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LAW FIRM

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STANDARD QUESTIONNAIRE

Date _____

A. PERSONAL DATA

(Husband)

(Wife)

Full Legal Name _____

Full Legal Name _____

Print - How You Sign Name _____

Print - How You Sign Name _____

Birth Date _____

Birth Date _____

Social Security Number _____

Social Security Number _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Fax Number _____

E-Mail Address _____

B. CHILDREN

1. Name _____ Spouse _____

Is Child: Adult? Yes No Disabled? Yes No From other Marriage? Yes No

Residential Address _____

2. Name _____ Spouse _____

Is Child: Adult? Yes No Disabled? Yes No From other Marriage? Yes No

Residential Address _____

3. Name _____ Spouse _____

Is Child: Adult? Yes No Disabled? Yes No From other Marriage? Yes No

Residential Address _____

4. Name _____ Spouse _____

Is Child: Adult? Yes No Disabled? Yes No From other Marriage? Yes No

Residential Address _____

5. Name _____ Spouse _____

Is Child: Adult? Yes No Disabled? Yes No From other Marriage? Yes No

Residential Address _____

C. REAL ESTATE INFORMATION - Please provide real estate deed for all property you own

Home:

1. Legal Description _____

Other Real Estate:

1. Legal Description _____

2. Legal Description _____

3. Legal Description _____

4. Legal Description _____

Minerals:

1. Legal Description _____

2. Legal Description _____

3. Legal Description _____

4. Legal Description _____

D. ESTATE PLAN

Do you have an existing Will(s)? Yes No (PLEASE PROVIDE)

Do you have an existing Trust? Yes No (PLEASE PROVIDE)

Do you have an existing Power of Attorney? Yes No (PLEASE PROVIDE)

E. DISTRIBUTION OF PROPERTY

1. Upon death of the husband (and spouse), how are the assets to be distributed?

2. If you wish to exclude any of your children or grandchildren from taking any part of your estate, list those persons.

3. If any of your children should predecease a parent, should his/her share pass through to his/her children?
Yes No If **Yes**, please indicate grandchildren, if any:

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____

4. In the event of your death, who should be guardian of your minor children? (a guardian has physical and legal control over your children until they reach the age of eighteen or by your choice

First choice: Name(s): _____

Address: _____

Relationship (if any): _____

Second choice: Name(s): _____

Address: _____

Relationship (if any): _____

Special requests:

F. APPOINTMENT OF REPRESENTATIVE/TRUSTEE

Who is to serve as personal representative of the will?; Trustee of the trust?; Attorney-in-fact under the durable power of attorney?; and Health care proxy under the Advance Health Care? Please list order, or to act together.

First choice: (Spouse is normally named first): _____

Address: _____

Relationship (if any): _____

Second choice: Name(s): _____

Address: _____

Relationship (if any): _____

Third choice: Name(s): _____

Address: _____

Relationship (if any): _____

G. INFORMATION REGARDING ASSETS

1. Estimated net worth of estate: \$ _____

2. Financial Institutions: Checking and savings accounts, or certificates of deposit, with banks, savings and loans, or credit unions: List Banking Institutions and accounts:

3. Investments (check all that apply):

Broker accounts: Cash or money or certificates of deposit

Stock Brokerage accounts: Stocks, bonds, and mutual funds

Mutual accounts:

Stocks and bonds (other than U.S. Savings Bonds) where you hold the certificates in your possession:

U.S. Savings Bonds:

Treasury bills or other government securities:

Limited partnerships:

Other securities (describe):

4. Retirement plans: (check all that apply):

Individual retirement accounts (IRA's), Keogh, or other individual plans providing tax deferral for deposits and income.

Employer-provided profit sharing, retirement, or other benefit plans:

5. Life Insurance Policies: Please indicate the name of the person insured, the name of the insurance company, the face amount of the policy, the type of policy, and the beneficiaries.

Insured	Insurance Company	Face Amount	Type of Policy	Beneficiaries
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6. Annuities: Please indicate the name of the annuitant and the type of annuity.
Regular annuities payable for guaranteed minimum term or amount:

Payable on Death: _____

Tax-deferred annuities:

Payable on Death: _____

7. Personal property other than automobiles, trucks, boats, and trailers:

Household furniture and appliances

Collections, art, antiques, valuable jewelry

Automobiles

Boats

Recreational vehicles

Motor home

Business machinery and equipment

Personal equipment and tools

Farm and ranch machinery and equipment (other than general household tools)

Livestock

8. Complete this section if you are engaged in business.

Do you own a business, or are you a partner in a business? Yes No

If Yes, complete the following:

Business is organized as a corporation. _____

S corporations? Y/N % Interest _____

Business is organized as a partnership. _____

% Interest: _____

Business is a sole proprietorship. _____

% Interest: _____