



**BARBER  
&  
BARTZ**

## Estate Planning Questionnaire

The purpose of this worksheet is to facilitate the exchange of information regarding your estate. Although this worksheet contemplates Husband and Wife, if single, please fill in the information that applies to your situation. You are assured that we maintain utmost confidentiality with respect to all information provided to us.

### *MARITAL STATUS*

- Married. See Addendum.  
 Single.  
 Divorced.  
 Widowed.

### *CLIENT A (Husband or Single Man)*

Full Name	
Preferred Name to Use on Documents	
Date of Birth	
Street Address	
City, State, Zip	
County	
Home Phone	
Work Phone	
Cell Phone	
E-mail	
Preferred Method of Contact	

### *CLIENT B (Wife or Single Woman)*

Full Name	
Preferred Name to Use on Documents	
Date of Birth	
Street Address	
City, State, Zip	
County	
Home Phone	
Work Phone	
Cell Phone	
E-mail	
Preferred Method of Contact	

	<u><b>CLIENT A</b></u>		<u><b>CLIENT B</b></u>	
Do you presently have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married, do you have a prenuptial agreement? If yes, please provide a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there previous marriages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you subject to any on-going support obligations? If yes, please provide explanatory documentation (i.e. Decree of Dissolution, court order, etc. setting forth the obligation).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your children from a prior marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children or other beneficiaries have special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of your children predeceased you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any serious health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe briefly:	<hr/>			
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a prepaid burial plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate a significant inheritance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to move out-of-state within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FAMILY INFORMATION

### *FAMILY STATUS - Children*

NAME	BIRTH DATE	SEX	ADDRESS	STATUS OF CHILD (Deceased, Prior Marriage, Adopted, etc.)

### *FAMILY STATUS - Grandchildren*

NAME	BIRTH DATE	SEX	ADDRESS	PARENT	STATUS OF GRANDCHILD (Deceased, Prior Marriage, Adopted, etc.)

***FAMILY INFORMATION – Disabled Child(ren)/Grandchild(ren) or Other Beneficiary***

NAME	BIRTH DATE	RELATIONSHIP/ NATURE OF DISABILITY	RECEIVING PUBLIC BENEFITS? (e.g., SSI, Medicaid, etc.)

**FINANCIAL INVENTORY AND INFORMATION**  
(Please add additional sheets as necessary)

*Financial inventory and information helps us determine whether your estate is taxable in addition to evaluating potential options for managing and distributing your estate. In the “Owner” column, please describe how the asset is titled (e.g., JTWR0S, individually, POD, etc.) where applicable.*

**ASSETS**

**REAL ESTATE** – Please provide our office with a copy of deeds, if possible. Use the following descriptions in the TYPE column for your Real Estate assets: Primary Residence, Secondary Residence, Vacation Home, Land, Rental Home, Rental Property, or Commercial Property.

TYPE	LOCATION (County, State)	OWNER	MARKET VALUE

**BANK ACCOUNTS** – Please use these descriptions in the **TYPE** column for your Bank Account assets: *Checking, Savings, CD's, or Money Market.*

TYPE	LOCATION (Financial Institution, etc.)	OWNER	ACCOUNT VALUE

**INVESTMENTS** – Please use these descriptions in the **TYPE** column for your Investment assets: *Bonds, Stock, Mutual Fund, etc.*

TYPE	LOCATION (Custodian)	OWNER	ASSET VALUE

**RETIREMENT** – Please use these descriptions in the **TYPE** column for your Retirement assets: *401k, 403b, IRA, Qualified Plan, SEP/IRA, or Other.*

TYPE	LOCATION (Custodian)	OWNER	ASSET VALUE

**INSURANCE** – Please use these descriptions in the **TYPE** column for your Insurance assets: *Term Life, Whole Life, Universal Life, Variable Life, etc.*

