

**CONFIDENTIAL
PERSONAL AND FINANCIAL DATA**

**TO ASSIST IN WEALTH PRESERVATION
AND
ESTATE PLANNING**

CONFIDENTIALITY NOTICE

The information herein provided to JAMES, POTTS & WULFERS, INC., is submitted for the purpose of facilitating the rendition of professional legal services. The following information is protected from disclosure pursuant to the provisions of *Okla. Stat. tit. 12, § 2502* and Rule 1.6 of the Rules of Professional Conduct as adopted by the Supreme Court of the State of Oklahoma

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FAMILY DATA

SELF

Name: _____ Date of Birth: _____
Home Address: _____ Telephone: _____
Business Address: _____ Telephone: _____
Nature of Employment: _____ SS No.: _____
Date of Marriage: _____ Previous Marriage: Yes _____ No _____

SPOUSE

Name: _____ Date of Birth: _____
Home Address: _____ Telephone: _____
Business Address: _____ Telephone: _____
Nature of Employment: _____ SS No.: _____
Date of Marriage: _____ Previous Marriage: Yes _____ No _____

CHILDREN

1. Name: _____ Date of Birth: _____ SS#: _____
2. Name: _____ Date of Birth: _____ SS#: _____
3. Name: _____ Date of Birth: _____ SS#: _____
4. Name: _____ Date of Birth: _____ SS#: _____
Identify children (by #): Deceased: _____ Adopted: _____ By Previous Marriage: (H) _____ (W) _____

Identify by name the children of each deceased child: _____

FINANCIAL DATA

A. REAL ESTATE

<u>Description</u>	<u>Fair Market Value</u>	<u>How Property Is Titled Owner (Name) and Form of Title: Joint Tenancy (JT) Tenancy in Common (TC) or Sole Owner</u>
1. Home: _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
TOTAL:	\$ _____	

B. OIL AND GAS PROPERTIES

	<u>Description</u>	<u>Fair Market Value</u>	<u>How Property is Titled</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
TOTAL:		\$ _____	

C. CASH

	<u>Bank</u>	<u>Average Balance</u>	<u>Type of Account (Savings, Checking)</u>	<u>How Account is Titled</u>
1.	_____	\$ _____	_____	_____
2.	_____	\$ _____	_____	_____
3.	_____	\$ _____	_____	_____
4.	_____	\$ _____	_____	_____
TOTAL:		\$ _____		

D. MONEY MARKET, T-BILLS, C.D.'S, ETC.

	<u>Issuer</u>	<u>Description of Instrument</u>	<u>Face Amount</u>	<u>How Property Is Titled</u>
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
TOTAL:			\$ _____	

E. SECURITIES

	<u>Issuer</u>	<u>Description (Stocks, Bonds, Mutual Funds, Etc.)</u>	<u>Fair Market Value</u>	<u>How Property Is Titled</u>
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
TOTAL:			\$ _____	

F. RETIREMENT ACCOUNTS

	<u>Type of Account</u> (I.R.A.'s, Pension, Profit sharing, SEP's, etc.)	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
TOTAL:				\$ <u>_____</u>

G. CARS, FURNITURE AND CLOTHING

		<u>Fair Market Value</u>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
TOTAL:		\$ <u>_____</u>

H. VALUABLE PERSONAL PROPERTY

	<u>Object</u>	<u>Fair Market Value</u>	<u>Owner</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
TOTAL:		\$ <u>_____</u>	

I. LIFE INSURANCE

	<u>Company - Policy #</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Loans</u>
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____
4.	_____	_____	_____	\$ _____	\$ _____
TOTAL:				\$ <u>_____</u>	\$ <u>_____</u>

J. BUSINESS INTERESTS

Name of Business: _____ Address: _____

Nature of Business: _____

Type of Organization: C Corporation _____
S Corporation, Partnership _____
Limited Partnership _____
L.L.C. _____
Trust or Sole Proprietorship _____

Fair Market Value of Business: \$ _____

Percent of Your Ownership: _____%

Attach copies of Stock Purchase or other Stock Agreements.

(If you own interest in more than one business, repeat information on separate sheet)

K. ANNUAL INCOME

Husband: Source: _____ Source: _____ Source: _____

Amount: \$ _____ Amount: \$ _____ Amount: \$ _____

Wife: Source: _____ Source: _____ Source: _____

Amount: \$ _____ Amount: \$ _____ Amount: \$ _____

L. ASSETS NOT IDENTIFIED PREVIOUSLY

	<u>Description</u>	<u>Fair Market Value</u>	<u>How Property Is Titled</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
	TOTAL:	\$ _____	

M. BENEFICIARY

Are you beneficiary, or possible beneficiary, of any:

1. Trust? Yes _____ No _____ If so, describe:

2. Life Insurance not identified in I? Yes _____ No _____ If so, describe:

3. Power of Appointment? Yes _____ No _____
If yes, attach copy of instrument which grants power.

4. Estate? Yes _____ No _____ If so, describe:

5. Gift? Yes _____ No _____ If so, describe:

N. LOANS

	<u>Amount</u>	<u>Debtor</u>	<u>Creditor</u>	<u>Due Date</u>	<u>Terms</u>	<u>Security for Loan (Identify by Asset i.e., A.1.)</u>
1.	\$ _____	_____	_____	_____	_____	_____
2.	\$ _____	_____	_____	_____	_____	_____
3.	\$ _____	_____	_____	_____	_____	_____
	\$ _____	TOTAL				

O. OTHER OBLIGATIONS

	<u>Obligation (Surety, Term Leases, Guarantor, etc.)</u>	<u>Obligor</u>	<u>Terms</u>	<u>Security for Obligation (Identify by Asset, i.e., A.1.)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

P. TAXABLE GIFTS PREVIOUSLY MADE

	<u>To Whom</u>	<u>Property</u>	<u>Reported Value</u>	<u>Year of Gift</u>
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____

PLANNING GOALS AND OBJECTIVES

1. Describe how you wish your property to be distributed.
2. Any special health, education, etc., situations or circumstances in family you wish addressed?
3. Special provisions relating to husband.
4. Special provisions relating to wife.
5. Special provisions relating to others (children, parents, brothers, sisters, etc.).
6. Charitable gifts. To whom and amount or property.

7. Guardian for minor children:

Primary

Alternate

Name: _____

Name: _____

Address: _____

Address: _____

8. Do you wish to prepare a Directive to Physician (Living Will)? Yes ____ No ____

9. Do you wish to appoint a Health Care Proxy? Yes ____ No ____

Name: _____

10. Do you wish to prepare a Durable Power of Attorney? Yes ____ No ____

Who shall have the power? _____

11. BE SURE TO ATTACH COPY OF YOUR CURRENT WILL AND TRUST.