

# NEW ESTATE PLANNING CLIENT INFORMATION FORM

for the exclusive use of



2212 SHADOWLAKE DRIVE  
OKLAHOMA CITY, OK 73159-7440

405/691-5080 (VOICE)

405/691-6329 (FAX)

[www.posticbates.com](http://www.posticbates.com)

All information that you provide to POSTIC & BATES is confidential and protected from forced disclosure by the attorney-client privilege.

## ABOUT YOU:

YOUR FULL AND LEGAL NAME: \_\_\_\_\_

YOUR RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street Address, including Apt. or Suite)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(County)

MAILING ADDRESS: \_\_\_\_\_  
(If different from your residential address) (Street Address, including Apt. or Suite)

\_\_\_\_\_  
(City, State and Zip Code)

YOUR TELEPHONE NUMBER(S):  
(in the order you prefer we use to call you)

Preferred

- |                                |                               |                               |                                   |                                |                              |                                |
|--------------------------------|-------------------------------|-------------------------------|-----------------------------------|--------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |

YOUR DATE OF BIRTH: \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  Yes  No [If not, give citizenship \_\_\_\_\_]

ARE YOU AN OKLAHOMA RESIDENT?  Yes  No [If not, give residency \_\_\_\_\_]

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

WHAT NAME WOULD YOU PREFER BE USED ON LEGAL DOCUMENTS?

[NOTE: This can be a nickname or combination of names and initials, such as Bob Smith, Robert L. Smith, R. Leonard Smith, R.L. Smith, etc.]

**ABOUT YOUR SPOUSE:**

SPOUSE'S FULL AND LEGAL NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS:

(If different from yours)

\_\_\_\_\_ (Street Address, including Apt. or Suite)

\_\_\_\_\_ (City, State and Zip Code)

MAILING ADDRESS:

(If different from residential address)

\_\_\_\_\_ (Street Address, including Apt. or Suite)

\_\_\_\_\_ (City, State and Zip Code)

SPOUSE'S TELEPHONE NUMBER(S) (If different from yours):

(in the order you prefer we use to call you)

- \_\_\_\_\_  Home  Work  Cellular  Pager  Fax  Other
- \_\_\_\_\_  Home  Work  Cellular  Pager  Fax  Other
- \_\_\_\_\_  Home  Work  Cellular  Pager  Fax  Other

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

IS SPOUSE A U.S. CITIZEN?  Yes  No [If not, give citizenship \_\_\_\_\_]

IS SPOUSE AN OKLAHOMA RESIDENT?  Yes  No [If not, give residency \_\_\_\_\_]

SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

WHAT NAME WOULD YOUR SPOUSE PREFER BE USED ON LEGAL DOCUMENTS?

\_\_\_\_\_  
[NOTE: This can be a nickname or combination of names and initials, such as Bob Smith, Robert L. Smith, R. Leonard Smith, R.L. Smith, etc.]

HOW DID YOU FIND OUT ABOUT US?

- Radio  KTOK-AM  KKNG-FM  KOMA-AM
- Yellow Pages
- Newspaper
- Website
- Referred by \_\_\_\_\_  
(Name of Person Who Referred You)

**PRINCIPAL ADVISORS**

Please identify your primary advisors:

- **General Attorney (If other than Postic & Bates)**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

- **Accountant or Tax Advisor**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

- **Financial Planner or Financial Advisor**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

- **Life Insurance Agent or Life Insurance Underwriter**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

- **Other Advisor**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

## LEGAL INFORMATION

At **POSTIC & BATES**, we try to build on the planning you have already done. We want to see what decisions you have already made, regardless of whether you are making new decisions relating to this planning.

### Do you have:

- |                                    |  |                       |
|------------------------------------|--|-----------------------|
| A Living Trust?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Last Will and Testament?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Durable Power of Attorney?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Health Care Power of Attorney?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Living Will (Advance Directive)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| An Insurance Trust?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Retirement Asset Will?           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| A Premarital Agreement?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |
| Long Term Health Care Insurance?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, provide a copy |

Have you ever filed for bankruptcy protection?  Yes  No

If so, what year? \_\_\_\_\_ What bankruptcy court? \_\_\_\_\_

Do either you or your spouse have special medical conditions that we, as your legal advisors, should be aware of?  Yes  No If yes, please explain \_\_\_\_\_

Do either you or your spouse have any other legal issues which we should be aware of?

