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ESTATE PLANNING CONFIDENTIAL CLIENT DATA SHEET

Date _____

Referred by _____

Appointment Date _____
Appointment Time _____

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)

ASSETS

	Value	*Title	Basis
<u>Cash/Cash Equivalents:</u>			
Checking Accounts	_____	_____	_____
Money Market Funds	_____	_____	_____
Savings Accounts	_____	_____	_____
CDs	_____	_____	_____
Total Cash/Equivalent	_____		

Unpaid Taxes _____

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	_____		

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 _____

TOTAL ESTATE VALUE _____

LIABILITIES & NET WORTH

Liabilities:

Credit Cards	_____
Margin Accts.	_____
Auto Loans	_____
Rental Property	_____
Personal Residence	_____
Notes Payable	_____
Total Liabilities	_____

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

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

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

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(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)

**STOP AT THIS SECTION
UNTIL OUR MEETING**

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 _____