

KLINGENBERG & ASSOCIATES, P.C.

ATTORNEYS AT LAW
330 N.W. THIRTEENTH STREET
OKLAHOMA CITY, OKLAHOMA 73103
Telephone: (405) 236-1985
Facsimile: (405) 236-1541

ESTATE PLANNING QUESTIONNAIRE

Date Prepared

Please print the following information. If you need more space, use another sheet. If you are not certain about an answer, or if the question does not apply to you, please leave the space blank.

Section 1. GENERAL INFORMATION

Marital Status: Married Single Divorced Widowed

Your Name (First, Middle, Last) Soc. Sec. No. Date of Birth

Spouse's Name (First, Middle, Last) Soc. Sec. No. Date of Birth

Home Address (Number, Street) City State Zip

Mailing Address If Different From Above (Number, Street) City State Zip

Home Phone Your Work Phone Spouse's Work Phone

E-mail Addresses

Date of Marriage Place of Marriage

Is there an antenuptial agreement in effect between you and your spouse? Yes No

Section 2.
PERSONAL INFORMATION

		You		Your Spouse	
1.	Employer				
2.	Employer's address				
3.	Other or former names, initials or nicknames by which you are known				
4.	Place of birth				
5.	Are you a U.S. citizen?	Yes	No	Yes	No
6.	Do you have a will or trust now? If yes, enclose a copy when you return this questionnaire.	Yes	No	Yes	No
7.	Are you expecting to receive property or money from an inheritance, gift or other? If so, approximately how much?	Yes \$_____	No	Yes \$_____	No
8.	Have powers of appointment?	Yes	No	Yes	No
9.	Name of your current Physician?				
10.	How many living children do you have?				
11.	How many deceased children do you have?				
12.	Are all your children legally yours (natural or legally adopted)?	Yes	No	Yes	No
13.	How many stepchildren do you have?				
14.	How many children under age 18 do you have?				
15.	Do you have any dependents who require special care? If so, how are they related to you and how old are they?	Yes	No	Yes	No
16.	How many grandchildren do you have?				
17.	How many of your brothers and sisters are still living?				

Section 3.
FAMILY INFORMATION

1. Children of this Marriage:

Name	Birthdate	Social Security #	If Married, Spouse's Name

2. Children of Your Former Marriage:

Name	Birthdate	Social Security #	If Married, Spouse's Name

3. Children of Your Spouse's Former Marriage:

Name	Birthdate	Social Security #	If Married, Spouse's Name

4. Deceased Children of Yours:

Deceased Child's Name	Age at Death	Surviving Children of Deceased Child

5. Deceased Children of Your Spouse:

Deceased Child's Name	Age at Death	Surviving Children of Deceased Child

6. Grandchildren:

Name of Grandchild(ren)	Age	Name(s) of Grandchild's Parent(s)

7. Living Parent:

Name of Your Living Parent(s)	Name of Your Spouse's Living Parent(s)

8. Brothers and Sisters:

Name of Your Sibling(s)	Name of Your Spouse's Sibling(s)

9. Prior Marriages:

	You	Your Spouse
Prior Spouse's Name		
Date of Decree of Divorce		
City, County or State Where Divorced Was Obtained		

Section 4.
FINANCIAL INFORMATION

- * **H** = **Husband's Separate Property**
- W** = **Wife's Separate Property**
- J** = **Joint Tenancy with Right of Survivorship**
- T** = **Tenants in Common with No Right of Survivorship**

1. Do you own a **home** or any **other real estate**?

Description and Location	Titled in whose name*	Purchase Price	Market Value	(-) Mortgage	(=) Equity

TOTAL NET VALUE \$ _____

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

Description and Location	Titled in whose name*	Purchase Price	Market Value	(-) Mortgage	(=) Equity

TOTAL NET VALUE \$ _____

3. Do you have any **business ownership interests** such as in a partnership, corporation, limited liability company or sole proprietorship?

Name of Business	Type of Entity, i.e. Partnership, Corporation, etc.	Titled in Whose Name*	% of Ownership	Approximate Value

4. Do you have any **checking accounts**?

Name of Bank	Account #	Titled in Whose Name*	Approximate Balance

TOTAL VALUE \$ _____

5. Do you have any **interest bearing accounts** (savings, money market) and or CDs?

Name of Bank	Account #	Titled in Whose Name	Approximate Balance

TOTAL VALUE \$ _____

6. Do you own any **stocks, bonds, treasury notes or mutual funds** (including company stock)?

# of Shares	Name of Security	Titled in Whose Name*	Purchase Price	Current Value

TOTAL VALUE \$ _____

7. Do you have any **profit sharing, stock bonus, self-employed retirement plan, IRAs, pension**

plans, or other similar type of deferred compensation benefit?

