

ESTATE PLANNING QUESTIONNAIRE

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Telephone: (918) 691-9993

Date of Interview: _____ Telephone Numbers _____
Residence: _____
Business: _____
Spouse's Business: _____
Cell Phone: _____
E-mail: _____

Your Personal Data

Full Name: _____
Known by Any Other Names: _____
Address: _____
County: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: _____
Are you a U.S. Citizen? _____
Occupation: _____ Annual Income: _____
Date of Marriage: _____ Place of Marriage: _____
Previous Marriages (give details about children and financial obligations): _____

State of Health: _____ Insurable? _____

Spouses Personal Data

Full Name: _____

Known by Any Other Names: _____

Address: _____

County: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? _____

Occupation: _____ Annual Income: _____

Date of Marriage: _____ Place of Marriage: _____

Previous Marriages (give details about children and financial obligations): _____

State of Health: _____ Insurable? _____

Children

Is there a physical possibility of more children? _____

Are any children adopted? _____

Are any children handicapped or in poor health? _____

1. Child's Name: _____ Date of Birth: _____

Child's Parents (if from a prior marriage):

_____ Yours _____ Spouse's _____ G _____

Address: _____

Education Completed: _____ If Not, Education Goal: _____

Business Ability: _____

Occupation: _____ Net Worth: _____ Annual Income: _____

Child's Spouse's Name: _____

Occupation: _____ Annual Income: _____

Child's Children: _____ Age: _____

_____ Age: _____

Comments: _____

2. Child's Name: _____ Date of Birth: _____

Child's Parents (if from a prior marriage):

_____ Yours _____ Spouse's _____ G _____

Address: _____

Education Completed: _____ If Not, Education Goal: _____

Business Ability: _____

Occupation: _____ Net Worth: _____ Annual Income: _____

Child's Spouse's Name: _____

Occupation: _____ Annual Income: _____

Child's Children: _____ Age: _____

_____ Age: _____

Comments: _____

3. Child's Name: _____ Date of Birth: _____

Child's Parents (if from a prior marriage):

_____ Yours _____ Spouse's _____ G _____

Address: _____

Education Completed: _____ If Not, Education Goal: _____

Business Ability: _____

Occupation: _____ Net Worth: _____ Annual Income: _____

Child's Spouse's Name: _____

Occupation: _____ Annual Income: _____

Child's Children: _____ Age: _____

_____ Age: _____

Comments: _____

4. Child's Name: _____ Date of Birth: _____

Child's Parents (if from a prior marriage):

_____ Yours _____ Spouse's _____ G _____

Address: _____

Education Completed: _____ If Not, Education Goal: _____

Business Ability: _____

Occupation: _____ Net Worth: _____ Annual Income: _____

Child's Spouse's Name: _____

Occupation: _____ Annual Income: _____

Child's Children: _____ Age: _____

_____ Age: _____

Comments: _____

5. Child's Name: _____ Date of Birth: _____

Child's Parents (if from a prior marriage):

_____ Yours _____ Spouse's _____ G _____

Address: _____

Education Completed: _____ If Not, Education Goal: _____

Business Ability: _____

Occupation: _____ Net Worth: _____ Annual Income: _____

Child's Spouse's Name: _____

Occupation: _____ Annual Income: _____

Child's Children: _____ Age: _____

_____ Age: _____

Comments: _____

Your Parents

Father

Mother

Name: _____

Address: _____

Age: _____

State of Health: _____

Financially Dependent on You? _____

Spouse's Parents

Father

Mother

Name: _____

Address: _____

Age: _____

State of Health: _____

Financially Dependent on You? _____

Your Brothers and Sisters

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Spouse's Brothers and Sisters

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Name: _____ Living/Deceased: _____

Street Address, City, State and Zip: _____

Age: _____ Married: _____ Children: _____

Comments: _____

Spouse's Pension or Profit Sharing Plans (give details):

Amount: _____ Where? _____

Beneficiary: _____

Spouse's IRA:

Amount: _____ Where? _____

Beneficiary: _____

Other Personal Data:

Location of Lock Box: _____

In Whose Name? _____

Any Property of Others in Box? _____

Identifiabes as Such? _____

Where are Other Valuable Papers Kept? _____

Name of Broker: _____

Name of Accountant: _____

Name of Life Insurance Agent: _____

Preference as to Bank: _____

Your Liabilities

Amount	Owed to Whom	Due Date	Secured by What Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse's Liabilities

Amount	Owed to Whom	Due Date	Secured by What Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your spouse made any substantial gifts in the past or placed property in joint names?

