

Estate Planning Client Intake Form

2024

for the exclusive use of:

POSTIC & BATES

A T T O R N E Y S A T L A W

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Client Information

Full Legal Name: _____
(first, middle, last)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____
(if different)

Telephone Number(s):
(list in order we should call)

_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Are You a U.S. Citizen? ☐ Yes ☐ No [If 'No', give citizenship: _____]

Are You an Oklahoma Resident? ☐ Yes ☐ No [If 'No', give residency: _____]

Preferred Name for Legal Documents:

(You can use your full name, initials, or what you go by e.g., John Doe, John A. Doe, J.A. Doe.)

How were you referred to Postic & Bates?

- ☐ Google/Search Engine
- ☐ Social Media – If so, name of site (Facebook, LinkedIn, etc.): _____
- ☐ Seminar – If so, date and place of seminar: _____
- ☐ Individual referral – If so, name of person who referred you: _____

Spouse/Partner Information

Full Legal Name: _____
(first, middle, last)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____
(if different)

Telephone Number(s):
(list in order we should call)

_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	<input type="checkbox"/> Other

Email Address: _____

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Are You a U.S. Citizen? ☐ Yes ☐ No [If 'No', give citizenship: _____]

Are You an Oklahoma Resident? ☐ Yes ☐ No [If 'No', give residency: _____]

Preferred Name for Legal Documents:

(You can use your full name, initials, or what you go by e.g., John Doe, John A. Doe, J.A. Doe.)

Advisor Information

Provide us with contact information for your professional advisors, if any, in case we need to contact them for additional information.

General Attorney

Name: _____

Address: _____

Telephone Number: _____

Accountant or Tax Advisor

Name: _____

Address: _____

Telephone Number: _____

Financial Advisor

Name: _____

Address: _____

Telephone Number: _____

Life Insurance Agent/Underwriter

Name: _____

Address: _____

Telephone Number: _____

Can Postic & Bates contact the above advisors about your estate plan? ☐ Yes ☐ No

Current Estate Plan

It is important for us to know what estate planning decisions you have already made, even if you are replacing or amending your estate plan.

Do you already have:

- | | | |
|--|------------------------------|-----------------------------|
| A Living Trust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Last Will and Testament? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Transfer on Death Deed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Durable Power of Attorney? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Health Care Power of Attorney? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Living Will (Advance Directive)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An Irrevocable Trust (e.g., Life Insurance Trust)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Premarital Agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Long-Term Care Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered 'Yes' to any of the above questions, please provide us with copies of the applicable documents.

Have you ever filed for bankruptcy protection? ☐ Yes ☐ No

If 'Yes', what year? _____ What court? _____

Do you have any medical conditions we should be aware of? ☐ Yes ☐ No

If 'Yes', please explain: _____

Do you have any legal issues we should be aware of? ☐ Yes ☐ No

If 'Yes', please explain: _____

Do any of your potential beneficiaries require help managing their inheritance (due to, e.g., minority, special needs)? ☐ Yes ☐ No

If 'Yes', please explain: _____

Do any of your beneficiaries currently receive or qualify for any type of public assistance (e.g., Medicaid, SSDI)? ☐ Yes ☐ No

If 'Yes', please explain: _____

Family Information

Even if you do not want to provide for a child in your estate plan, or even if a child is deceased, it is crucial that your estate planning documents acknowledge *ALL* of your children. Failing to do so can cause unintended consequences for your estate.

1. Child's Full Legal Name: _____
Child of: ☐ Client ☐ Spouse ☐ Both

Residential Address: _____

SSN: _____ Telephone Number: _____

Date of Birth: _____ Date of Death (*if deceased*): _____

Children of this Child (Name/Age):

_____/_____/_____/_____
_____/_____/_____/_____

2. Child's Full Legal Name: _____
Child of: ☐ Client ☐ Spouse ☐ Both

Residential Address: _____

SSN: _____ Telephone Number: _____

Date of Birth: _____ Date of Death (*if deceased*): _____

Children of this Child (Name/Age):

_____/_____/_____/_____
_____/_____/_____/_____

Estate Planning Client Intake Form

3. Child's Full Legal Name: _____
Child of: ☐ Client ☐ Spouse ☐ Both

Residential Address: _____

SSN: _____ Telephone Number: _____

Date of Birth: _____ Date of Death (*if deceased*): _____

Children of this Child (Name/Age):

_____/_____/_____
_____/_____/_____

4. Child's Full Legal Name: _____
Child of: ☐ Client ☐ Spouse ☐ Both

Residential Address: _____

SSN: _____ Telephone Number: _____

Date of Birth: _____ Date of Death (*if deceased*): _____

Children of this Child (Name/Age):

_____/_____/_____
_____/_____/_____

5. Child's Full Legal Name: _____
Child of: ☐ Client ☐ Spouse ☐ Both

Residential Address: _____

SSN: _____ Telephone Number: _____

Date of Birth: _____ Date of Death (*if deceased*): _____

Children of this Child (Name/Age):

_____/_____/_____
_____/_____/_____

Appointment of Representatives

List all representatives in the order in which you want them to serve. You can indicate additional alternates in the margins or on a separate piece of paper.