TYPE	INSURANCE COMPANY	INSURED	OWNER	CASH VALUE	DEATH BENEFIT

**BUSINESS** – Please use these descriptions in the **TYPE** column for your Business assets: *General Partnership, Ltd. Partnership, C Corporation, S Corporation, Sole Proprietorship, LLC, etc.*

TYPE	DESCRIPTION	OWNER	ASSET VALUE

**OTHER** – Please use these descriptions in the **TYPE** column for your Other assets: *Collectibles, Recreational, Boats, Firearms, or Miscellaneous.*

TYPE	DESCRIPTION	OWNER	ASSET VALUE

**LIABILITIES/DEBTS** – Please use these descriptions in the **TYPE** column: *Mortgages, Personal Loans, Judgments, or Other Loans/Debts.*

TYPE	PROPERTY PLEDGED	DEBTOR	DEBT BALANCE DUE

**NOMINATIONS:**

**PROVISIONS OF LAST WILL AND TESTAMENT** – A personal representative is responsible for protecting and preserving all estate assets after the decedent's death and throughout the administration until the estate assets are finally distributed to the beneficiaries who are entitled to them.

**HIS PERSONAL REPRESENTATIVE**

Name(s) of First Choice:	
Name(s) of Second Choice:	
Name(s) of Third Choice:	

**HER PERSONAL REPRESENTATIVE**

Name(s) of First Choice:	
Name(s) of Second Choice:	
Name(s) of Third Choice:	

**GUARDIAN OF MINOR CHILD(REN) OR DISABLED ADULT CHILD**  
(in the event Spouse is unable to act as Guardian)

Name(s) of First Choice:	
Name(s) of Second Choice:	
Name(s) of Third Choice:	

**TRUSTEE** – *The Trustee is responsible for protecting and preserving all trust assets before and after the decedent’s death and throughout the administration until the trust assets are finally distributed to the named beneficiaries of the trust. The Trustee may also be required to file tax returns and provide to the beneficiaries an annual and/or final accounting which records in considerable detail all receipts and all disbursements made by the Trustee. A Trustee may be named in a will, living trust or other trust document. The Trustee can be one or more individuals (i.e., Co-Trustees), a Corporate Trustee (Professional Trustee), or a combination of natural person(s) and corporate professional. The Trustee you select should have unquestionable integrity, skill, and a willingness to serve.*

**TRUSTEE FOR MANAGEMENT OF PROPERTY FOR CHILD(REN) OR OTHER  
DESCENDANTS**

<b>Name(s) of First Choice:</b>	
<b>Name(s) of Second Choice:</b>	
<b>Name(s) of Third Choice:</b>	

**TRUSTEE OF SPECIAL NEEDS TRUST FOR DISABLED BENEFICIARY**

<b>Name(s) of First Choice:</b>	
<b>Name(s) of Second Choice:</b>	
<b>Name(s) of Third Choice:</b>	

**REVOCABLE LIVING TRUST** – *A revocable living trust is often used to avoid probate. Typically, you would serve as initial trustee (or you and your spouse, if a joint trust). If your net estate exceeds \$5.45 Million Dollars, which is the estate tax exemption beginning in 2016, we recommend you consider separate trusts. For further information, please refer to our articles “Revocable Trusts” and “Common Tax Options” which are located under “resources” on our firm’s website.*

**TRUSTEE OF JOINT TRUST**

<b>Name(s) of Second Choice:</b>	
<b>Name(s) of Third Choice:</b>	
<b>Name(s) of Fourth Choice:</b>	



**OR, IN THE EVENT OF SEPARATE TRUSTS**

***SUCCESSOR TRUSTEE: HIS TRUST***

<b>Name(s) of First Choice:</b>	
<b>Name(s) of Second Choice:</b>	
<b>Name(s) of Third Choice:</b>	

***SUCCESSOR TRUSTEE: HER TRUST***

<b>Name(s) of First Choice:</b>	
<b>Name(s) of Second Choice:</b>	
<b>Name(s) of Third Choice:</b>	

