

HORIZON ATTORNEYS AND COUNSELORS AT LAW PLC

ESTATE PLANNING WORKSHEET

Client Information	Spouse Information
Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
Contact Phone:	Contact Phone:
Email:	Email:
Address of Residence:	
Date of Marriage:	
<i>Do you already have a trust or will? If yes, please provide a copy to us.</i>	

Children			
Full Legal Name	Gender	Date of Birth	Parents (H,W,H&W, O)

Please check any items below that apply to your children:

- I want to disinherit one or more of my children
- One or more of my children has special needs or requires long-term medical care

GUARDIANSHIP: Who would you choose to raise your minor children if you and the other parent are unable to do so? (Please provide full legal names):

First Choice: _____

Second Choice: _____

TRUSTEE: Upon your death, who do you want to carry out your will and trust instructions? You may name your spouse, an individual or financial institution. Second and Third Choice: If your first choice is unable or unwilling to serve as your trustee, these people will be appointed as your successor trustees.

Client	Spouse
1st Choice:	1st Choice:
2nd Choice:	2nd Choice:
3rd Choice:	3rd Choice:

HORIZON ATTORNEYS AND COUNSELORS AT LAW PLC

ESTATE PLANNING WORKSHEET

List any special requirements or conditions for your trustees that you want incorporated into your trust:

If married and would like any specific distributions made to your spouse, please list those here: _____

BENEFICIARIES: Who do you want to receive your estate distributions after you or the co-client (if applicable) are deceased? Please add additional pages if necessary. Can be an individual, charity, entity.

Legal Name/Charity Name	Gender	Distribution (Percentage, Dollar)

Please list any special conditions or restrictions on the distributions to the beneficiaries you have listed (age, college requirements, spousal restrictions): _____

REMOTE BENEFICIARIES: In the remote event that none of the beneficiaries you have listed are alive to receive your property, who do you want to receive your estate?

Individuals (full legal name) and/or charity	Percentage or Dollar

If you do not have a remote beneficiary in mind at this time, you may choose the following:

- If single, to your heirs-at-law
- If married, to each spouses' heirs-at-law
- If married, one half to Husband's heirs-at-law and one half to Wife's heirs-at-law

POWER OF ATTORNEY TO MANAGE FINANCES AND AFFAIRS DURING INCAPACITY:

Please list your choices in order in which you want them to serve. You may name your spouse, an individual or financial institution. Please list full legal name of individuals listed.

Client	Spouse
1 st Choice:	1 st Choice:
2 nd Choice:	2 nd Choice:

HORIZON ATTORNEYS AND COUNSELORS AT LAW PLC

ESTATE PLANNING WORKSHEET

3rd Choice:	3rd Choice:
-------------------------------	-------------------------------

Special Conditions or requirements for your Power of Attorney: _____

HEALTH CARE MANAGEMENT: Please list the individuals who you want to make medical decisions on your behalf if you are unable to do so. These people will be listed on your Health Care Power of Attorney, HIPPA Release and Advance Care Directive unless otherwise noted.

Client	Co-Client
1st Choice:	1st Choice:
2nd Choice:	2nd Choice:
3rd Choice:	3rd Choice:

Special conditions or requirements for your Health Care Management: _____

FUNDING YOUR TRUST: Included in our services is the assistance with moving your assets into your trust. To help us evaluate your funding requirements, please answer/mark the following items that you own or that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Real property in Oklahoma
<input type="checkbox"/> Real property in other states or countries
<input type="checkbox"/> Checking/savings
<input type="checkbox"/> CDs or Money Markets
<input type="checkbox"/> I have a mortgage on Real Property
<input type="checkbox"/> I have oil and/or gas interests | <input type="checkbox"/> I own a business or business interests
<input type="checkbox"/> I am entitled to a pension
<input type="checkbox"/> Specific Personal Property I want to address in my estate plan
<input type="checkbox"/> I have a prenuptial agreement |
|--|---|

Comments or Additional Information: Please use the space below to tell us anything else about your estate planning needs or requirements that is important to you, as well as a continuation of any of the sections above. _____