Successor Trustee

This is the person who will manage your trust upon your death or incapacity. If you are creating a joint trust with a spouse, you must agree on a list of successor trustees.

1. Name: _____
Relationship: _____ Telephone: _____
Address: _____
2. Name: _____
Relationship: _____ Telephone: _____
Address: _____
3. Name: _____
Relationship: _____ Telephone: _____
Address: _____

Personal Representative/Executor

This is who will be appointed to probate your will, if necessary. Clients with a trust often use the same person as their successor trustee(s) to fill this role as well.

Client's Choice:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Spouse's Choice:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

General Durable Power of Attorney

This is who you choose to make financial and asset decisions for you. Clients with a trust often use the same person as their successor trustee(s) to fill this role as well.

Client's Choice:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Spouse's Choice:

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

Health Care Durable Power of Attorney

This is who you choose to direct your medical care, if you become incapacitated.

Client's Choice:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Spouse's Choice:

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

Health Care Proxy

This is who you choose to execute your wishes about life support. Clients often use the same person as under their Health Care Power of Attorney to fill this role as well.

Client's Choice:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Spouse's Choice:

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

- Name: _____
Relationship: _____
Address: _____

Guardian for Minor Children

This is who you nominate to serve as guardian for any of your children if you (and the child's other parent) die before a child reaches age 18.

1. Name: _____
Relationship: _____ Telephone: _____
Address: _____

2. Name: _____
Relationship: _____ Telephone: _____
Address: _____

3. Name: _____
Relationship: _____ Telephone: _____
Address: _____

Although we have provided space for you to list one representative to serve at a time, you can designate more than one representative to serve simultaneously in any of the above capacities. Indicate where, if at all, you want more than one person to serve.

Distributing Your Estate

There are many ways to distribute your estate upon your death, and you are not limited by the options proposed in this form. However, some distribution plans are possible only through certain estate planning devices. The information requested below will help us determine what kind of estate plan works best for you.

Specific Gifts

Gifts through an estate plan can be grouped into two main categories: specific gifts and residuary gifts. A *specific gift* is the gift of a specific asset or specific amount of money.

- ☐ Check here if you do not want to leave any specific gifts

List any specific gifts of assets or money that you wish to make upon your death:

For Client:

Name of Beneficiary	Asset Description or Dollar Amount	Contingent on Spouse Predeceasing?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Spouse:

Name of Beneficiary	Asset Description or Dollar Amount	Contingent on Spouse Predeceasing?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residuary Gifts

A *residuary gift* is the gift of a certain percentage or fraction of estate assets remaining after all specific gifts have been distributed (also known as your *residuary estate*).

Specify how you would like to see your residuary estate distributed upon your death:

If Your Spouse Survives You:

If your spouse survives you and you are not leaving them 100% of your estate, enter the names of your beneficiaries (including your spouse) and the percentage of your residuary estate that you want to leave to each of them:

Beneficiary	Share of Residuary Estate (%)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Note: Unless you have a premarital agreement, a spouse is entitled to a minimum of one-half (½) of all property acquired during the marriage under Oklahoma law.

Not Married / If Your Spouse Dies Before You:

If you are not currently married, or if your spouse dies before you, enter the names of your beneficiaries and the percentage of your residuary estate that you want to leave to each of them:

Beneficiary	Share of Residuary Estate (%)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Distribution Considerations

You have stated WHO your beneficiaries are and WHAT they will receive. Yet it can be just as important to specify HOW you want a beneficiary to receive their inheritance.

Whether due to age, immaturity, substance abuse, or a history of financial problems, a beneficiary might not be equipped to handle an inheritance. For those reasons and more, consider the following questions relating to the distribution of your estate:

Timing of Distributions

1. Do you want distributions to be made based on the **age** of a beneficiary? For example, a beneficiary receives 1/3 of their share at age 24, another 1/3 at age 27, and the balance of their share at age 30. ☐ Yes ☐ No

If 'Yes', specify the age(s) you want beneficiaries to receive distributions and the percentage of their share you want them to receive at each age:

Age	% of Share	Age	% of Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you want distributions to be made on an **annual** basis? For example, each year after your death (regardless of age), a beneficiary receives some of their share. ☐ Yes ☐ No

If 'Yes', how do you want annual distributions to be calculated?