Yes  No If yes, please explain \_\_\_\_\_

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property, such as a minor child, disabled child, or incapacitated person?  Yes  No If yes, please explain \_\_\_\_\_

Does anyone to whom you are leaving part or all of your estate receive disability payments?

Yes  No If yes, please explain \_\_\_\_\_

**Please bring any other estate planning, asset protection, or business planning documents that you want us to review for you.**

# ESTATE PLANNING INFORMATION

## CHILDREN

1. Child's Full and Legal Name \_\_\_\_\_

Residential Address \_\_\_\_\_

(Street Address including Apt. or Suite)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(County)

Telephone Number(s) \_\_\_\_\_

Child of:  both you and spouse  your child only  spouse's child only

Child's date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If child is deceased, date of death: \_\_\_\_\_

Child's spouse, if married: \_\_\_\_\_

Children of this child (Name/Age):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Child's Full and Legal Name \_\_\_\_\_

Residential Address \_\_\_\_\_

(Street Address including Apt. or Suite)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(County)

Telephone Number(s) \_\_\_\_\_

Child of:  both you and spouse  your child only  spouse's child only

Child's date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If child is deceased, date of death: \_\_\_\_\_

Child's spouse, if married: \_\_\_\_\_

Children of this child (Name and Age):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Child's Full and Legal Name \_\_\_\_\_

Residential Address \_\_\_\_\_

(Street Address including Apt. or Suite)

(City, State and Zip Code)

(County)

Telephone Number(s) \_\_\_\_\_

Child of:  both you and spouse  your child only  spouse's child only

Child's date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If child is deceased, date of death: \_\_\_\_\_

Child's spouse, if married: \_\_\_\_\_

Children of this child (Name/Age):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Child's Full and Legal Name \_\_\_\_\_

Residential Address \_\_\_\_\_

(Street Address including Apt. or Suite)

(City, State and Zip Code)

(County)

Telephone Number(s) \_\_\_\_\_

Child of:  both you and spouse  your child only  spouse's child only

Child's date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If child is deceased, date of death: \_\_\_\_\_

Child's spouse, if married: \_\_\_\_\_

Children of this child (Name and Age):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. For purposes of your **Advance Directive for Health Care**, if you were unable to make medical decisions for yourself, with whom would you want your doctor or other health care professionals to consult about your care? (List in order of priority. **Include YOUR SPOUSE, if desired**).

PERSONS YOU WANT CONSULTED:

PERSONS YOUR SPOUSE WANTS CONSULTED:

a. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

2. For purposes of your **Durable Power of Attorney**, if you were unable to carry out your financial business, who would you want to take care of your finances (for example, sign checks, deeds, take care of business interests, etc.)? (List in order of priority. **Include YOUR SPOUSE, if desired**).

**YOU:**

**SPOUSE:**

a. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

3. For purposes of your **Last Will and Testament** and/or **Living Trust**, who do you want to serve as your personal representative (of your Last Will and Testament) or successor trustee (of your Living Trust) after your death? (List in order of priority. Include your spouse, if desired)

**[NOTE: If you are going to use a joint revocable living trust, you and your spouse will usually be the initial trustees together, and then you must agree on a list of successor trustees after the last of you. PLEASE LIST THEM UNDER "YOU", BELOW]**

**YOU:**

**SPOUSE:**

a. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

4. Whom do you want to name as guardians for your minor children, if any? List in order of preference.

**YOU:**

**SPOUSE:**

a. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

5. Who or what shall receive your estate after your death?  
 (Give percentages to each, if there is more than one beneficiary). As examples: "I want everything to go equally to my three children" or "We want \$10,000 to go to XYZ Church for missionary purposes, and the rest to go to our daughter."

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**QUESTIONS TO CONSIDER BEFORE DECIDING HOW TO DISTRIBUTE YOUR ESTATE:**

- a. If you are leaving your entire estate to your spouse, where do you want it to go if your spouse dies before you or with you?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. If you are leaving a portion of your estate to a beneficiary who is a minor child or an adult unable to carefully or properly handle his or her finances, what sort of restrictions would you like to put on the portion allotted to the beneficiary?
- Managed by my (our) trustee and used for the beneficiary's benefit until the beneficiary reaches age \_\_\_\_\_.
  - Distributed:  
 \_\_\_\_\_ percent at my death;  
 \_\_\_\_\_ percent \_\_\_\_\_ years after that;  
 The remainder \_\_\_\_\_ years after that.
  - Income only to the beneficiary annually with the principal to be distributed to the beneficiary's children after the beneficiary's death.
  - Other Provision: \_\_\_\_\_

