

Estate Planning Questionnaire

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Please complete the following form. This information assists us in providing planning options suitable for your circumstances.

We are here to help! Please call regarding any questions or concerns you may have. If you need additional space to respond, attach additional sheets and leave a note with the question that you've included supplemental information.

Information on this form is confidential. Nothing provided to Mueller, Wheeler & Associates, PLLC will be shared with third parties without your consent, unless we are required to disclose it by law or you expressly permit disclosure. For additional information about confidentiality, call us at (405) 282-7677.

Personal and Family Information

Client

Full Legal Name: _____
Prior Name(s): _____
Date of Birth: ____/____/____ SSN: _____
Status: ☐ Married ☐ Widow(er) ☐ Divorced ☐ Single (never married) ☐ Domestic Partnership
U.S. Citizen? ☐ Yes ☐ No If no, where are you a citizen? _____
Address: _____
County: _____ Home Phone: (____) _____ Cell Phone: (____) _____
Email address: _____
Employer: _____
Work Address: _____
Work Telephone: (____) _____ Can we contact you at work? ☐ Yes ☐ No
How do you prefer to have documents sent to you? ☐ U.S. Mail ☐ Email

Joint Client (if applicable)

Full Legal Name: _____
Prior Name(s): _____
Date of Birth: ____/____/____ SSN: _____
U.S. Citizen? ☐ Yes ☐ No If no, where are you a citizen? _____
Home Phone: (____) _____ Cell Phone: (____) _____
Work Address: _____
Work Telephone: (____) _____ Can we contact you at work? ☐ Yes ☐ No

Children and Stepchildren

Please check here ☐ if you have no adopted or natural children.

Name	D.O.B.	Marital Status	Child of Which Spouse(s)

Please attach additional sheets, if necessary.

Would you like to include a provision for children who are born or adopted after your will or trust is signed? ☐ Yes ☐ No

Are any of your children disabled, or do they have special needs? ☐ Yes ☐ No

If so, please include a brief description (or attach a statement): _____

If you have children from a previous marriage or relationship, do you want those children treated as children of your current relationship? ☐ Yes ☐ No ☐ Unsure

If you're unsure, we will discuss the implications of this choice at your meeting.

Grandchildren

Please check here ☐ if you have no grandchildren.

Name	D.O.B.	Marital Status	Child of Which Child

Please attach additional sheets, if necessary.

If so, please include a brief description (or attach a statement): _____

Please check here ☐ if you have no great grandchildren.

your own pages.

Your Fiduciaries

A fiduciary is a person obligated to loyally act in the best interests of another person. A fiduciary must place the person's interests higher than their own interests. Fiduciaries may receive compensation for acting and must explain or be able to explain their actions either to you (if you are alive) or to a Court. A successor trustee, the executor under a will, a guardian, and an attorney-in-fact are all examples of fiduciaries. When selecting a fiduciary it is important to examine several factors, including a person's physical or mental abilities, the person's trustworthiness, the person's desire to serve, and other factors. If you have any questions about who is an appropriate fiduciary, please call us at (405) 282-7677 to schedule a meeting or discuss your questions.

Note you can select the same person to serve in multiple capacities. For example, it is fairly common for a husband to name his wife to serve as his successor trustee, executor, attorney-in-fact, health care proxy, and guardian. If you have questions about who to name, you can include the information below about your choices and also include a note that you would like to discuss further at your meeting.

A successor trustee is the person who will manage your trust after your death or incapacity. They just follow the trust instructions that you leave, as well as trust law. A trustee must be a duly authorized bank/trust company or an individual who is at least 18 years of age. Who would you like to serve as the successor trustee of your trust? Please include name, address, phone number and relationship to you. _____

The executor (or personal representative) of your will is the person who will carry out the terms of your will. In Oklahoma, a will must go through probate court. Executors must be a duly authorized bank/trust company or an individual who is at least 18 years of age, not currently in bankruptcy, and can't have been previously convicted of a crime involving dishonesty. Who would you like to serve as executor (or personal representative) of your will? Please include name, address, phone number, and relationship to you. _____

An attorney-in-fact is a person authorized to act on your behalf under a power of attorney document. The attorney-in-fact essentially stands in your place when it comes to decision making authorized in the power of attorney document. This decision making authority can go to financial matters only or can extend to medical care decision making, depending on the terms of the document. An attorney-in-fact can be a duly authorized bank/trust company or an individual who is at least 18 years of age, not currently in bankruptcy, and can't have been previously convicted of a crime involving dishonesty. Who would you like to serve as your attorney-in-fact (i.e. be appointed under your power of attorney)? Please include name, address, phone number, and relationship to you. _____

Please make sure you fill out the two questions on the next page regarding your attorney in fact as well.

