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CLIENT ESTATE PLANNING DATA SHEET

DATE _____ WHO REFERRED YOU? _____

NAME _____ BIRTHDATE _____
(Please print your name as you want it to appear in your legal documents.)

SPOUSE _____ BIRTHDATE _____
(Please print your name as you want it to appear in your legal documents.)

HOME ADDRESS _____

CITY _____ STATE _____ COUNTY _____ ZIP _____

HOME TELEPHONE (____) _____

MOBILE TELEPHONE-HIS (____) _____

MOBILE TELEPHONE-HERS (____) _____

PERSONAL E-MAIL(S) _____

EMPLOYER NAME -HIS _____

EMPLOYER TELEPHONE (____) _____

WORK E-MAIL _____

EMPLOYER NAME -HER _____

EMPLOYER TELEPHONE (____) _____

WORK E-MAIL _____

SOCIAL SECURITY #: YOU _____ SPOUSE _____

MARITAL STATUS: [] MARRIED [] SINGLE [] WIDOW(ER) [] DIVORCED

UNITED STATES CITIZEN: YOU: [] YES [] NO; SPOUSE [] YES [] NO

ESTATE PLANNING DATA SHEET

I. PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU:

- Existing Wills, Trusts, Powers of Attorney, Advance Directives
- Life Insurance Policies;
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Corporation Documents and Shareholder Agreements;
- LLC and Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Last Year's Income Tax Returns;
- Gift Tax Returns;

II. CHILDREN:

1. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

2. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

3. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

4. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

5. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

6. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

7. **NAME** _____ **AGE** _____
ADDRESS _____
TELEPHONE NO.S _____
E-MAIL(S) _____
CHILD'S SPOUSE _____ AGE _____
CHILDREN? YES NO IF SO, AGES _____

ARE ALL OF THESE CHILDREN FROM THIS MARRIAGE? YES NO

IF NO, PLEASE EXPLAIN: _____

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? _____

ARE THERE SPECIAL NEEDS FOR ANY CHILD? YES NO

IF YES, PLEASE EXPLAIN: _____

III. INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION):

***TITLE:** J-JOINT TENANCY WITH SURVIVORSHIP H-HUSBAND W-WIFE S-SELF
 TC-TENANTS IN COMMON C-COMMUNITY PROPERTY

****PROPERTY DESCRIPTION:** VR-VACANT RESIDENTIAL CD-CONDOMINIUM
 VC-VACANT COMMERCIAL TH-TOWNHOUSE
 IR-IMPROVED RESIDENTIAL TS-TIMESHARE
 IC-IMPROVED COMMERCIAL CO-CO-OWNERSHIP

	STATE	*TITLE	MARKET VALUE	DEBTS
RESIDENCE	_____			

OTHER REAL ESTATE:

ADDRESS OF PROPERTY	*TITLE	MARKET VALUE	DEBTS	**PROPERTY DESCRIPTION

	ITEM(S)	TITLE	VALUE
PERSONAL PROPERTY	_____		
VEHICLES	_____		

CHECKING ACCOUNTS	_____		
SAVINGS ACCOUNTS	_____		

	ITEM(S)	TITLE	VALUE
STOCKS & BONDS			
T-BILLS, CDS			
MUTUAL FUNDS			
NOTES TO YOU			
OTHER			

RETIREMENT PLANS: INCLUDES IRAs, 401Ks, 403Bs, PROFIT SHARING PLANS

OWNER	TYPE	DEATH BENEFICIARY	DEATH VALUE

<u>LIFE INSURANCE:</u>		*TYPE:	T-TERM	WL-WHOLE LIFE	G-GROUP TERM
OWNER	*TYPE	INSURED	BENEFICIARY	FACE VALUE	CASH VALUE

BUSINESS (Please give complete information):

*TYPE: C-CORPORATION S-S CORPORATION SP-SOLE PROPRIETORSHIP
 P-PARTNERSHIP LLC-LIMITED LIABILITY COMPANY

#1. NAME OF BUSINESS: _____
 WHAT DOES BUSINESS DO? _____

*TYPE	SHAREHOLDERS/PARTNERS	OWNERSHIP VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? _____

DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? _____

DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? _____

#2. NAME OF BUSINESS: _____
 WHAT DOES BUSINESS DO? _____

*TYPE	SHAREHOLDERS/PARTNERS	OWNERSHIP VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? _____

DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? _____

DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? _____

INTERESTS IN TRUSTS: (WHERE YOU ARE NAMED AS A BENEFICIARY)

NAME OF TRUST INTEREST HELD VALUE WHEN TO RECEIVE

NET ESTATE SUMMARY:

	MARKET VALUE	DEBTS
INTERESTS IN TRUST:	_____	_____
BUSINESSES:	_____	_____
LIFE INSURANCE:	_____	_____
RETIREMENT PLANS:	_____	_____
ALL OTHER:	_____	_____
GROSS ESTATE:	_____	
LESS DEBTS:	_____	
<u>NET ESTATE VALUE</u>	_____	

