

MCPHAUL ROZELL LAW, PLLC
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 405-821-1534

TODAY'S DATE: _____

CLIENT OR BUSINESS FULL LEGAL NAME	
CLIENT CONTACT	
BUSINESS ADDRESS	
HOME ADDRESS	
MAILING ADDRESS (if different)	
E-MAIL ADDRESS	
E-MAIL ADDRESS	
HOME PHONE	
CELL PHONE	
WORK PHONE	
EMPLOYER	
EMPLOYER ADDRESS	

SPOUSE NAME AND PHONE	
MEMBER/OFFICER NAME AND PHONE	
MEMBER/OFFICER NAME AND PHONE	

NOTES

ESTATE PLANNING INTAKE

Do you have an existing estate plan? _____ YES _____ NO
(Please provide a copy of your existing estate planning documents)

Information about yourself

FULL LEGAL NAME	
OTHER NAMES THAT YOU GO BY	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	

Are you married? _____ YES _____ NO

Date of marriage: _____

Do you have a prenuptial agreement? _____ YES _____ NO
(Please provide a copy of the Agreement.)

If you were previously married, indicate whether:

_____ Prior marriage ended in divorce
_____ Prior marriage ended with death of spouse

Information about your spouse

SPOUSE'S FULL LEGAL NAME	
OTHER NAMES THAT SPOUSE GOES BY	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	

If previously married, indicate whether:

_____ Prior marriage ended in divorce
_____ Prior marriage ended with death of spouse

Information about your family

CHILDREN WHO ARE OF THIS RELATIONSHIP
(Include children who have passed away)

CHILD'S FULL LEGAL NAME	DATE OF BIRTH	ADDRESS

CHILDREN BY PREVIOUS RELATIONS
(Include children who have passed away)

CHILD FULL NAME	DATE OF BIRTH	CHILD'S PARENT	ADDRESS

Have any of the children identified above been adopted by the spouse of this relationship? _____ YES _____ NO

Please indicate which children have been adopted by placing an "*" next to their name.

GRANDCHILDREN/GREAT GRANDCHILDREN

GRANDCHILD'S FULL LEGAL NAME	PARENT OF THE CHILD

Are any of the children special needs children? _____ YES _____ NO

CHILD'S NAME	DESCRIBE THE CONDITION QUALIFYING THE CHILD FOR SPECIAL NEEDS

Representative Appointments

WHO DO YOU & YOUR SPOUSE TRUST TO MANAGE YOUR ASSETS IF THE BOTH
OF YOU ARE UNABLE?

NAME	RELATION TO YOU	ADDRESS

If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

_____ YES _____ NO

WHO DO YOU & YOUR SPOUSE TRUST TO TAKE CARE OF YOUR CHILDREN IF THE
BOTH OF YOU ARE UNABLE?

NAME	RELATION TO YOU	ADDRESS

HEALTHCARE REPRESENTATIVE APPOINTMENTS

WHO DO YOU TRUST TO MAKE YOUR MEDICAL DECISIONS IF YOU ARE UNABLE?

NAME	RELATION TO YOU	ADDRESS

If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

_____ YES _____ NO

If your spouse wishes to appoint different people to make their medical decisions than you have appointed for yourself, please have your spouse complete the following information:

WHO DOES YOUR SPOUSE TRUST TO MAKE HIS/HER MEDICAL DECISIONS IF
YOUR SPOUSE IS UNABLE?

NAME	RELATION TO YOU	ADDRESS

If your spouse is appointing two or more people to act together, are they authorized to act independently of each other permitting either person to act without the consent of the other?

_____ YES _____ NO

Asset List

BANK ACCOUNTS (Include checking, savings, certificates of deposit, etc.):

NAME OF FINANCIAL INSTITUTION	NAME OF THE ACCOUNT	TYPE OF ACCOUNT	BENEFICIARY DESIGNATIONS

INVESTMENT ACCOUNTS:

INVESTMENT INSTITUTION	TYPE OF INVESTMENT	VALUE	BENEFICIARY DESIGNATIONS	
			PRIMARY	CONTINGENT

REAL ESTATE AND MINERAL INTERESTS:

ADDRESS & COUNTY	NAME ON TITLE OF PROPERTY	MORTGAGE AMOUNT	PROPERTY VALUE

LIFE INSURANCE POLICIES (Include accidental death policies)

INSURANCE COMPANY	PERSON WHO IS INSURED	DEATH BENEFIT & CASH VALUE	BENEFICIARY DESIGNATIONS	
			PRIMARY	CONTINGENT

BUSINESS OWNERSHIP INTERESTS:

BUSINESS NAME	OWNERSHIP INTEREST	INTEREST VALUE	OTHER INFORMATION

Asset Distribution

GIFTS OF SPECIFIC ASSETS

DISTRIBUTION OF REMAINING ASSETS

ALTERNATIVE DISTRIBUTION OF ASSETS IF BENEFICIARIES PREDECEASE YOU

SPECIFIC DISTRIBUTION PROVISIONS FOR MINOR CHILDREN OR SPECIAL NEEDS

OTHER CONCERNS, REQUESTS, AND/OR SPECIFIC INSTRUCTIONS YOU WISH TO ADDRESS OR INCLUDE IN YOUR ESTATE PLAN