Proxy:    Husband:**    **1st:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
**2nd:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
**3rd:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_

**Health Care Proxy:    Wife:**    **1st:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
**2nd:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
**3rd:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_

- Living Will Takes Precedence     Proxy Takes Precedence

- Organ Donation
  - My entire body; or
  - The following body organs or parts:
    - ( ) lungs, ( ) liver, ( ) pancreas,
    - ( ) heart, ( ) kidneys, ( ) brain,
    - ( ) skin, ( ) bones/marrow,
    - ( ) bloods/fluids, ( ) tissue,
    - ( ) arteries, ( ) eyes/cornea/lens,
    - ( ) glands,
    - ( ) other \_\_\_\_\_.

**PLAN OF DISTRIBUTION**

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church 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? \_\_\_\_\_

2. Briefly describe your desired plan of distribution for assets remaining after any specific gifts are distributed: (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later.)

- All to spouse; 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, then equally among surviving children.
- All to spouse, then \_\_\_\_\_
- As follows: \_\_\_\_\_

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse nor your children or other beneficiaries named above survive a common disaster.

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**GENERAL QUESTIONS**

**NOTES AND QUESTIONS:** Please note anything else which may be of importance in planning your estate, or note any special questions you may have. (Use the reverse side if necessary.)

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**PLEASE COMPLETE THIS SECTION ONLY IF  
YOU HAVE MINOR OR DISABLED BENEFICIARIES**

1. **GUARDIAN.** If you have minor children or an incompetent child, you will 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 in the event your first choice cannot serve.

GUARDIAN: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

1st ALTERNATE GUARDIAN: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

2nd ALTERNATE GUARDIAN: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children'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 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.

TESTAMENTARY TRUSTEE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

1st ALTERNATE TRUSTEE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

2nd ALTERNATE TRUSTEE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets 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/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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSET/LIABILITY INFORMATION**

**NET WORTH:** If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRA's, death benefits on life insurance policies, and anything else you own, what is the approximate total value of the estate of yourself and your spouse? \_\_\_\_\_

What is the total amount of your outstanding liabilities? \_\_\_\_\_

*Please list your asset/liability information in the appropriate category below.*

(Attach a separate page if necessary)

	<b>Type of Asset</b>	<b>Title in Which Held</b> (Husband sole; Wife sole; Joint with Spouse; Joint with third party; Survivorship marital; or Tenants in Common, etc.)	<b>Current Value</b>
<b>1.</b>	<b>CASH ON HAND</b>		
	Checking Accounts • • • •		
	Savings Accounts • • •		
	Certificates of Deposit (include renewal date) List next to boxes. Put a ✓ in box if copy is attached. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Money Market Accounts • • •		
<b>2.</b>	<b>STOCK, BONDS, SECURITIES</b>		
	Publically traded Stocks • • •		
	Bonds • • •		

	Type of Asset	Title in Which Held (Husband sole; Wife sole; Joint with Spouse; Joint with third party; Survivorship marital; or Tenants in Common, etc.)	Current Value
	Unlisted Securities (Not Publicly Trade) • • •		
	Interest in Closely held Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership • • • •		
<b>3. REAL ESTATE   <input type="checkbox"/> Put a ✓ in box if copy of Deed, Final Decree, or other conveyance document attached.</b>			
	Personal Residence <input type="checkbox"/>		
	Vacant Land <input type="checkbox"/>		
	Other: <input type="checkbox"/> (Inherited Properties) <input type="checkbox"/> (Cemetery Lots) <input type="checkbox"/> <input type="checkbox"/>		
	Mineral Interests: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Royalty or Working Interests: <input type="checkbox"/> <input type="checkbox"/>		
<b>4. IRA's &amp; OTHER RETIREMENT</b>			
	IRA's • • •		
	Pension/Profit Sharing • • •		
<b>5. INSURANCE   Please include pages of policies with pertinent data, beneficiaries &amp; ownership designations.</b>			
	On Husband's Life	Please complete Life Insurance Summary attached	
	On Wife's Life	Please complete Life Insurance Summary attached	

	Type of Asset	Title in Which Held (Husband sole; Wife sole; Joint with Spouse; Joint with third party; Survivorship marital; or Tenants in Common, etc.)	Current Value
<b>6. MISCELLANEOUS</b>			
	Automobiles - List next to boxes. Put a ✓ in box if copy of Title is attached <input type="checkbox"/> <input type="checkbox"/>		
	Other Personal Property • • • •		
	Notes and Loan Receivables. Put a ✓ in box if copy of Note is attached <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	U.S. Savings Bonds •		
	Other Assets • • •		
<b>LIABILITIES</b>		<b>Name Loan Taken In:</b>	<b>Amount Owed</b>
	Mortgages • • •		
	Notes/Loans • •		
	Loans on Insurance Policies • •		
	Charitable Pledges		
	Tax Liabilities		
	Other Obligations • •		

**LIFE INSURANCE DATA SUMMARY**

FOR: \_\_\_\_\_

As of \_\_\_\_\_

	Company / Policy Number	Type of Policy	Owner	Successor Owner	Current Beneficiary	Beneficiary to be changed to:	Contingent Beneficiary	Maturity Value	Cash Value	Policy Loan	Agent's Name	Annual Premium
<b>A. ON HUSBAND'S LIFE:</b>												
1.												
2.												
3.												
4.												
5.												
6.												
<i>Total on Husband's Life</i>								\$ 0	\$ 0	\$ 0		
<b>B. ON WIFE'S LIFE:</b>												
1.												
2.												
3.												
4.												
5.												
6.												

	Company / Policy Number	Type of Policy	Owner	Successor Owner	Current Beneficiary	Beneficiary to be changed to:	Contingent Beneficiary	Maturity Value	Cash Value	Policy Loan	Agent's Name	Annual Premium
								\$ 0	\$ 0	\$ 0		
<i>Total on Wife's Life</i>												

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