***FINANCIAL POWER OF ATTORNEY*** – A financial power of attorney allows an individual to appoint an agent to “stand in the shoes” of him or her for whatever business purposes he or she deems necessary. A power of attorney can be general, so that the attorney-in-fact can conduct any sort of business on behalf of the principal, or it may be specific, limited to the transactions expressly provided for in the document. Some of the powers granted to the attorney-in-fact may include (but are not limited to) managing real and personal property, settling debts, borrowing money, and filing tax returns. Some of the powers can be performed by a trustee of a living trust. It is suggested that the same individual(s) appointed as trustee be appointed as your attorney-in-fact. For further information, please refer to our article “Powers of Attorney” which is located under “resources” on our firm’s website.

***HIS ATTORNEY-IN-FACT***

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

***HER ATTORNEY-IN-FACT***

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

**HEALTH CARE POWER OF ATTORNEY** – A health care power of attorney allows an individual to appoint another to make health and medical care decisions on his or her behalf. Some of the powers granted to the attorney-in-fact include access to medical records and other personal information, power to employ and discharge health care personnel, and make advance funeral arrangements. The attorney-in-fact may also give, withhold, withdraw, or modify consent to medical treatment. A health care power of attorney is not designed to address end of life decisions.

**HIS ATTORNEY-IN-FACT**

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

**HER ATTORNEY-IN-FACT**

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

**ADVANCE DIRECTIVE FOR HEALTH CARE** – Advance directives for health care, also known as living wills, are end of life instructions given by an individual specifying what actions should be taken in the event that he or she is no longer able to make health care decisions due to illness or incapacity. For further information, please refer to our article “Advance Directives” which is located under “resources” on our firm’s website.

**HIS HEALTH CARE PROXY**

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

**HER HEALTH CARE PROXY**

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	

**ESTATE DISTRIBUTION PREFERENCES**

Evaluate the following estate planning goals in order of importance (e.g., 1,2,3; 1 being the most important):

- Reduction or elimination of estate tax.
- Maximize protection of children upon death of spouse second to die.
- Maximize flexibility/control by surviving spouse with respect to property received from deceased spouse.

**PERSONAL AND HOUSEHOLD EFFECTS (or remaining effects)**

- All to spouse.
- All to children of THIS MARRIAGE, including ADOPTED children, in equal shares.
- All to children of THIS MARRIAGE and/or PREVIOUS MARRIAGE, including ADOPTED children, in equal shares.
- In the event any of my children (or stepchildren) fail to survive me, then to their children in equal shares.
- I wish to prepare a handwritten list and include the statement in my Will or Trust.
- Sell all personal and household effects (or all remaining personal effects after distribution) and add the proceeds to my residuary estate.
- Other: \_\_\_\_\_

Is it your intention that the packing and transportation of any specific item of tangible property be paid by your trust/estate?

- Yes
- No

**NOTE:** With regard to firearms, fees incident to the transfer of such property can be significant and some beneficiaries may not be able to legally receive firearms. You may wish to consider a “Gun Trust” to deal with some of these special issues.

**SPECIFIC BEQUESTS – These may be any specific items (automobiles, tools, furs, stamp collections, other collectibles, etc.), gifts of cash, or real estate which you wish to leave to children, friends, relatives, organizations, etc. If you leave specific bequests to minors, be sure to indicate that they are under age. In each case, list a secondary beneficiary in the event the first person named should predecease you.**

GIFT TO BE GIVEN	BENEFICIARY	MINOR?
	1 <sup>st</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2 <sup>nd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3 <sup>rd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued on following page.

	1 <sup>st</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2 <sup>nd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3 <sup>rd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1 <sup>st</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2 <sup>nd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3 <sup>rd</sup> Choice:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Option 1**

The specific bequest shall be distributed at the time of my death (even if my spouse survives).

Yes  No

**Option 2**

The specific bequest shall be distributed at the death of my surviving spouse (i.e., after both of us are deceased).