- ☐ Principal (Asset Value): _____% total value of share
☐ Income Only: All income allocated to share
☐ Income and Principal: All income plus _____% total value of share

Minimum age for beneficiary to start receiving annual distributions: _____

Age for beneficiary to receive the balance of their share: _____

Distributions to Special Needs Beneficiaries

3. Do any of your beneficiaries have ***special needs*** or currently receive or qualify for ***public assistance/benefits*** (e.g., Medicaid, SSDI)? ☐ Yes ☐ No

If 'Yes', identify each such beneficiary and the nature of their needs:

Beneficiary	Explanation
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

4. Do any of the above beneficiaries already have a ***special needs trust*** that has been established for their benefit? ☐ Yes ☐ No

If 'Yes', identify each such beneficiary and the legal name of the trust:

Beneficiary	Name of Trust
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Conditions on Distributions

5. Are there any other specific conditions that you want to place on a beneficiary's inheritance not already reflected above? ☐ Yes ☐ No

If 'Yes', explain what conditions you want to place on a beneficiary's share and which beneficiary(ies) those conditions apply to:

Remote Contingent Beneficiaries

It is important to consider the possibility that you outlive all of your beneficiaries. For that reason, we recommend listing one or more contingent beneficiaries to receive your estate only if none of the other people you have listed are alive to do so. Some clients list charitable organizations, extended family members, or friends.

Specify any contingent beneficiaries you want to receive your estate in the event all of your other beneficiaries predecease you:

Beneficiary	Share of Contingent Estate (%)
_____	_____
_____	_____
_____	_____
_____	_____

Charitable Gifts

If you are naming a charitable organization as a beneficiary, even if only a contingent beneficiary, provide the below information for each organization. You can get most of this information by calling the organization. We also recommend obtaining a copy of the organization's IRS 501(c)(3) letter showing their status as a charitable entity.

Charity (full legal name): _____

Address: _____

Telephone: _____ Tax ID (EIN): _____

If there is a particular purpose to which you want your gift applied, explain:

Charity (full legal name): _____

Address: _____

Telephone: _____ Tax ID (EIN): _____

If there is a particular purpose to which you want your gift applied, explain:

Provide the same information for any other charitable organizations you are benefitting through your estate plan.

Asset Information

What kind of assets you own and how they are titled can determine how they will pass upon your death. Please provide the following information for all assets that you own either individually or through a business entity:

Real Estate and Mineral Interests

For any real estate, including mineral interests, provide the following for each interest:

1. Copy of deed or other instrument by which you obtained title
2. For land, address of property
3. For land, primary use of property (residence, vacation home, investment)
4. For minerals, type of interest (e.g., royalty, working)

If you do not have a copy of the deed or other title documents, contact the county clerk or registrar of deeds in the county where the interest is located or contact the company leasing the interest and ask for assistance.

Bank and Credit Union Accounts

For any bank or credit union accounts, provide the following for each account:

1. Name of bank or other institution
2. Type of account (e.g., checking, savings, CD)
3. Last 4 digits of account number
4. Name(s) of beneficiary(ies), if any, currently designated on account
5. Copy of most recent account statement

Brokerage and Investment Accounts

For any brokerage or investment accounts (*other than* qualified retirement accounts) and any stocks, bonds, and other investments not held in a brokerage or investment account, provide the following for each investment:

1. Name of financial institution or advisor
2. Type of account
3. Last 4 digits of account number
4. Name(s) of beneficiary(ies), if any, currently designated on account
5. Copy of most recent account statement

Retirement Accounts

For any retirement accounts, provide the following for each account:

1. Name of financial institution or advisor
2. Type of account (e.g., 401(k), IRA, Roth IRA, SEP, Profit Sharing)
3. Last 4 digits of account number
4. Name(s) of beneficiary(ies), if any, currently designated on account
5. Copy of most recent account statement

Life Insurance Policies and Annuity Contract

For any life insurance policies, provide the following for each policy:

1. Name of life insurance company
2. Type of policy (e.g., whole life, 30-year term, 15-year term)
3. Full policy number
4. Name(s) of beneficiary(ies), if any, currently designated on account
5. Copy of most recent account or policy statement

Motor Vehicles

For any motor vehicles, provide the following for each vehicle:

1. Copy of certificate of title
2. Type of vehicle (e.g., automobile, watercraft, aircraft)

Business Interests

For any interests in a business entity such as a limited liability company, partnership, or corporation, provide the following for each interest:

1. Registered name of business entity
2. Type of entity (e.g., LLC, LP, Corporation)
3. Ownership shares/units
4. Copy of Operating Agreement, Bylaws, or other governing documents