



Confidential

Estate Planning Intake Form

Dear Client,

Thank you for placing your trust in Evans & Davis and allowing us to assist you with your family's estate planning needs. Since 2002, our attorneys have assisted thousands of clients with protecting their assets, and more importantly, their families.

Quality estate planning requires a review of your financial information and a candid discussion of your personal circumstances, needs, goals, and wishes.

Please complete the attached Confidential Estate Planning Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and create a comprehensive plan that protects you, your family, and your assets. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication. Additional conflicts, privacy and security policies can be found at evansdavis.com/forms.

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the intake process, please contact us at (866) 708-2335 or via e-mail at attorneys@evansdavis.com. If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

Congratulations on your commitment to move forward with this critical process. Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve you and your family for a lifetime.

All our best,
Your Attorneys at Evans & Davis



Client Information

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____ Social Security Number: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Preferred Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____

Other Monthly Income: \$ _____ Source: _____

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or a trust? Will: Yes No Trust: Yes No

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: _____ Date: _____

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No

Who referred you to Evans & Davis? _____



Spouse/Partner Information (If Applicable)

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____ Date of Marriage: _____

Social Security Number: _____ Preferred Phone: _____

Email: _____

Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____

Other Monthly Income: \$ _____ Source: _____

Do you have a prenuptial agreement? Yes No

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or trust? Will: Yes No Trust: Yes No

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: _____ Date: _____

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No

Introduction

Estate Planning involves the creation of a comprehensive plan governing your personal and financial affairs. During the process, you select who will receive your assets following your death, how and when they receive them, and under what conditions. During the process, we strive to create a plan which minimizes taxes, costs, fees and hassle following your incapacity or death. To help you with designing your personal plan, it is useful to know what you hope to achieve through this process. A clear understanding of your hopes, fears, goals, and aspirations is critical. An appreciation of those beliefs and values is the foundation upon which Evans & Davis builds your estate plan.

**To assist with creating your estate plan, please answer the following questions.
Please note there are no right or wrong answers—only your answers:**

Identify any of the following issues that are important to you with an “X”

	Client	Spouse/Partner
Minimize Gift and Estate Taxes	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Disabled Descendants	<input type="checkbox"/>	<input type="checkbox"/>
Eliminate Probate or Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children/Grandchildren from Divorce and Creditors	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Children	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children from Immature Spending Habits	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children’s Inheritance in the Event of a Subsequent Remarriage by the Survivor	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Pass Values and Responsibility to Family Members	<input type="checkbox"/>	<input type="checkbox"/>

What is your goal in meeting with our firm?

What is your most important financial goal?

What do you see as the major threat to your personal goals?

Do you have any family dynamics that may affect your estate planning?

Are you or your spouse taking a trip out of the state or out of the country in the next 12 months?

Yes No Maybe



Family Information

Previous Marriage(s) by Client (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Previous Marriage(s) by Spouse/Partner (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Living Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

2) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

3) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

4) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

5) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

Deceased Children (On the "Child of" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

Name	Birth Date	Date of Death	Male/Female	Child of
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or your Spouse/Partner pregnant or anticipating becoming pregnant in the near future? Yes No

Have you or your Spouse/Partner ever had a child born outside of marriage? Yes No

Have you or your Spouse/Partner ever had a child given up for adoption or for which parental rights have been terminated? Yes No

Family Information (Continued)

Grandchildren

Name	Birth Date	Parents' Names	M/F	Adopted(Y/N)

Client's Parents

Spouse/Partner's Parents

Name	Relation	Select One	Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Client's Siblings

Spouse/Partner's Siblings

Name	Relation	Select One	Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Have any of the above named people ever had a child given up for adoption or for which parental rights have been terminated? Yes No

Does anyone in your immediate family have any special educational, medical, or physical needs? Yes No

If yes, please explain: _____

Other than with your minor children (if applicable), do you foresee a time when someone may be dependent on you? Yes No

If yes, please explain: _____



Real Property and Mineral Interests

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate a will or trust provision, including any tax planning. For each asset you list in this questionnaire, please carefully state the name of the owner(s) of the asset.

Include your personal residence(s), investment property, vacation homes (excluding time shares), vacant land, mineral interests, etc. If you have a copy of your legal description or deed, please attach a copy to this form.

1) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: \$ _____ Outstanding Mortgage? Yes No

2) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: \$ _____ Outstanding Mortgage? Yes No

3) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: \$ _____ Outstanding Mortgage? Yes No

4) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: \$ _____ Outstanding Mortgage? Yes No

5) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: \$ _____ Outstanding Mortgage? Yes No

Bank Accounts and Investment Accounts

Please **do not** list retirement accounts in this section such as: IRAs, 401Ks, Roth IRAs, SEPs, etc.

1) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

2) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

3) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

4) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

5) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

6) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____
Advisor Name: _____

Do you have any Safe Deposit Boxes? Yes No If yes, what is the Box Number? _____

Name of Institution: _____ Name(s) on Box: _____



Retirement Accounts

Please list your IRAs, 401ks, SEPs, Profit Sharing, Thrift Savings, etc.

1) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

2) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

3) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

4) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

5) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

6) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

7) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

Life Insurance Policies

1) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

2) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

3) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

4) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

5) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

Disability Insurance:

Do you currently have disability insurance?

Yes No

Insurance Provider: _____

Policy No: _____



Information for Business Owners

Do you own a business? (if no please proceed to the next section) Yes No

Name of Business: _____

Address of Business: _____

Phone Number: _____ FEI Number of Businesses: _____

How is your business currently being taxed? C-Corp S-Corp Partnership Sole Proprietorship

List the Owners/Members/Shareholders of your business and the ownership percentage for each on the lines below:

Owner/Member/Shareholder	Percentage	Units/Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Indicate which of the following your business already has in place, if any:

Operating Agreement Corporate Minutes Bylaws Buy-Sell Agreement

Other: _____

Do you anticipate the business continuing operations following your retirement, incapacitation or death? Yes No

Has your business been valuated? Yes No

Current value of your business? \$ _____

Do you have whole or part ownership in another/other business? Yes No

Other Information or Businesses: _____

Please use a separate sheet for additional businesses.

Advisors

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No



Please review and be familiar with the items on the following pages. However, the majority of the information may require additional guidance or instruction from your attorney during your upcoming estate planning meeting.

Trust Information

Preferred Name of Trust:

Successor Trustee

The Successor Trustee takes over control of your trust after you can no longer serve. When your estate plan involves a revocable trust, you and/or your Spouse/Partner usually serve as the initial Trustees. The Successor Trustee can be an individual, more than one individual, or a corporate entity (such as a bank or a trust company.)

First Choice:

Second Choice:

Third Choice:

Special Instructions:

Personal Representative/Executor

Your Personal Representative/Executor will liquidate and administer your probate estate if necessary. Typically your Personal Representative is the same person or entity that you have named as your Successor Trustee.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice:

Second Choice:

Third Choice:

Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation. Typically he same person or entity that you have named as your Successor Trustee.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice:

Second Choice:

Third Choice:

Should your Attorney-in-Fact have the right to immediately exercise these powers?:

Yes No



Guardian for Minor Children (If Applicable)

Please list the individual(s), including spouse, who should be responsible for the legal care and control over your children in the event you are incapacitated or deceased.

Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____
Special Instructions: _____	_____

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual or spouse you select as an agent to make decisions in regard to your medical care should you become incapacitated.

Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____
Special Instructions: _____	_____
Do you wish to be buried or cremated?	Remain Silent <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
Does your spouse wish to be buried or cremated?	Remain Silent <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
Do you want to be an organ donor?	Client: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are at the end of your life, do you wish to be on life support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your spouse is at the end of their life, do they wish to be on life support?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HIPAA Agent

The individual(s), including spouse, you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. Please list the individuals to be named as Authorized Recipients under the Health Insurance Portability and Accountability Act (HIPAA). You may want to include your Healthcare Agents, Attorney-in-Fact, and Trustees who will serve during any incapacity. You may likely want to list your children and close friends, as well.

Client's Choice	Spouse/Partner's Choice (if applicable)
Agent Name: _____	_____
Agent Name: _____	_____
Agent Name: _____	_____
Agent Name: _____	_____



Contact Information

Toll Free: (866) 708-2335
Fax: (405) 286-2770
attorneys@evansdavis.com

Mailing Address Home Office

211 N Broadway
Edmond, OK 73034
www.evansdavis.com

