

DRYER AND ASSOCIATES, P.C.
DAVID M. DRYER, ESQ
5110 SOUTH YALE AVENUE
SUITE 430
TULSA OKLAHOMA 74135
(918) 712-9172 Phone (918) 712-2692 Fax
Dryerlaw@sbcglobal.net

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. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTORS OF WILLS:

FIRST: ____ SPOUSE ____ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

B. FINANCIAL POWER OF ATTORNEY:

FIRST: ____ SPOUSE(S) ____ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

C. 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)