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ESTATE PLANNING QUESTIONNAIRE

Please complete this questionnaire to the best of your ability and mail, email, or fax it to us so that we may review it prior to your appointment.

Personal and Family Information

CLIENT

Full Name: _____

Nickname or Alias: _____

Date of Birth: _____

U.S. Citizen? Yes _____ No _____

Home Address: _____

County of Residence: _____

Home Phone: _____

Employer _____

Work Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Fax: _____

How would you prefer to be contacted? Phone _____ Email _____

If Phone, where is the best place to reach you? _____

Send Mail to: Home _____ Office _____ Other _____

If Other, provide address: _____

SPOUSE

Spouse's Full Name: _____

Spouse's Nickname or Alias: _____

Spouse's Date of Birth: _____

U.S. Citizen? Yes _____ No _____

Work Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Fax: _____

CHILDREN

Name: _____ Age: _____ # of Grandchildren: _____

Address: _____

Phone: _____

Name: _____ Age: ____ # of Grandchildren: ____
 Address: _____

Phone: _____
 Name: _____ Age: ____ # of Grandchildren: ____
 Address: _____

Phone: _____
 Name: _____ Age: ____ # of Grandchildren: ____
 Address: _____

Phone: _____
 Name: _____ Age: ____ # of Grandchildren: ____
 Address: _____

Phone: _____
 Name: _____ Age: ____ # of Grandchildren: ____
 Address: _____

Phone: _____

Are any of these children from prior marriages? If yes, indicate the parent of each child.

Are any of these children adopted? Is so, please specify. _____

Would you like to include a provision for children born after the will is executed? _____

Are any children disabled, incapacitated or in poor health? If so, please explain: _____

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Asset Information

This information will be used to help determine what type of estate planning is best for you in order to minimize the taxes on your estate. Please complete this statement or attach a current financial statement. Indicate the approximate values for each of the following:

	Client	Spouse	Community Property	Comments
Cash (checking, savings accounts, certificates of deposit)				
Stocks, Bonds, Mutual Funds				
Notes and Recievables (money owed to you)				
Business you own				

Residence				
Other Real Estate				
Life Insurance on Client				
Life Insurance on Spouse				
Client's IRA's, 401(k), etc.				
Spouse's IRA', 401(k), etc				
Furnishings				
Autos				
Jewelry, Furs				
Other Assets				
Client's Potential Inheritance				
Spouse's Potential Inheritance				
TOTALS				

TOTAL ESTATE: _____

Fiduciary Appointments

NOTE: The most important factor in selecting your fiduciaries is trustworthiness. It is also important for those with financial responsibilities to have good money management skills. The physical location of the fiduciary is no longer as important as it once was. You may appoint more than one person to serve simultaneously, but co-guardians must be a married couple.

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?
(Spouses normally name each other first) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: _____ Primary: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
1st Alternate: _____ 1st Alternate: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
2nd Alternate: _____ 2nd Alternate: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?

Name(s): _____ Relationship: _____
1st Alternate: _____ Relationship: _____
2nd Alternate: _____ Relationship: _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR GENERAL POWER OF

ATTORNEY? (if applicable) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: _____ Primary: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

1st Alternate: _____ 1st Alternate: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

2nd Alternate: _____ 2nd Alternate: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY? (if applicable) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: _____ Primary: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

1st Alternate: _____ 1st Alternate: _____

Address: _____ Address: _____

Phone: _____ Phone: _____