



ESTATE PLANNING INFORMATION, INSTRUCTIONS AND QUESTIONNAIRE

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Information about Estate Planning, Wills and Trusts

Estate planning is typically one of the last activities a person wants to partake in. However, it is often a necessary and always a beneficial process. The goal of estate planning is to ensure that your property transfers to the beneficiaries of your choosing. Further, estate planning can also be used to provide healthcare decisions to be made on your behalf in the event of your incapacitation. Parsons, Graham & Day takes your estate plan a step further, we also provide additional tools for your beneficiaries or heirs to be able to access your online accounts, final wishes, and care for pets.

Wills

A will, also called a “Last Will and Testament”, is a legal document, read by a court to ensure that your last wishes are carried out. A will names an executor, names guardian(s) for children, decides how debts and taxes will be paid, provide for pets, and, at times, serve as a backup to a living trust. A will, frequently, requires that your heirs participate in a judicial process called probate.

Trusts

A trust is an arrangement under which a trustee holds the legal title to property for the benefit of another person, called a beneficiary. A person can be the trustee of his or her own living trust. In a living trust, your beneficiaries receive the trust property when you pass away. The primary advantage that trusts offer over wills is the ability to avoid the probate process. Is a trust right for you: (1) are you older than 55; (2) are you wealthy; (3) are you single? If your answer was no to those three questions, then you may not need a living trust.

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Basic Differences Between Wills and Trusts		
Item	Trusts	Wills
Name beneficiaries for property	✓	✓
Leave property to young children	✓	Potentially
Revise your document	✓	✓
Avoid probate	✓	✗
Keep privacy after death	✓	✗
Requires a notary public	✓	✗
Requires transfer of property	✓	✗
Protection from court challenges	✓	✗
Avoid a conservatorship	✓	✗
Name guardians for children	✗	✓
Name property manages for children's property	✗	✓
Name an executor	✗	✓
Instruct how taxes and debts should be paid	✗	✓
Simple to make	✗	✓
Requires witnesses	✗	✓
Leave money to pets	✗	✗
Leave final wishes	✗	✗
Leave passwords for online accounts	✗	✗

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Instructions

1. Please answer each question fully and completely.
2. Answer honestly and to the best of your recollection.
3. Complete this questionnaire to the best of your ability; for any answer that you do not know, please provide the information you are able to or indicate that you do not know/remember.
4. Do not stress about your answers, this is being used as a tool to assist the attorney.
5. For any answer that you rely upon a writing, record, or other item of documentation, please note that next to the answer and provide a copy to my office if you have not already done so.
6. For any answer that contains information that can be obtained and/or confirmed by a third party, please note that next to the answer and provide his/her name, address, and phone number on the page(s) at the end of section along with what answer they have information about.

Thank you in advance for taking the time to complete this questionnaire.

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Questionnaire

Basic Personal Information

Your Full Legal Name:	
Date of Birth:	Telephone:
Home Address:	
City, State, Zip:	
E-mail:	Social Security Number:
U.S. Citizen? If not, of what country are you a citizen?	
Employer:	
Married:	_____ Divorced
Date of Marriage:	_____ Widowed
	_____ Single

Spouse's Name:	
Date of Birth:	Telephone:
Home Address (if different):	
City, State, Zip:	
E-mail:	Social Security Number:
U.S. Citizen? If not, of what country is your spouse a citizen?	
Employer:	

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Documents Currently Executed or Filed

Document	Spouse has Document		Copy Attached
Existing will(s)	H _____	W _____	
Revocable trusts / Living trusts	H _____	W _____	
Healthcare power of attorney	H _____	W _____	
Living wills and other medical directives	H _____	W _____	
Property power of attorney	H _____	W _____	
Gift tax returns filed by either spouse	H _____	W _____	
Buy / sell or stock redemption agreements	H _____	W _____	
Other trust / estate plan instruments	H _____	W _____	
Name:	H _____	W _____	
Name:	H _____	W _____	
Name:	H _____	W _____	
Pre- and postnuptial agreements	H _____	W _____	
Separation agreements and divorce decrees	H _____	W _____	

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Dependents / Children / Beneficiaries

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

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Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

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Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

Full Legal Name:			
_____ Child	_____ Grandchild	_____ Dependent	_____ Beneficiary
Address:			
City, State, Zip			
Date of Birth:		Telephone:	
E-mail:			Adopted?

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Executor / Personal Representative / Trustee / Guardian

Full Legal Name:		
_____ First	_____ Alternate	_____ Second Alternate
Address:		
City, State, Zip		
Employer:		Telephone:
E-mail:		To serve as:

Full Legal Name:		
_____ First	_____ Alternate	_____ Second Alternate
Address:		
City, State, Zip		
Employer:		Telephone:
E-mail:		To serve as:

Full Legal Name:		
_____ First	_____ Alternate	_____ Second Alternate
Address:		
City, State, Zip		
Employer:		Telephone:
E-mail:		To serve as:

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Advisors

Attorney:	
Address:	
E-mail:	Telephone:

Accountant:	
Address:	
E-mail:	Telephone:

Financial Advisor:	
Address:	
E-mail:	Telephone:

Stock Broker:	
Address:	
E-mail:	Telephone:

Life Insurance Agent:	
Address:	
E-mail:	Telephone:

