

BRENT S. HOWARD, ESQ.

Premier Tax and Estate Planning

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YOUR APPOINTMENT DATE IS: _____

YOUR APPOINTMENT TIME IS: _____

Driving Directions: Our office is located at the corner of Hudson and Sutherland Streets in Altus. It is the building directly north of the Altus Public Library.

Items to Prepare Prior to Our Meeting . . .

- For us to best serve you, we require that you discuss, decide, and complete the answers to the questions below prior to your appointment.
- Mr. Howard will request the completed form at the beginning of the appointment.
- As a reminder, if you are married, both spouses must attend the initial consultation to fully optimize your time with Mr. Howard.
- Please come prepared to spend up to an hour and a half for your meeting.
- And finally, when you decide to begin your estate plan, we require a retainer of 50% of the total investment to begin. The balance of the investment will be due at your final signing.

Thank you!

1. What is the biggest concern that prompted you to attend the seminar/schedule this meeting?

2. What is your vision for your estate plan? What do you hope to have it accomplish?

3. When you, or you and your spouse are deceased, who do you want your estate to be distributed to (e.g., children equally, brothers and sisters, equal or unequal shares)?

4. If any of the above-named distributees predecease you, who would you want to get the share designated (e.g., your child predeceases, does his child get the inheritance, his spouse, or your other children)?

5. If a common accident were to happen, meaning you and all the beneficiaries you named in numbers 3 and 4 above were to die at the same time, who would you want to inherit your property? Common answers are my then-closest living relative or a church, educational institution or charity of your choosing.

6. In the event of your disability, who do you want making financial decisions for you? Please name at least two people, if single, or two people in addition to your spouse, if married.

7. After your death, do you wish for the same persons listed in 6 above to continue making financial decisions for your Estate? ___ Yes ___ No
If No, please list alternatives. _____

8. Who do you wish to make health care decisions for you, if you cannot make them?

9. If you currently have minor children, who would you like to provide for their care if you (and your spouse) pass away? (This person(s) does not have to be the same as those listed above who will carry on your financial wishes.)

10. When would you like to have your estate plan in place?

In order to get a full financial picture and ensure there are no questions from your other financial advisors, I often like to meet and discuss basics of planning and tax issues with them. If it is okay for me to contact them and ensure your plan does not materially affect your tax situation, please complete as much of the following information as possible.

Financial Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accountant/Tax Preparer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Life Insurance Agent

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Other Important Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Thank you for taking the time to fill out the answers to the above questions before your complimentary consultation. This ensures you will be able to optimize your time with the attorney so we can address your most pressing estate planning concerns, needs and desires.

We look forward to seeing you!