IV. KEY PEOPLE IN YOUR ESTATE PLAN:

A. TRUSTEES OF TRUSTS: **PLEASE PROVIDE FULL LEGAL NAMES**

ORIGINAL

___ Spouse(s) [] ___ Other _____

1ST SUCCESSOR _____

2ND SUCCESSOR _____

3RD SUCCESSOR _____

B. EXECUTORS OF WILLS (*if different than Trustees above*):

FIRST ___ Spouse ___ Other _____

SECOND _____

THIRD _____

FOURTH _____

C. FINANCIAL POWER OF ATTORNEY (*if different than Trustees above*):

FIRST ___ Spouse ___ Other _____

SECOND _____

THIRD _____

FOURTH _____

D. GUARDIANS FOR MINOR CHILDREN:

FIRST _____

SECOND _____

THIRD _____

FOURTH _____

E. HEALTH CARE POWER OF ATTORNEY AND ADVANCED DIRECTIVE:

ORIGINAL ___ Spouse(s) ___ Other _____

HUSBAND:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

WIFE:

1ST SUCCESSOR _____

2ND SUCCESSOR _____

V. DISTRIBUTIONS: WHERE YOUR ASSETS ARE TO GO AFTER DEATH:

A. UPON FIRST DEATH, I WANT ASSETS TO BE DISTRIBUTED AS FOLLOWS:

	SPECIFIC ASSETS	PERCENTAGE
TO MY SPOUSE:	_____	

TO OTHERS:

NAME	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

B. UPON THE SURVIVING SPOUSE'S DEATH, THE ASSETS ARE TO BE DISTRIBUTED AS FOLLOWS:

NAME	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

C. TRUST DISTRIBUTIONS FOR CHILDREN:

1. AGES & PERCENTAGES: _____ % AT _____ YEARS
_____ % AT _____ YEARS
_____ % AT _____ YEARS

2. SPECIAL PROVISIONS: _____

D. GIFTS TO CHARITIES:

VI. BACKGROUND INFORMATION: (VERY IMPORTANT, PLEASE COMPLETE)

A. PREVIOUS MARRIAGES:

FORMER SPOUSE: _____

DATE & PLACE OF MARRIAGE: _____

HOW TERMINATED: _____

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: _____

ALIMONY: _____

LIFE INSURANCE: _____

OTHER _____

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? YES NO

IF YES, PLEASE EXPLAIN: _____

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES): _____

E. DESCRIBE ANY SIGNIFICANT HEALTH ISSUES: _____

F. NAME & ADDRESS OF PHYSICIAN: _____

G. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA & WI) _____

H. PREVIOUS RESIDENCES: (STATES) _____

I. ANY NAME CHANGES: YES NO

J. ANY GIFTS MADE PRIOR TO 1982 IN EXCESS OF \$3,000? YES NO

AFTER 1982 IN EXCESS OF \$10,000? YES NO

K. FORGIVE ANY LOANS AT DEATH? YES NO

M. SPECIFIC INSTRUCTIONS FOR BURIAL? YES NO

N. ANTICIPATE INHERITANCES FROM OTHERS? YES NO

O. ANY RECENTLY INHERITED ASSETS? YES NO

P. ANY PRE-NUPTIAL AGREEMENTS? YES NO

VII. PARENTS:

NAME

ADDRESS

PHONE

VIII. ADVISORS:

NAME

ADDRESS

PHONE

A. ACCOUNTANT:

B. ATTORNEY:

C. STOCKBROKER:

D. FINANCIAL PLANNER:

E. LIFE INSURANCE AGENT:

F. OTHER ADVISORS:

IX. COMMENTS:

R. Thomas Irwin
Daniel L. Sherman

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R. THOMAS IRWIN, Attorney at Law

Thom is the founder of **Irwin & Sherman, P.C.**, located in Tulsa, Oklahoma. For over 30 years, Thom has specialized in the areas of Estate Planning, Charitable Gift Planning, Business Planning and Tax.

Thom is a graduate of Oral Roberts University Law School, class of 1982.

Upon graduation from Oral Roberts University Law School in 1982, Thom worked in the Estate and Planned Giving Department of the Christian Broadcasting Network in Virginia Beach, Virginia, assisting people in the planning of their estates. He taught at the **Regent University School of Law**, formerly full-time and as an adjunct professor, taught Estate Planning for the Professional Financial Planning program at **Old Dominion University** in Norfolk, Virginia, and more recently taught Estate Planning as an adjunct professor at **Northeastern State University**, Broken Arrow, Oklahoma.

Thom conducts seminars for churches, charitable organizations, business owners, professionals and others in the areas of Estate Planning, Gift Planning, and Business Planning.

DANIEL L. SHERMAN, Attorney at Law

Dan is both an attorney and a licensed professional counselor. After graduating from Wheaton College, he returned to Tulsa and attended the University of Tulsa College of Law. While in law school he worked on the Tulsa Law Review as a production editor and graduated with honors in 2000.

In addition to his law license, Dan is also a licensed professional counselor after graduating with honors from Oklahoma State University in 2005 with a Master of Science in Counseling. His legal experience combined with his counseling experience help him to connect with the emotional needs of his clients while also giving them sound legal representation.

Dan is also an adjunct professor at **Southwestern Christian University** at its campus in Broken Arrow where he has taught since 2012.