

New Client Contact Information

Client's Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Work)

_____ (Cell) _____ (Cell 2)

Email: _____

Client's birthday _____ Spouse's birthday _____

Anniversary date _____

Family Information:

1. Child's name _____ Birthday _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Alt.)

Who are the parents of the child? Clients jointly Husband only Wife only

Is child married? Yes No Spouse's Name _____

Any concerns regarding divorce or Spouse converting Child's inheritance? Yes No

Any grandchildren from this child? Yes No How many? _____

2. Child's name _____ Birthday _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Alt.)

Who are the parents of the child? Clients jointly Husband only Wife only

Is child married? Yes No Spouse's Name _____

Any concerns regarding divorce or Spouse converting Child's inheritance? Yes No

Any grandchildren from this child? Yes No How many? _____

3. Child's name _____ Birthday _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Alt.)

Who are the parents of the child? Clients jointly Husband only Wife only

Is child married? Yes No Spouse's Name _____

Any concerns regarding divorce or Spouse converting Child's inheritance? Yes No

Any grandchildren from this child? Yes No How many? _____

4. Child's name _____ Birthday _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Alt.)

Who are the parents of the child? Clients jointly Husband only Wife only

Is child married? Yes No Spouse's Name _____

Any concerns regarding divorce or Spouse converting Child's inheritance? Yes No

Any grandchildren from this child? Yes No How many? _____

If more children, please attach a separate sheet and provide the above-requested information.

Financial Information:

For this initial meeting, it is not necessary to have exact figures, but a general idea of your Estate value will help in structuring a plan that will best serve you and ensure there are minimal taxes to be paid by your family.

Do you own real estate? Yes No If so, please describe _____

Is your real estate in more than one County? Yes No

Is any of your real estate outside of Oklahoma? Yes No

What is your estimate of all of your real estate's value? _____

What is the estimated value of your cash, checking, savings and CD accounts? _____

Do you own life insurance? Yes No If so, what is the total face value? _____

Do you own or operate your own business? Yes No Please describe _____

Do you currently have a Will? Yes No Do you have a power of attorney? Yes No

Do you currently have a trust? Yes No

Are you concerned about limiting liability from lawsuits? Yes No

Do you want to learn about limiting amounts you may have to pay for long-term care? Yes No

Please provide the following information:

Name of Tax Preparer: _____

Address, City, State ZIP: _____

Phone: _____ Fax: _____

Life Insurance Agent: _____

Address, City, State ZIP: _____

Phone: _____ Fax: _____

Financial Planner: _____

Address, City, State ZIP: _____

Phone: _____ Fax: _____

We look forward to being able to assist you with your tax and estate planning!