Details: _____

Do you or your spouse have any powers of appointment to designate to whom property will pass at your death? Details: _____

Are you or your spouse the beneficiary under any trust? Details: _____

Any Expected Inheritances

You

Spouse

From Whom? _____

Approximate Value: _____

Did you inherit from anyone in the last ten years who had an estate that paid federal estate tax? Who and When?: _____

***Other Relatives or Friends Who Would Be Beneficiaries if You,
Your Spouse, and All Issue do not Survive to Take:***

Name: _____

Residence: _____

Age: _____

Relation: _____

***Charities as Beneficiaries or Ultimate Beneficiaries if
All Individual Beneficiaries do not Survive to Take:***

Correct Corporate Name: _____

Address: _____

Special Purpose, if Any: _____

Armed Forces Service:

You

Spouse

Retirement Entitlements: _____

Branch of Service: _____

Dates of Service: _____

Does Spouse get Survivor Benefit Payments: _____

Your Pension or Profit Sharing Plans (give details):

Amount: _____ Where: _____

Beneficiary: _____

Your IRA:

Amount: _____ Where: _____

Beneficiary: _____

Bank Accounts and Savings Accounts

Name of Institution	Account Type	Avg. Balance	In Whose Name?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Stocks, Bonds, Mutual Funds

# of Shares or Amount	Name of Company	In Whose Name	Fair Market Value	Cost Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Real Estate

Residence Address: _____

Brief Description (acreage, number of lots, etc.): _____

Legal Title in Whose Name: _____

Fair Market Value: _____ Assessed Value: _____

Mortgage Amount: _____ Mortgagee: _____

If Property was a Gift or is in Joint Names (provide details, if joint, is it JTWR0S or tenants in common?):

Basis Information (cost, date of acquisition, cost and date of improvements): _____

Residence Address: _____

Brief Description (acreage, number of lots, etc.): _____

Legal Title in Whose Name: _____

Fair Market Value: _____ Assessed Value: _____

Mortgage Amount: _____ Mortgagee: _____

If Property was a Gift or is in Joint Names (provide details, if joint, is it JTWRORS or tenants in common?):

Basis Information (cost, date of acquisition, cost and date of improvements): _____

Residence Address: _____

Brief Description (acreage, number of lots, etc.): _____

Legal Title in Whose Name: _____

Fair Market Value: _____ Assessed Value: _____

Mortgage Amount: _____ Mortgagee: _____

If Property was a Gift or is in Joint Names (provide details, if joint, is it JTWRORS or tenants in common?):

Basis Information (cost, date of acquisition, cost and date of improvements): _____

Business Interests

If you have an interest in a partnership, joint venture, closely held corporation, proprietorship, or other similar entity, please give complete information about its assets and liabilities, stock purchase agreements, and other related information, including income tax cost basis (attach any additional data that would be helpful): _____

Community Property

Have you or your spouse ever lived in a state which has a community property law, *i.e.*, California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin, or Idaho (give details and status of assets brought into this state)? _____

Other Assets

Automobiles (state: make, model, value, in whose name and loan balance owed): _____

Boats, Trailers, Motor Homes, Campers, etc.: _____

Mortgages Owned, Land Contracts or Other Receivables: _____

Coin Collections, Guns, Family Heirlooms: _____

Other Assets: _____

Are there any other assets you or your spouse own? _____

Is there any unusual factor, anticipated problem, or dispute that you expect to arise at the time of your death? _____
