

EVANS & DAVIS

Confidential

# Business Succession Planning Intake Form



## Dear Client,

Thank you for placing your trust in our Firm and allowing our attorneys to review your business planning needs.

Please complete the attached Confidential Business Succession 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 your business and assets.

Once you have completed the form, please return it to our office via mail, e-mail, or facsimile. If you have not done so already, please schedule an appointment with our Firm to review specific information relating to your business. You may contact us at our toll free number at (866) 708-2335 or by e-mail at [attorneys@evansdavis.com](mailto:attorneys@evansdavis.com). Please return the completed form at least three (3) business days prior to your scheduled meeting.

Please note that all information you share with our Firm will remain confidential and is privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us.

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

Warm Regards,

Evans & Davis

## Confidentiality Statement

Our Firm acknowledges the information you provide in this Business Succession Planning Intake Form is highly confidential. We collect various information about you from this form and from our consultations. You can be assured that all of the information that you share with us will stay private and confidential.

Evans & Davis does not disclose, sell, trade, exchange, or otherwise provide any information regarding your family or your assets to any third parties unless specifically authorized by you or required by applicable law.

Our Firm restricts access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards to protect your confidential information.

## Conflicts Of Interest

In the legal profession, it is generally unusual to represent more than one person as a party to any legal matter. Nevertheless, the nature of estate planning suggests that since spouses or partners usually have common goals, shared assets, and similar objectives, spouses or partners can sometimes act as a single client.

If you are single or if you do not share the same goals and objectives as your significant other, it is important that you obtain independent counsel.

## Professional Fees

Quality business planning requires a complete review of your financial information and a candid discussion of your personal circumstances, needs, goals, and desires. Business planning documents implemented through the planning process usually have significant legal and tax consequences.

Prior to your initial appointment, we will review the information provided. As a courtesy to you and your professional advisors, we will not bill for that time nor the time for a consultation appointment. We generally bill on an hourly rate for your initial consultation after the first hour unless other arrangements have been made.

Sometimes clients choose to include family members, loved ones, and/or advisors in the planning process. You are welcome to make that decision if you are so inclined. However, it is important to remember that the attorney-client privilege, which protects the confidentiality of what is discussed, extends only between the attorney and the client. As a general rule, we would expect to meet with you individually or as a couple before family members or others are involved.

We rely on the information you provide to us in order to advise you regarding what we believe to be the most appropriate estate planning arrangements for your circumstances. By filling out this form, we consider your information to be accurate and complete.

Likewise, if a significant difference of opinion or a conflict occurs with your significant other after we have initiated representation, our Firm will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for our Firm to withdraw, and to advise you both to seek separate counsel.

After our initial meeting, we will provide you an outline of our recommended course of action along with the related fees based on complexity. At that time, we can usually provide a flat transactional fee amount for the entire estate plan.

**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.**

**In all cases, the Firm's legal representation will not commence until the execution of a Contract for Legal Services by the Client(s) and the Firm, as well as receipt of your professional fees for the services rendered.**

# EVANS & DAVIS

## Business Planning Intake Form

Personal and Confidential

Legal Name of Company: \_\_\_\_\_

Other Names Used/DBA's: \_\_\_\_\_

FEI Number of Business: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

In what state was the business created? \_\_\_\_\_

What type of business entity is the Company?

Sole Proprietorship    LLC    PLLC    Partnership

S Corporation    C Corporation   Other \_\_\_\_\_

Physical Address of Company (Street Address or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address of Company (Street Address or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Main Phone Number of Company: \_\_\_\_\_

Fax Number of Company: \_\_\_\_\_

Preferred Email Address(es): \_\_\_\_\_

Website for Business: \_\_\_\_\_

Number of Owners or Shareholders:

