

Did they have any children? () Yes () No

Are there any adopted children in the family?
() Yes () No

Are there any children who are living as family members but who have not been adopted?
() Yes () No

Other Relatives

Parents (if appropriate)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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Siblings (if appropriate)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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Other Relatives (if appropriate)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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Prior Marriages

To whom

How and when marriage ended

Children by Prior Marriages

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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Additional Personal Information

- () Inequalities of treatment among beneficiaries? Why?
- () Any disabled beneficiaries? Nature of disability?
- () Antagonistic relatives?
- () Spendthrifts?
- () Prior wills? Contractual?
- () Your health, and the health of your beneficiaries?
- () Organ donation and anatomical gifts?

II. Financial Information

Assets

<u>Asset</u>	<u>How Titled</u> <u>(H, W, Both)</u>	<u>When & How</u> <u>Acquired</u>	<u>Value (Less</u> <u>Any Mortgage)</u>
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Home:

Other Real Estate
(address/location,
type):

Securities:

Cash, CDs,
Other Bank/Money
Market Accounts:

Collectibles and
Antiques:

Personal Property,
Autos, etc.:

Other Investments
(describe):

Have you received any significant gifts or inheritances?
() Yes () No If so, indicate what value or what property was received, by whom, and when.

Do you anticipate any substantial gifts or inheritance?

() Yes () No If so, from whom and in what amount?

Life Insurance

Name of Co.	Type of Policy/Plan
Title Holder	Whose Life Insured
Beneficiary	Alternate Beneficiary
When Acquired	Face Amount and/or Value

Name of Co.	Type of Policy/Plan
Title Holder	Whose Life Insured
Beneficiary	Alternate Beneficiary
When Acquired	Face Amount and/or Value

Do any policies provide double indemnity?
() Yes () No Which ones?

Annuities

Name of Co.	When Acquired
Owner	Cost
Annuitant	Current Value
Beneficiary/Alternate	Current Payments/Amount

Retirement Plans

(e.g., HR-10, IRAs, 401(k), 403(b), and Other Pension/Profit-Sharing Plans)

Name of Co.	Type of Policy/Plan
Title Holder	When Acquired
Beneficiary/Alternate	Face Amount and/or Value

Name of Co.	Type of Policy/Plan
Title Holder	When Acquired
Beneficiary/Alternate	Face Amount and/or Value

Present Employer

Husband	Annual Income
Wife	Annual Income

Do you have an existing marital property (or prenuptial or postnuptial) agreement?
() Yes () No If so, please provide a copy.

Debts

(Other than mortgages shown above in connection with assets)

<u>To Whom Payable</u>	<u>Who Is Liable?</u> (H, W, Both)	Is Debt Secured by Lien? On <u>What Property?</u>	<u>Amount</u>
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Additional Financial Information

- () Any trusts created by you or created for your benefit?
- () Future interests (e.g., remainder interest)?
- () Intended future dispositions of property?
- () Need or desire for living will?
- () Need or desire for power of attorney for health care?
- () Need or desire for nomination of own guardian?
- () Need or desire for durable power of attorney?
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