

PERSONAL INFORMATION FORM

Law Offices Of

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A Professional Limited Liability Partnership

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PERSONAL INFORMATION

Full Legal Name: _____

Signature Name: _____

Nickname: _____ Birth date: _____ Social Security Number: _____

Home address: _____ City: _____ St: _____ Zip: _____

Home telephone: _____ County of Residence: _____ Business Telephone: _____

Employer: _____ Position: _____

Business address: _____ City: _____ St: _____ Zip: _____

E-mail address(s): _____

Married: Date of Marriage: _____ Divorced Widowed Single

Spouse's Full Legal Name: _____

Signature Name: _____

Nickname: _____ Birth date: _____ Social Security Number: _____

Home address: _____ City: _____ St: _____ Zip: _____

Home telephone: _____ County of Residence: _____ Business Telephone: _____

Employer: _____ Position: _____

Business address: _____ City: _____ St: _____ Zip: _____

E-mail address(s): _____

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents; "H" if husband is the parent;
"W" if wife is the parent; "S" if you are a single parent.)

Full Name	Parent(s)	Birth date and Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DEPENDENTS

Friends or relatives who are dependents (Use full legal name.)

Name	Relationship
_____	_____
_____	_____

ADVISORS

Name	Telephone
Attorney: _____	_____
Accountant: _____	_____
Financial Advisor: _____	_____
Primary Personal Bank: _____	_____
Life Insurance Agent: _____	_____
Stock Broker: _____	_____

IMPORTANT FAMILY QUESTIONS		
(Please check “Yes” or “No” for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Whom do you wish to be the contingent guardians if your primary guardians are unavailable? _____	N/A	N/A
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy.)		
In what states have you lived while married to your current spouse? During what periods of time did you reside there? State:_____ Time Period:_____	N/A	N/A
State:_____ Time Period:_____		
State:_____ Time Period:_____		
State:_____ Time Period:_____		
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies.)		
Have you or your spouse completed a previous will, trust, or estate planning document? (Please furnish copies.)		
Are both you and your spouse United States citizens? Wife Husband		
If you answered “No” above, are either you or your spouse a resident or a non-resident alien? Wife Husband		

INSTRUCTIONS FOR COMPLETING

THE PERSONAL INFORMATION CHECKLIST

General Headings: This Personal Information Checklist is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type: Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence of Title: This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees.

“Owner” of Property: How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

For Property Owned In:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Husband’s Name	No other person	H
Wife’s Name	No other person	W
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Community Property	(Applicable to spouses only)	CP
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "C", Savings Account "SA", Certificates of Deposit "CD" (indicate type below).

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account.

Name of Institution	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>TOTAL</i>	_____

NOTE: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

TYPE: Money market "MM," Investment "I," Cash Management "CM," or other account that is in a street name (indicate type below).

EVIDENCE OF TITLE: The documents you signed to set up the account, account statement.

Name of Brokerage	Firm Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>TOTAL</i>	_____

STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or non-publicly traded companies should be listed under "Corporate Business and Professional Interests." Stocks held in a street name or investment account should be listed under "Investment Accounts").

EVIDENCE OF TITLE: Stock certificate.

Company	Owner	Number of Shares	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>TOTAL</i>	_____

BONDS

TYPE: U.S. Savings Bonds, corporate, municipal, etc. (indicate type below).

EVIDENCE OF TITLE: Bond instrument.

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>TOTAL</i>		_____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).

EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

RETIREMENT PLANS

Participant: Husband (H) or Wife (W)

TYPE: Pension "P", "Profit Sharing "PS," H.R. 10, IRA, SEP, 401(K) (indicate type below).

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Plan Participant	Beneficiary of Participant	Type of Plan	Company	Percent Vested	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total					_____

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation.")

EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments, and the original application you signed.

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

LIFE INSURANCE POLICIES AND ANNUITIES

(continued)

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

Company: _____

Policy Number: _____ Type: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Owner: _____ Who pays premium: _____

Face amount: _____ Cash value: _____

Amount of loans on policy: _____

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes payable to you; and, other monies owed to you.

OWED TO: Husband (H), Wife (W), Joint (JT)

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

PARTNERSHIP and LLC INTERESTS

OWNER: Husband (H), Wife (W), Joint (JT)

TYPE: General and Limited Partnerships and LLCs. Please state the percentage interest you have in the partnership or LLC and the your interest as a general partner, limited partner, or member.

EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. LLC Articles of Organization and Operating Agreements. Include any buy/sell agreements.

Owner	Partnership or LLC Name	Percentage of Interest			Value
		General Partner	Limited Partner	LLC Member	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				<i>Total</i>	_____

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

SHARE OWNER: Husband (H), Wife (W), Joint (JT)

TYPE: Privately owned (non-publicly traded) stock. (Please put \checkmark if a Buy/Sell Agreement exists. If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)

EVIDENCE OF TITLE: Stock certificate, minute book.

Company	Share Owner	Number of shares	Percentage owned	Buy/Sell Agreement	Value of Shares
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				<i>Total</i>	_____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

EVIDENCE OF TITLE: Balance sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have an evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.

EVIDENCE OF TITLE: If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship. Describe each asset.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

EVIDENCE OF TITLE: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas, or mineral interest.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "?".

EVIDENCE OF TITLE: Deed or land contract (do not use mortgage or tax assessment).

General Description and/or Address	Owner	Fair Market Value	Mortgage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Totals</i>		_____	_____
<i>Net Value of all Real Estate</i>		_____	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

EVIDENCE OF TITLE: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

Description

<i>Total estimated value</i>		_____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

EVIDENCE OF TITLE: Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

SUMMARY OF VALUES

	Amount*		
ASSETS	Husband	Wife	Single Person
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance Policies and Annuities	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership and LLC Interests	_____	_____	_____
Corporate Business and Professional Interests	_____	_____	_____
Sole Proprietorship Business & Pro. Interests	_____	_____	_____
Farm and Ranch Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
Real Property	_____	_____	_____
Anticipated Inher., Gift, or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____
	Amount*		
LIABILITIES	Husband	Wife	Single Person
Loans payable	_____	_____	_____
Accounts payable	_____	_____	_____
Real estate mortgages payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Loans against life insurance	_____	_____	_____
Unpaid taxes	_____	_____	_____
Other obligations	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____
NET ESTATE	=====	=====	=====

* Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go 1/2 in husband's column and 1/2 in wife's column.

PURPOSE AND IMPORTANCE
OF
PERSONAL INFORMATION FORM DATA

Each of the undersigned understand:

1. The information and approximate values (the “data”) in this Personal Information Form will be relied upon by our law firm if we are engaged to prepare any estate plan or related documents for the undersigned.
2. The recommendations made by our law firm and the documents we prepare may not be appropriate if the data is not reasonably accurate or is materially incomplete.

Signed: _____

Printed Name: _____

Date: _____

Signed: _____

Printed Name: _____

Date: _____