- Would you like your attorney-in-fact to be able to act immediately?
☐ Yes ☐ No ☐ Effective immediately only for my spouse as the attorney-in-fact ☐ Not sure
Important Note: If you have an immediately effective power of attorney, the person you appoint can immediately undertake actions on your behalf, which introduces risk. If you have any questions about which type is the best fit for your circumstances, check “not sure” and we will discuss the options with you.
- Would you like your attorney-in-fact to be able to make gifts to people who are beneficiaries under your will and/or trust?
☐ Yes ☐ No ☐ Not sure
Important Note: Granting the ability to provide gifts to your beneficiaries can have important tax consequences and benefits. If you have questions about whether this is a good fit for your circumstances, check “not sure” and we will discuss the options with you.

A health care proxy is the person named in your advance directive for health care to carry out your wishes expressed in the advance directive for health care. Your health care proxy will have access to your confidential, private health care records. Who would you like to serve as your health care proxy? Please include name, address, phone number, and relationship to you. _____

Under certain circumstances, a guardian may need to be appointed to act or make decisions for you while you are still living. This can happen if there is family conflict regarding your power of attorney, if you are a recipient of certain government benefits, or for other reasons. If guardianship is necessary for you or your estate while you are still living, who would you like to serve as your guardian? Please include name, address, phone number, and relationship to you. _____

If guardianship is necessary for any minor children you have, because you are incapacitated or deceased, who would you like to serve as guardian of your minor children? Please include name, address, phone number, and relationship to you. _____

Your Advisors

Do you currently have a financial adviser or planner? ☐ Yes ☐ No

If yes, please provide name, address, and telephone. _____

Do you currently have an accountant (CPA) or bookkeeper? ☐ Yes ☐ No

If yes, please provide name, address, and telephone. _____

Do you have a banker that you work closely with? ☐ Yes ☐ No
If yes, please provide name, address, and telephone. _____

Do you have a business attorney you work with that handles things like your corporate or LLC records? ☐ Yes ☐ No
If yes, please provide name, address, and telephone. _____

Funeral Plans

Have you pre-planned your funeral? ☐ Only Client ☐ Only Joint Client
☐ Neither – no funeral plans
If yes, please provide the name of the funeral home, address, and telephone, and enclose a copy of your pre-need contract. _____

Is your pre-planned funeral paid? ☐ Only Client ☐ Only Joint Client
☐ Neither ☐ Don't know

Please check here ☐ if you are interested in learning more about pre-planning your funeral.

Asset Information

Accurate and complete information about your assets helps us determine which types of estate planning tools are best suited for you and your goals. Please complete the following table, or attach a current, detailed financial statement.

Asset	Description of property & Identification of Owner(s)	Estimated value
Checking Accounts (include current statement)		
Savings accounts (include current statement)		
CDs (include current statement)		
Stocks, bonds, mutual funds (include current statement and beneficiary information)		
Retirement Plans or Accounts, 401(k), 403(b), traditional IRA, (include current statement and beneficiary information)		
Roth IRA Plans (include current statement and beneficiary information)		
Annuities (include current statement and beneficiary information)		
Notes and Receivables (i.e. money owed to you)		

Asset	Description of property & Identification of Owner(s)	Estimated value
Business interests (also fill out page 13 for each business)		
Other Closely Held Interests (limited partnerships, LLCs, etc.) (attach relevant documents)		
Primary Residence		
Other Real Estate		
Vehicles (cars, RVs, trailers, boats, planes, etc.) (please include copies of titles)		
Life insurance on Client		
Life insurance on spouse		
Other life insurance		
Other Property/Misc. (please include any relevant documents)		

Special Issues

Do you own any real estate outside of Oklahoma? ☐ Yes ☐ No

If yes, please describe (or attach deeds or other documents regarding the property): _____

Do you own any real estate outside of the United States? ☐ Yes ☐ No

If yes, please describe (or attach deeds or other documents regarding the property): _____

Do you own any community property? ☐ Yes ☐ No

(AZ, CA, ID, LA, NV, NM, TX, WA, and WI are community property states – If you are married and have lived in those states while you were married, you may have community property).

If yes, please describe (or attach deeds or other documents regarding the property): _____

Do you own any mineral rights, overriding royalty interests, non-participating royalty interests, operating interests, etc.? ☐ Yes ☐ No

If yes, please describe (or attach deeds or other documents regarding the property): _____

Do you own any special assets (for example: boats, aircraft, classic automobiles, artwork, antiques, valuable collectibles, etc.)? ☐ Yes ☐ No

If yes, please describe (or attach documents regarding the property): _____

Do you hold a general or special power of appointment? ☐ Yes ☐ No ☐ Not sure

If yes, please enclose a copy of the trust agreement.