1    2    3    4    5    Other \_\_\_\_\_

Annual Gross Revenue: \$ \_\_\_\_\_

Annual Net Profit: \$ \_\_\_\_\_

Referred to Evans & Davis by: \_\_\_\_\_



# General Background Information

Has the Company changed ownership since inception? Yes  No  N/A

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If the Company is an LLC, does it have a signed and updated Operating Agreement? Yes  No  N/A

*If yes, please send the Firm a copy of the most recent executed Operating Agreement.*

If the Company is a Corporation, does it have signed and updated Corporate Bylaws? Yes  No  N/A

*If yes, please send the Firm a copy of the most recent executed Corporate Bylaws.*

If the Company is a Corporation, does it have annual minutes for every year since the inception of the Company? Yes  No  N/A

*If yes, please send the Firm a copy of all executed Corporate Minutes since inception.*

Does the Company have an executed Buy Sell Agreement between the owners? Yes  No  N/A

*If yes, please send the Firm a copy of the most recent executed Buy Sell Agreement.*

Does the Company need to create a new Buy Sell Agreement or update an existing owner? Yes  No  N/A

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Who is the registered agent with the State?

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Is the Company active with the State on yearly business filings to keep the company active? Yes  No  N/A

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Does the Company have any unpaid federal or state taxes? Yes  No  N/A

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If yes, please explain:

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Does this business have any litigation against it? Yes  No  N/A

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If yes, please explain:

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Does this Business have any unpaid or unsatisfied judgments against it? Yes  No  N/A

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If yes, please explain:

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# Business Owner Information

## Business Owner Number 1

Full Legal Name of Business Owner:

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Percentage of Ownership (or shares of stock):

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Spouse/Partner (if married):

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Home Mailing Address of Business Owner:

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Office Number:

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Cell Number:

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Office Manager's Email:

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SSN:

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Date of Birth:

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Has the business owner ever personally filed bankruptcy?

Yes  No

Position or roles within the company:

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Typical number of hours worked per week with the company:

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Does business owner have a prenuptial agreement?

Yes  No

*If yes, please provide a copy of the executed prenuptial agreement.*

Does business owner have any health issues that would affect their life expectancy?

Yes  No

If yes, please explain:

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Does business owner have an Estate Plan?

Yes  No

If yes, does the business owner's Estate Plan utilize a trust?

Yes  No

*If yes, please provide a copy of the applicable Trust.*

If yes, are the business owner's shares or units of the business owned in trust?

Yes  No

*If yes, please provide a copy of the Assignment or Transfer Documentation.*

Does the business owner have a spouse, children, or relatives that work for the company?

Yes  No

If so, please provide their names, roles, and relationships:

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Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the company?

Yes  No

If yes, please explain:

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Please list other businesses owned or managed by the business owner:

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# Business Owner Information

Business Owner Number 2 (if applicable)

Full Legal Name of Business Owner: \_\_\_\_\_

Percentage of Ownership (or shares of stock): \_\_\_\_\_

Spouse/Partner (if married): \_\_\_\_\_

Home Mailing Address of Business Owner: \_\_\_\_\_

Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has the business owner ever personally filed bankruptcy? \_\_\_\_\_

Yes  No

Position or roles within the company: \_\_\_\_\_

Typical number of hours worked per week with the company: \_\_\_\_\_

Does business owner have a prenuptial agreement? \_\_\_\_\_

Yes  No

*If yes, please provide a copy of the executed prenuptial agreement.*

Does business owner have any health issues that would affect their life expectancy? \_\_\_\_\_

Yes  No

If yes, please explain: \_\_\_\_\_

Does business owner have an Estate Plan? \_\_\_\_\_

Yes  No

If yes, does the business owner's Estate Plan utilize a trust? \_\_\_\_\_

Yes  No

*If yes, please provide a copy of the applicable Trust.*

If yes, are the business owner's shares or units of the business owned in trust? \_\_\_\_\_

Yes  No

*If yes, please provide a copy of the Assignment or Transfer Documentation.*

Does the business owner have a spouse, children, or relatives that work for the company? \_\_\_\_\_

Yes  No

If so, please provide their names, roles, and relationships: \_\_\_\_\_

Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the company? \_\_\_\_\_

Yes  No

If yes, please explain: \_\_\_\_\_

Please list other businesses owned or managed by the business owner: \_\_\_\_\_



## Business Owner Information

Business Owner Number 3 (if applicable)

Full Legal Name of Business Owner:

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Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

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Home Mailing Address of Business Owner:

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Office Number:

Cell Number:

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Personal Email:

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SSN:

Date of Birth:

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Has the business owner ever personally filed bankruptcy?