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Cash Accounts

Types of Accounts: Checking, Savings, Certificate of Deposit, Money Market

Forms of Ownership: Husband, Wife, Joint with Spouse, Joint with 3rd Party, Tenants in Common

Name of Institution:	
Account Number:	Type:
Form of Ownership:	Value:

Name of Institution:	
Account Number:	Type:
Form of Ownership:	Value:

Name of Institution:	
Account Number:	Type:
Form of Ownership:	Value:

Name of Institution:	
Account Number:	Type:
Form of Ownership:	Value:

Name of Institution:	
Account Number:	Type:
Form of Ownership:	Value:

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Investment Accounts

Name of Brokerage Firm:	
Account Number:	Type:
Owner:	Value:

Name of Brokerage Firm:	
Account Number:	Type:
Owner:	Value:

Name of Brokerage Firm:	
Account Number:	Type:
Owner:	Value:

Name of Brokerage Firm:	
Account Number:	Type:
Owner:	Value:

Name of Brokerage Firm:	
Account Number:	Type:
Owner:	Value:

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Stocks/Bonds – Directly Owned

Name of Company:	
Tax (Cost) Basis:	Number of Shares:
Owner:	Value:

Name of Company:	
Tax (Cost) Basis:	Number of Shares:
Owner:	Value:

Name of Company:	
Tax (Cost) Basis:	Number of Shares:
Owner:	Value:

Name of Company:	
Tax (Cost) Basis:	Number of Shares:
Owner:	Value:

Name of Company:	
Tax (Cost) Basis:	Number of Shares:
Owner:	Value:

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Mortgages, Notes and Other Receivables

Items that are payable to you and other moneys owed to you.

Name of Debtor:	
Address:	
Telephone:	E-mail:
Date of Note:	Date Note Due:
Current Balance:	Payment:

Name of Debtor:	
Address:	
Telephone:	E-mail:
Date of Note:	Date Note Due:
Current Balance:	Payment:

Name of Debtor:	
Address:	
Telephone:	E-mail:
Date of Note:	Date Note Due:
Current Balance:	Payment:

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Business and Professional Interests

Privately owned (non-publicly traded) stock or membership in partnerships, limited liability companies or sole proprietorships.

Company or Entity:		
Address:		
Telephone:	E-mail:	
Type of Entity:		Buy/Sell Agreement:
Percentage Ownership:		Value:

Company or Entity:		
Address:		
Telephone:	E-mail:	
Type of Entity:		Buy/Sell Agreement:
Percentage Ownership:		Value:

Company or Entity:		
Address:		
Telephone:	E-mail:	
Type of Entity:		Buy/Sell Agreement:
Percentage Ownership:		Value:

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Personal Effects

List your personal property, such as vehicles, jewelry, furniture, here.

[illegible]

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[illegible]

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Retirement Plans

Company:		
Type of Plan:	Beneficiary:	
Percent Vested:		Value:

Company:		
Type of Plan:	Beneficiary:	
Percent Vested:		Value:

Company:		
Type of Plan:	Beneficiary:	
Percent Vested:		Value:

Company:		
Type of Plan:	Beneficiary:	
Percent Vested:		Value:

Company:		
Type of Plan:	Beneficiary:	
Percent Vested:		Value:

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Real Property

Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

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Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

Address:	
General Description:	
Legal Description:	
Owner:	Mortgage:
Fair Market Value:	

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Life Insurance, Long Term Care Insurance and Annuities

Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

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Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

Company:	
Policy Number:	Type:
Date policy entered into:	Face Value:
Current Cash Surrender Value:	Amount of Loan:
Owner:	Annual Premium:
Beneficiary:	Contingent Beneficiary:

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Other Assets

Description	Location	Owner	Value

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Objectives

Briefly describe your estate planning goals:

Please list the way that you would like your estate dispersed and/or the specific bequests:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Miscellaneous Questions

Please provide any documents that support your answers.

1. Do you or your spouse have a will? _____
2. Have you ever lived in a community property state? _____
3. Have either you or your spouse been married previously? _____
4. Have you made gifts of \$10,000.00 or more to any person (other than your spouse) in any one year? _____
5. If you own joint tenancy property with someone other than your spouse, whose funds were used to purchase the property? _____
6. Estimated inheritance, if any: You: \$ _____ Spouse: \$ _____
7. Are you or any member of your immediate family a beneficiary or trustee of any trust?

8. Do you anticipate any business or professional changes in the next 12 months? _____
9. Special family needs (support of a parent or child, special education, physical or mental handicap):

10. Do you own any property for your children, such as under a Uniform Transfer to Minor's Act?

11. Any potential lawsuits? _____
12. Health status of client, spouse, parents, children (good/fair/poor – explain):

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-
-
13. Mental health status: _____
14. Do you have pets that you want or need a plan for in the event of your death? _____
15. Would you like a healthcare directive (e.g., a Do Not Resuscitate)? _____
16. Any other facts or matters that do not seem to be covered by this questionnaire?
-
-
17. Do you believe you need a trust? _____

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Checklist

Item	Completed
Reviewed the Information pages	
Read the Instructions	
Questionnaire	
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Other Assets	
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Miscellaneous Questions	
Checklist	
Certification	
Attached the documents referenced or relied upon	
Prepared a list of questions for the attorney	

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Certification

The undersigned hereby represents to Parsons, Graham & Day, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Representative

Printed Name

Date