Are you currently the beneficiary of a trust? ☐ Yes ☐ No

If yes, please enclose a copy of the trust instrument. Also, please provide the name, address, and phone number of the trustee. _____

Do you have a prenuptial agreement (or domestic partnership agreement) in your current marriage (or domestic partnership)? ☐ Yes ☐ No ☐ NA

If yes, please enclose a copy of the agreement.

Do you have a pet that you would like to provide for as part of your estate plan?

☐ Yes ☐ No ☐ I have no pets.

If yes, who would you like to take care of your pets after your death or incapacity? Please include name, address, telephone number, and relationship to you. _____

How much money, if any, would you like to leave for the care of your pet? \$ _____

If yes, please attach a sheet describing the care instructions you have for your pets, including daily care, any special needs your pet may have, and end-of-life or emergency care/decisions.

Have you ever filed a gift tax return?

☐ Yes ☐ No

Information about gift taxes. As of January 2013, you are permitted to give any person an “annual exclusion gift” of \$14,000 per year (\$28,000 per year if you elect to “gift-split” with your spouse), without the need to file a gift tax return. If you give a person an amount in excess of the annual exclusion gift, then you must file a gift tax return for the year. In previous years, the annual exclusion gift was less. If you have ever given a person (other than your spouse) property worth more than \$10,000, you may have needed to file a gift tax return. If you have given a person (other than your spouse) property worth more than \$10,000, and you haven’t filed a gift tax return, please let me know. If you have any questions about how gift taxes work as part of your estate planning, we can discuss at our meeting.

Document Checklist

Please enclose the following documents.

If you don't have a particular document presently, check the "NA" box.

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Wills and codicils | <input type="checkbox"/> NA |
| <input type="checkbox"/> Revocable trust (also known as living trust) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Power of attorney | <input type="checkbox"/> NA |
| <input type="checkbox"/> Advance directive for health care | <input type="checkbox"/> NA |
| <input type="checkbox"/> Any other trusts you have created | <input type="checkbox"/> NA |
| <input type="checkbox"/> Any other trusts where you are a beneficiary | <input type="checkbox"/> NA |
| <input type="checkbox"/> Any document granting you a power of appointment | <input type="checkbox"/> NA |
| <input type="checkbox"/> Deeds to any real estate you own | <input type="checkbox"/> NA |
| <input type="checkbox"/> Copies of titles to cars, boats, trailers, planes, RVs, etc.) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Current account statements for all bank accounts | <input type="checkbox"/> NA |
| <input type="checkbox"/> Current account statements for all retirement accounts | <input type="checkbox"/> NA |
| <input type="checkbox"/> Current account statements for all investment accounts | <input type="checkbox"/> NA |
| <input type="checkbox"/> Life insurance summaries | <input type="checkbox"/> NA |
| <input type="checkbox"/> Prenuptial agreement or domestic partnership agreement | <input type="checkbox"/> NA |
| <input type="checkbox"/> All gift tax returns you have filed, if any | <input type="checkbox"/> NA |

Business Interests

Please complete a separate page for each business if you own more than one business.

If you do not own a business check here ☐ to indicate that this page is not applicable to you.

In addition to this information, please attach current financial statements, including balance sheet, year-to-date profit and loss statement, statement of cash flows, etc.

What is the legal name of your business? _____

How is the business legally organized?

☐ Sole proprietorship ☐ General Partnership ☐ Corporation
☐ Limited Partnership ☐ Limited Liability Company (LLC)

Has an S election been made for your business entity? ☐ Yes ☐ No ☐ Uncertain

Do you have a buy-sell agreement for your business? ☐ Yes ☐ No ☐ Uncertain

Is the buy-sell agreement “funded”? ☐ Yes ☐ No ☐ Uncertain

Where are business records (such as the corporate minute book, LLC operating agreement, etc.) kept? _____

Do you intend to sell the business soon? ☐ Yes ☐ No ☐ Uncertain

Do you intend to sell the business eventually? ☐ Yes ☐ No ☐ Uncertain

What do you want to happen to the business upon your departure (death/disability/retirement)? _____

Who are the key employees for this business? _____

Who would you like to succeed you as the owner(s) of this business? _____

If the business is to be sold, who have you identified as potential buyers? _____

Signature and Date

I have filled out this form truthfully and fully. If I have any questions, I will ask them and make sure they are addressed prior to signing any estate planning document.

Dated: _____

Client
Print Name: _____

Joint Client (if applicable)
Print Name: _____

Office Use Only Please:

Received:	
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