Yes  No

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Position or roles within the company:

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Typical number of hours worked per week with the company:

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Does business owner have a prenuptial agreement?

Yes  No

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*If yes, please provide a copy of the executed prenuptial agreement.*

Does business owner have any health issues that would affect their life expectancy?

Yes  No

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If yes, please explain:

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Does business owner have an Estate Plan?

Yes  No

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If yes, does the business owner's Estate Plan utilize a trust?

Yes  No

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*If yes, please provide a copy of the applicable Trust.*

If yes, are the business owner's shares or units of the business owned in trust?

Yes  No

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*If yes, please provide a copy of the Assignment or Transfer Documentation.*

Does the business owner have a spouse, children, or relatives that work for the company?

Yes  No

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If so, please provide their names, roles, and relationships:

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Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the company?

Yes  No

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If yes, please explain:

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Please list other businesses owned or managed by the business owner:

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## Business Owner Information

Business Owner Number 4 (if applicable)

Full Legal Name of Business Owner:

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Percentage of Ownership (or shares of stock):

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Spouse/Partner (if married):

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Home Mailing Address of Business Owner:

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Office Number:

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Cell Number:

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Personal Email:

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SSN:

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Date of Birth:

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Has the business owner ever personally filed bankruptcy?

Yes  No

Position or roles within the company:

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Typical number of hours worked per week with the company:

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Does business owner have a prenuptial agreement?

Yes  No

*If yes, please provide a copy of the executed prenuptial agreement.*

Does business owner have any health issues that would affect their life expectancy?

Yes  No

If yes, please explain:

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Does business owner have an Estate Plan?

Yes  No

If yes, does the business owner's Estate Plan utilize a trust?

Yes  No

*If yes, please provide a copy of the applicable Trust.*

If yes, are the business owner's shares or units of the business owned in trust?

Yes  No

*If yes, please provide a copy of the Assignment or Transfer Documentation.*

Does the business owner have a spouse, children, or relatives that work for the company?

Yes  No

If so, please provide their names, roles, and relationships:

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Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the company?

Yes  No

If yes, please explain:

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Please list other businesses owned or managed by the business owner:

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# Introduction to Buy/Sell Agreement

1. Does the Company have a written or oral business succession plan? Yes  No

2. Have the owners of the company generally discussed what should occur when one of the owners dies? Yes  No

If so, briefly explain:

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3. Have the owners of the company generally discussed what should occur if one of the owners divorce and the non-owner spouse asserts ownership of the Company? Yes  No

If so, briefly explain:

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4. Does the Company provide Disability Insurance to the owners? Yes  No

5. Does the Company insure the owners on its Workers Compensation Insurance? Yes  No

6. Have the owners considered utilizing life insurance to purchase each other's equity at death? Yes  No

7. Does the Company own life insurance on the owners? Yes  No

If yes, please provide information on each policy (carrier, cash value, death benefit, beneficiary, etc.):

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9. Are there key employees associated with the Company other than the owners? Yes  No

If yes, please provide their names and general information:

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10. If there are key employees associated with the Company, would they have the ability to assume ownership following the owner's death(s)? Yes  No

11. Has the Business ever been formally valued through a business evaluation? Yes  No

Date of Valuation	Entity that Completed Valuation	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Amount the owners believe the Company is currently valued at on the Market? \_\_\_\_\_

## Notes and Supplemental Information

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# Notes Continued

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mailing address*

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