[IF MORE SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL PAGE OR PAGES]

Name(s) of Beneficiary(ies) to whom this provision will apply:

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- c. If you are leaving a portion of your estate to one or more charities, please state how you want the portion used.
- for the general uses and purposes of the organization;
  - \_\_\_\_\_ percent or \$ \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ percent or \$ \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ percent or \$ \_\_\_\_\_ for \_\_\_\_\_

Name(s) of Charities to which this provision will apply:

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IF YOU LEAVING ANY FUNDS OR PROPERTY TO A CHARITABLE ORGANIZATION, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE ORGANIZATION. PLEASE CALL THE ORGANIZATION'S OFFICE PRIOR TO YOUR APPOINTMENT AND ASK THEM TO SEND YOU A FREE COPY OF THEIR IRA 501(c)(3) LETTER SHOWING THEIR STATUS AS A CHARITABLE ENTITY.

Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
What do you want to leave this charity?  
\_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
What do you want to leave this charity?  
\_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
What do you want to leave this charity?  
\_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
What do you want to leave this charity?  
\_\_\_\_\_  
\_\_\_\_\_

d. FOR ANY BENEFICIARY YOU HAVE LISTED ABOVE WHO IS NOT A SPOUSE, CHILD OR A CHARITABLE ORGANIZATION, PLEASE PROVIDE THE FOLLOWING:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

County: \_\_\_\_\_  
Telephone: \_\_\_\_\_

6. If you were ill and unable to manage your own affairs, could the law firm of POSTIC & BATES discuss your financial situation and estate plan with other individuals (family members, accountants, physicians, spiritual advisors, etc.)?  Yes  No

If yes, please write the names of all persons to whom the law firm of POSTIC & BATES is authorized to disclose any and all information which you have given to us:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FINANCIAL AND ASSET INFORMATION**

IN ORDER TO PROPERLY ANALYZE AND PLAN YOUR ESTATE, WE NEED TO KNOW AS MUCH AS POSSIBLE ABOUT WHAT YOU OWN AND HOW YOU OWN IT. AS SOON AS YOU CAN PROVIDE THIS INFORMATION, WE WILL NEED A DETAILED DESCRIPTION OF YOUR TITLED ASSETS.

1. **FOR REAL ESTATE**

Bring us a copy of your deed or other evidence of title giving the legal description of the property and showing how it is owned and let us know the:

- (1) address of the property;
- (2) value of the property; and
- (3) what it is used for (such as home, lake property, investment).

2. **FOR MINERAL INTERESTS**

Bring us a copy of the mineral deed or other title evidence giving the legal description of the mineral interest and showing how the interest is titled and let us know the:

- (1) value of the property (show us how much income it has produced in a year); and
- (2) who is currently leasing the interest or paying you income on it.

3. **FOR BANK AND CREDIT UNION ACCOUNTS**

Bring us a copy of a recent account statement showing how the account is owned and let us know the:

- (1) current value of the account; and
- (2) what it is used for (such as household operations, savings).

4. **FOR BROKERAGE AND INVESTMENT ACCOUNTS**

Bring us a copy of a recent account statement showing how the account is owned and let us know the:

- (1) current value of the account; and
- (2) what it is used for (such as household operations, savings).

5. **FOR STOCKS, BONDS AND OTHER INVESTMENTS NOT HELD IN BROKERAGE ACCOUNTS**

Bring us a copy of each of the stock certificates, bonds or other evidence of ownership showing how the securities are currently owned.

6. **FOR LIFE INSURANCE POLICIES**

Bring us a copy of the policy and the most recent report from the insurer showing its value.

7. **FOR ANNUITY CONTRACTS**

Bring us a copy of the contract and the most recent report from the insurer showing its value.

8. **FOR AUTOMOBILES, AIRCRAFT AND WATERCRAFT**

Bring us a copy of the certificate of title showing how the vehicle is owned and its make, model, year and vehicle identification number (VIN) and let us know the:

- (1) value of the vehicle; and
- (2) what it is used for.

9. **FOR FAMILY BUSINESS OR PROFESSIONAL PRACTICE**

Bring a current balance sheet and income statement as well as evidence of your ownership in the business (such as stock certificate, partnership or LLC operating agreement).