Yes  No

***CHARITABLE BEQUESTS – After payment of last illness and funeral expenses, debts, probate administration costs, attorneys’ fees and specific bequests, your remaining estate is known as your RESIDUARY ESTATE. Do you wish to give a percentage of your residuary estate or a specific gift to any charitable organization? If so, please indicate the organization and percentage below:***

AMOUNT OR PERCENTAGE TO BE GIVEN	CHARITY OR ORGANIZATION NAME AND ADDRESS
<input type="checkbox"/> As an Endowment/Perpetual Trust. <input type="checkbox"/> Outright.	1 <sup>st</sup> Choice:
	2 <sup>nd</sup> Choice:
	3 <sup>rd</sup> Choice:
<input type="checkbox"/> As an Endowment/Perpetual Trust. <input type="checkbox"/> Outright.	1 <sup>st</sup> Choice:
	2 <sup>nd</sup> Choice:
	3 <sup>rd</sup> Choice:

<input type="checkbox"/> As an Endowment/Perpetual Trust. <input type="checkbox"/> Outright.	1 <sup>st</sup> Choice:
	2 <sup>nd</sup> Choice:
	3 <sup>rd</sup> Choice:

**Option 1**

The charitable bequest shall be distributed at the time of my death (even if my spouse survives).

Yes     No

**Option 2**

The charitable bequest shall be distributed at the death of my surviving spouse (i.e., after both of us are deceased).

Yes     No

***DISTRIBUTION OF RESIDUARY ESTATE (i.e., the balance remaining in my estate or trust)***

- All to spouse.
- Outright.
- In trust (we will discuss trust options with you).
- All to children of THIS MARRIAGE, including ADOPTED children, in equal shares.
- If any of my children fail to survive me, then to their children in equal shares.
- In equal shares, or all to the survivor of them.
- All to children of THIS MARRIAGE and/or PREVIOUS MARRIAGE, including ADOPTED children, in equal shares.
- If any of my children fail to survive me, then to their children in equal shares.
- In equal shares, or all to the survivor of them.

***IN THE EVENT A TRUST IS DESIRED FOR A CHILD OR OTHER BENEFICIARY:***

PROPERTY OR PERCENTAGE OF ESTATE TO BE GIVEN	BENEFICIARY NAME	AGE OF FINAL DISTRIBUTION OF TRUST

Other. Please explain.

***CONTINGENT DISTRIBUTION – If spouse, child(ren), descendants or other named beneficiaries predecease you, how do you wish your estate to be distributed? Please explain.***

***INTENTIONAL EXCLUSION – If you wish to exclude a specific person(s) from participation in your estate, please indicate here and list the full name and relationship of the excluded person.***

NAME	RELATIONSHIP

### **Addendum**

It is common for a husband and a wife to employ the same lawyer to assist them in planning their estates. It is important that you understand that, if you desire that our firm represent the both of you, you both are considered our client collectively. Ethical considerations prohibit us from agreeing with either of you to withhold information from the other.

There are numerous ways to provide for a surviving spouse and children. Some of these ways include distributions of income and/or principal to the beneficiary. Typically, these distributions are for the care and support of the beneficiary. In the case of a surviving spouse, distributions can continue for the life of the spouse or until the spouse remarries. Further, distributions to a child or children can begin on the death of the first spouse or upon the death of the second spouse.

Another item to consider is the choice of a successor trustee of a revocable trust. The trustee can be a surviving spouse (with some exceptions), another person or a corporate trustee. There are many considerations in making the choice of successor trustee, which will be discussed as part of your estate plan. At times, it is preferable to have a corporate trustee serve as a successor trustee in the context of a second marriage.

Also, in the event that there is a prenuptial agreement, such contract would need to be reviewed and considered in the context of your proposed estate plan. Any property that is brought into the marriage or acquired during the marriage and separately maintained is not subject to a spousal claim in the event of death (or subsequent divorce). You should also be aware that under Oklahoma law, a surviving spouse has certain rights to the property that is acquired during marriage.