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

JAMES, POTTS & WULFERS, INC.

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FAMILY DATA

<u>SELF</u>

Name:		Date of Birth:				
Home Address:		Telephone:	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 decease	ed child:					
	<u>FINANCI</u>	AL DATA				
A. <u>REAL ESTATE</u>						
			(Name) Joint Tena	perty Is Titled Owner and Form of Title: ancy (JT) Tenancy in (TC) or Sole Owner		
<u>Description</u>		Fair Market Value	2 3 mmon	(- 5) 51 <u>2516 5 milot</u>		
1. Home:	\$					
2	\$					
3						
	TOTAL: \$					

OIL AND GAS PROP	<u>'ERTIES</u>				
Description	<u>1</u>		Fair Market	Value	How Property is Titled
		\$			
		\$			
	TO				
CASH					
<u>Bank</u>	Average l	Balance		of Account s, Checking)	How Account is Titled
	\$				
	'AL: \$				
101	μ <u></u>				
MONEY MARKET,	Γ-BILLS, C.D.'S	, ETC.			
Issuer		Description o	f Instrument	Face Amount	How Property Is Titled
				\$	
				\$	_
				\$	
				\$	<u> </u>
	TOTAL: \$_			=	
<u>SECURITIES</u>					
		Descri (Stocks, Bon	-	Fair Market	
<u>Issuer</u>		Funds,		Value	How Property Is Titled
				\$	
				\$	
				\$	
				\$	
			TOTAL:	\$	

F. <u>RETIREMENT ACCOUNTS</u>

(Type of Account I.R.A.'s, Pension, Profit sharing, SEP's,	etc.) Own	<u>er</u> <u>B</u>	Seneficiary_	Current <u>Value</u>
1.					\$
					\$
					\$
4					\$
				TOTAL:	\$
				Fair Market Valu	le.
G.	CARS, FURNITURE AND C	<u>LOTHING</u>		Tun munce vare	<u></u>
1			<u> </u>		
2			3. \$		
			Total \$ ====		=======
Н.	VALUABLE PERSONAL PR	<u>ROPERTY</u>			
	Object		Fair Market Value	Owr	<u>ier</u>
1			\$		
			\$		
			\$		
_					
T		TOTAL:	\$		
		TOTAL:	\$		
I.	<u>LIFE INSURANCE</u>				
	Company - Policy #	Owner	Beneficiary Programme 1	Face Amount	Loans
1				\$	\$
				·	
				\$	\$
				\$	\$
4				\$	\$
			TOTAL:	\$	\$

J. <u>]</u>	BUSINESS INTERESTS			
	Name of Business:		Address:_	
	Nature of Business:			
	Type of Organization (Circle Partnership, L.L.C., Trust or	· •	•	artnership, Limited
	Fair Market Value of Busine	ss: \$		
	Percent of Your Ownership:			
	Attach copies of Stock Purch	nase or other Stock	Agreements.	
	(If you own interest in more	than one business. r	repeat information	on on separate sheet)
		,	1	1 /
K. <u>4</u>	ANNUAL INCOME			
Husband:	Source:	Source:		Source:
	Amount: \$	Amount: \$		Amount: \$
Wife:	Source:	Source:		Source:
	Amount: \$	Amount: \$		Amount: \$
L. <u>4</u>	ASSETS NOT IDENTIFIED PREV	<u>IOUSLY</u>		
	Description		Fair Market	Hann Dunnanton In Title d
1	<u>Description</u>		<u>Value</u> \$	How Property Is Titled
·				
·				
		TOTAL:	\$	

M.	BENEFIC	CIARY						
	Are you b	beneficiary, or	possible benefic	ciary, of any:				
	1. Ti	Trust? If so, describe:						
	2. Li	ife Insurance	not identified in	I? If so, describe	:			
	3. Po	ower of Appo	intment? Ye	es No. If ye	s, attach copy of i	nstrument w	hich grants power	
	4. Es	state? If so, d	escribe:					
	5. G	ift? If so, des	cribe:					
N.	LOANS	<u>S</u>						
1. \$_	Amount	_	<u>Pebtor</u>	<u>Creditor</u>	Due Date	<u>Terms</u>	Security for Loan (Identify by Asset <u>i.e., A.1</u> .)	
O.	OTHER	OBLIGATIO	<u>DNS</u>					
(Obligation Surety, Term Guarantor,	Leases,	Obligor		<u>Terms</u>		ity for Obligation by Asset, <i>i.e.</i> , A.1.)	
2								

P.	TAXABLE GIFTS PREVIOUS	SLY MADE		
	To Whom	<u>Property</u>	Reported Value	Year of <u>Gift</u>
	PLAN	NING GOALS AND OBJECTIVES		
1.	Describe how you wish your prop	perty to be distributed.		
2.	Any special health, education, etc	c., situations or circumstances in family y	ou wish addressed	?
3.	Special provisions relating to hus	sband.		
4.	Special provisions relating to wif	fe.		
5.	Special provisions relating to oth	ners (children, parents, brothers, sisters, et	c.).	
6.	Charitable gifts. To whom and a	amount or property.		

/.	Guardian for minor children:
	<u>Primary</u> <u>Alternate</u>
Name	e: Name:
Addr	ess: 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? 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.

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