Description/Location	Beneficiary	Current Value

TOTAL VALUE \$ _____

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

Name of Insurance Company	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Amount of Death Benefit

TOTAL VALUE \$ _____

9. Does anyone owe you money?

Description	Approximate Value

TOTAL VALUE \$ _____

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

Description	Approximate Value

TOTAL VALUE \$ _____

11. What is the approximate total value of all your remaining **personal property** - whatever you own that has not been included? (Clothes, furniture, etc.) ESTIMATE ONLY
\$ _____

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

Identify Debt	Amount Owed

TOTAL DEBT \$ _____

13. Total value of everything you (and your spouse) own (add totals of line 1 through line 11 above)
\$ _____

14. Total amount you (and your spouse) owe (total of line 12 above) \$ _____

15. Subtract line 14 from line 13. **TOTAL NET ESTATE VALUE =** \$ _____

16. Do you have a **safe deposit box**?

Location of Safe Deposit Box	Titled in Whose Name*

17. Are any of the partnership, business or other interests you own subject to a buy/sell or redemption agreement? If so, furnish a copy. _____ Yes _____ No

18. Do you or your spouse have a remainder, reversionary or income interest in a trust?

Name of Trust	Trustee's Name of Address	Approximate Value of Inheritance

19. Are you or your spouse a guarantor (co-signer or co-maker) on any loans or collateral obligations?

Description of Debt	Amount of Your Liability

20. Does any of the real property or other assets you or your spouse own raise environmental issues such as property on which is located gas tanks, fuel storage shed, oil, gas or saltwater disposal wells, farm ponds or lake projects, etc?

Description/Location of Property	Environmental Concern

21. Have you made gifts, other than to charities, in any one year to any one or more persons which exceed the value of \$10,000 (or \$20,000 if made jointly by you and your spouse)? ____Yes ____No

Description of Gift	Date Made	Fair Market Value	To Whom Given

**Section 5.
FIDUCIARIES**

1. Personal Representative, Trustee, Guardian

	You	Your Spouse's
First Choice for Personal Representative		
Second Choice for Personal Representative		
Third Choice for Personal Representative		
First Choice for Trustee		
Second Choice for Trustee		
Third Choice for Trustee		
First Choice for Guardian of Minor Children		
Second Choice for Guardian of Minor Children		
Third Choice for Guardian of Minor Children		

Section 6.
BENEFICIARIES

1. **Charitable Gifts.** Do you want to make a gift of cash or a specific asset to any charitable, fraternal or religious organizations?

You		Your Spouse	
Name of Organization	Description of Gift	Name of Organization	Description of Gift

2. **Specific Bequests.** Do you want to give any specific items of personal property or other assets to a family member or other individual?

You		Your Spouse	
Name of Person	Description of Gift	Name of Person	Description of Gift

3. **Beneficiaries of the Remainder of Your Estate.** Whom do you want to receive the rest of your estate after the specific bequests have been distributed?

You		Your Spouse	
Name of Beneficiary	Amount or Percentage	Name of Beneficiary	Amount or Percentage

4. **Special Care.** Do you have any dependents who require special care? If so, list the type of care you wish for them to receive after your death.

5. **Distribution Age.** At what age do you want the beneficiaries to receive their inheritance? Do you want them to receive it in installments or all at once?

6. **Alternative Beneficiaries.** Who do you want to receive your estate if the beneficiaries described in item 3 above predecease you or die before they receive all their inheritance?

You		Your Spouse	
Name of Beneficiary	Amount or Percentage	Name of Beneficiary	Amount or Percentage

7. **Disinheriting.** Are there any relatives that you specifically do not want to receive anything from your estate?

You	Your Spouse
Name of Person You Wish to Disinherit	Name of Person Your Spouse Wishes to Disinherit

**Section 7.
INCOMPETENCY AND/OR DISABILITY**

1. **Durable Power of Attorney.** A Durable Power of Attorney allows another person (called an Agent) to act on your behalf, even if you become mentally incompetent or physically disabled.

	You		Your Spouse	
Are you interested in signing a Durable Power of Attorney?	Yes	No	Yes	No
Who would you name as your agent?				
Who would you name as the alternate Agent in the event the person named above was unable to act?				

2. **Advance Directive for Health Care (Living Will).** An Advance Directive for Health Care allows the withholding or withdrawal of life-sustaining measures (such as specific medical treatment, food or water) in the event you become terminally ill (expected to die within 6 months) or in a persistent vegetative state (i.e., comatose with little or no hope of recovery).

	You		Your Spouse	
Are you interested in signing an Advance Directive for Health Care?	Yes	No	Yes	No
Do you wish to appoint a Health Care Proxy (someone who can make medical decisions on your behalf)?	Yes	No	Yes	No

**Section 8.
ADVISORS**

	Name	Address	Telephone #
Attorney			
Accountant			
Trust Officer			
Other Bank Officer			
Insurance Agent			
Investment Advisor			
Stock Broker			
Tax Advisor			
Other			

Your estate plan is being prepared based on the information provided in this questionnaire; therefore, the information should be as accurate as possible. If there are inaccuracies or corrections that need to be made from time to time, please advise us. We will be discussing the items herein in detail, but do not hesitate to call us if you have a question in the meantime. Please begin gathering up: deeds to your residence, oil and gas, and other real estate; most recent bank statements, life insurance; stock information; copies of C.D.'s; I.R.A. statements; and, any other recent statements that reflect legal descriptions, account numbers and how title is presently held to your property. This information is essential to properly funding your new trust.