

Appointment Date \_\_\_\_\_  
Appointment Time \_\_\_\_\_

## ESTATE PLANNING CONFIDENTIAL CLIENT DATA SHEET

Dryer and Associates, P.C.  
5110 South Yale Avenue  
Suite 430  
Tulsa, Oklahoma 74135

Date \_\_\_\_\_ Referred by \_\_\_\_\_

### I. PERSONAL and FAMILY INFORMATION:

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Full Legal Name – Please Print

SPOUSE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Full Legal Name – Please Print

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

OCCUPATION (YOU) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

OCCUPATION (SPOUSE) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NO. YOU \_\_\_\_\_ SPOUSE \_\_\_\_\_

MARITAL STATUS \_\_\_ MARRIED \_\_\_ SINGLE \_\_\_ WIDOW(ER) \_\_\_ DIVORCED

UNITED STATES CITIZEN: YOU: \_\_\_ YES \_\_\_ NO SPOUSE: \_\_\_ YES \_\_\_ NO

### II. SERVICES DESIRED:

\_\_\_ ESTATE PLANNING \_\_\_ FINANCIAL \_\_\_ RETIREMENT PLANNING

\_\_\_ BUSINESS PLANNING \_\_\_ INSURANCE PLANNING

\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_

III. CHILDREN

1. NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
(Full Legal Name – Please Print)

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE: \_\_\_\_\_

CHILDREN \_\_\_ YES \_\_\_ NO IF SO, AGES \_\_\_\_\_

2. NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
(Full Legal Name – Please Print)

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE: \_\_\_\_\_

CHILDREN \_\_\_ YES \_\_\_ NO IF SO, AGES \_\_\_\_\_

3. NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
(Full Legal Name – Please Print)

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE: \_\_\_\_\_

CHILDREN \_\_\_ YES \_\_\_ NO IF SO, AGES \_\_\_\_\_

4. NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
(Full Legal Name – Please Print)

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE: \_\_\_\_\_

CHILDREN \_\_\_ YES \_\_\_ NO IF SO, AGES \_\_\_\_\_

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? \_\_\_ YES \_\_\_ NO IF YES,

DESCRIBE: \_\_\_\_\_

ARE THESE CHILDREN FROM THIS MARRIAGE? \_\_\_ YES \_\_\_ NO IF NO, PLEASE

EXPLAIN: \_\_\_\_\_

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? \_\_\_ YES \_\_\_ NO

IV. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTORS OF WILLS:

FIRST: \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER \_\_\_\_\_  
(NAME)

SECOND: \_\_\_\_\_  
(NAME)

THIRD: \_\_\_\_\_  
(NAME)

B. FINANCIAL POWER OF ATTORNEY:

FIRST: \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

SECOND: \_\_\_\_\_  
(NAME)

THIRD: \_\_\_\_\_  
(NAME)

C. HEALTH CARE POWER OF ATTORNEY:

HUSBAND:

FIRST: \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

SECOND:  
ADDRESS: \_\_\_\_\_  
(NAME)

WIFE:

FIRST: \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

SECOND:  
ADDRESS: \_\_\_\_\_  
(NAME)