

# THE **Layon** LAW FIRM

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## ESTATE PLANNING INFORMATION GUIDE

**Please bring this form with you to your initial office conference.**

### Personal Data:

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Prefer to be called at: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ Cell

Send correspondence sent to : \_\_\_\_\_ Home \_\_\_\_\_ Office

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Married: \_\_\_\_\_ Yes \_\_\_\_\_ No

If married, complete the following for spouse:

Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License # \_\_\_\_\_

If presently not married, indicate whether:

\_\_\_\_\_ never married \_\_\_\_\_ previously married.

If married previously, indicate whether:

\_\_\_\_\_ prior marriage ended in divorce.

\_\_\_\_\_ prior marriage ended with death of spouse.

If spouse was previously married, indicate whether that marriage ended by:

\_\_\_\_\_ death \_\_\_\_\_ divorce.

If there are children, complete the following for each child:

Name	Date of Birth	Residence, if not living at home
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_____
_____
_____
_____
_____
_____
_____
_____

Are you, your spouse and children citizens of the U.S.A.?

\_\_\_\_\_ yes \_\_\_\_\_ no

Do you, your spouse or children have any physical, mental, or emotional disability? \_\_\_\_\_ yes - discuss during conference \_\_\_\_\_ no

CONFIDENTIALITY NOTICE

The information herein provided to THE LAYON LAW FIRM is submitted for the purpose of facilitating the rendition of professional legal services. The above information is protected from disclosure pursuant to the provisions of *Okla. Stat. tit. 12, 2502 (2002)* and Rule 1.6 of the Rules of Professional Conduct as adopted by the Supreme Court of the State of Oklahoma.