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*Mailing Address: 2480 Briarcliff Road NE, Suite 6-345, Atlanta, Georgia 30329*

**ESTATE PLANNING INTAKE QUESTIONNAIRE - INDIVIDUAL**

Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Additionally, when giving information about a minor, please provide the email and phone number for the child’s guardian instead of the child.

Today’s Date:

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Complete Legal Name: | | | | | | | |  | | | | | | | | | | | |
| Your Present Address: | | | | | |  | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | |  | | | | Zip Code: | |  | | |
| Home Phone: | | |  | | | | | | Work Phone: | | |  | | | | Ext.: | |  | |
| Cell Phone: | |  | | | | | | | Email: | Email: |  | | | | | | | | | | |
| Fax: |  | | | | | | | | Is call needed before fax sent? | | | | | | | Yes | | | No | |
| Date of Birth: | | |  | | | | | | Social Security Number: | | | | | |  | | | | | |
| Drivers License Number: | | | | | | |  | | Marital Status: | | | |  | | | | | | | |
| Date of Marriage: | | | | |  | | | | Date of Divorce: | | | | |  | | | | | | |
| Present Health: | | | |  | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Safe Deposit Box(es) Locations: |  | Name on Box: |  |
|  |  | Name on Box: |  |
|  |  | Name on Box: |  |

Other Residences:

|  |
| --- |
|  |

Prior Residences:

|  |
| --- |
|  |

**EMPLOYMENT/BUSINESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Name Business/Employment: | | |  | | |
| Business Address: | |  | | | |
| Phone: |  | | | Type of Business: |  |
| Form of Ownership (sole proprietor, partner, limited partner, corporation, other): | | | | | |
|  | | | | | |

**ESTIMATED INCOME FOR CURRENT YEAR**

|  |  |
| --- | --- |
| Base Salary |  |
|  | |
| Bonus and Other Compensation |  |
|  | |
| Taxable Dividends and Interest |  |
|  | |
| Tax-Exempt Income |  |
|  | |
| Capital Gains or Losses |  |
|  | |
| Other Income Specify) Total |  |

**MILITARY SERVICE**

|  |  |
| --- | --- |
| Your branch of service: Your dates of service: Your rank: |  |
|  | |
| Your service number: Date of discharge: |  |
|  | |
| Your service-connected disabilities (%): |  |
|  | |
| Your pension and retirement information is located: |  |

**CASH, BANK ACCOUNTS, CERTIFICATES OF DEPOSIT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on Account: | |  | | | Account Type: | |  | | | | | |
|  | |  | | |  | | | |  |
| Bank/Institution: |  | | Number: |  | | Maturity Date: | | | |  | | |
|  |  | |  |  | | | |  | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on Account: | |  | | | Account Type: | |  | | | | | |
|  | |  | | |  | | | |  |
| Bank/Institution: |  | | Number: |  | | Maturity Date: | | | |  | | |
|  |  | |  |  | | | |  | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on Account: | |  | | | Account Type: | |  | | | | | |
|  | |  | | |  | | | |  |
| Bank/Institution: |  | | Number: |  | | Maturity Date: | | | |  | | |
|  |  | |  |  | | | |  | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on Account: | |  | | | Account Type: | |  | | | | | |
|  | |  | | |  | | | |  |
| Bank/Institution: |  | | Number: |  | | Maturity Date: | | | |  | | |
|  |  | |  |  | | | |  | | |  |  |

REAL PROPERTY INFORMATION

**(Include Residential, Business, Recreational, Rental, Timeshare, Foreign Real Estate, Other)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: |  | | | | | | | | | |
| Name(s) on Title: | | | |  | Title Held By: | | | | |  |
| Assessed Value: | |  | | | Insurance: | | |  | | |
| Type: |  | | | | | | | | | |
| Name(s) on Title: | | | |  | Title Held By: | | | |  | |
| Assessed Value: | |  | | | Insurance: | |  | | | |
| Type: |  | | | | | | | | | |
| Name(s) on Title: | | | |  | Title Held By: | | | |  | |
| Assessed Value: | | |  | | Insurance: |  | | | | |

SECURITIES, STOCKS, BONDS, GOVERNMENT BONDS INFORMATION

**STOCKS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | Date of Death Value: |  | |
| Company Name: | |  | | Number of Shares: |  | |
| Type of Stock (Common or Preferred): | | |  | Certificate Numbers: |  | |
| Title: |  | | | Date of Death Value: |  | |
| Company Name: | |  | | Number of Shares: |  | |
| Type of Stock (Common or Preferred): | | |  | Certificate Numbers: |  |

U.S. SAVINGS BONDS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | | Serial Number: | |  | |
| Date of Issue: | | |  | Accrued Interest: |  | | Date of Death Value: | |  |
| Title: | |  | | | | Serial Number: | |  | |
| Date of Issue: | | |  | Accrued Interest: |  | | Date of Death Value: | |  |

**BONDS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | | | Serial Number: | | |  | | |
| Issuer: |  | | | | Date of Issue: | |  | | Bond Type: | |  | |
| Interest Note: | |  | | Maturity Date: | |  | | Face Amount: | | | |  |
| Value at Maturity: | | |  | Date of Death Value: | | |  | Face Amount: | | | |  |

INSURANCE AND ANNUITIES

TANGIBLE PERSONAL PROPERTY

|  |  |  |  |
| --- | --- | --- | --- |
| MOTOR VEHICLES | 1 1 | 2 | 3 |
| Make, Model, Year |  |  |  |
| Titleholder |  |  |  |
| VIN Number |  |  |  |
| Who uses item |  |  |  |
| Loan Company |  |  |  |
| Loan Balance |  |  |  |
| Monthly Payments |  |  |  |
| Are Payments Current? |  |  |  |
| Insurance Coverage |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 | 2 | 3 |
| Make, Model, Year |  |  |  |
| Titleholder |  |  |  |
| VIN Number |  |  |  |
| Who uses item Loan |  |  |  |
| Company |  |  |  |
| Loan Balance Monthly |  |  |  |
| Payments Are |  |  |  |
| Payments Current? |  |  |  |
| Insurance Coverage |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | | | Serial Number: | | |  | | | |
| Issuer: | |  | | | Date of Issue: |  | | | Bond Type: | |  | | |
| Interest Note: | | |  | | Maturity Date: | |  | | Face Amount: | | |  | |
| Value at Maturity: | | | |  | Date of Death Value: | | |  | | Face Amount: | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insurer: |  | | | Beneficiary: | |  |
| Policy Number: | | |  | Amount: |  | |
| Insurer: | |  | | Beneficiary: | |  |
| Policy Number: | | |  | Amount: |  | |

OTHER VEHICLES (BOATS, TRAILERS, CAMPERS, MOTORBIKES, ETC.)

ASSETS

LIABILITIES

Estimated Combined Present Net Worth:

Estimated Value of Estate (including insurance and employment benefits):

OTHER ASSETS

Are you currently a beneficiary of an estate or trust? (Includes trusts where you

have an expectancy after a prior interest): Yes No If yes, please state:

Do you have any expected inheritances from your parents or other relatives?: Yes  No

If yes, please state:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Estate/Trust | Relationship | Trustee | Value of Your Interest |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person Who May Leave You Something | Relationship | Age | Value of Your Interest |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Current Debts Bank |  |
| Loans |  |
| Mortgages Payable |  |
| Income Taxes |  |
| Life Insurance Loans |  |
| Other Debts |  |
| Total |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Effects | Home (Principal) | Other Real Estate | Bank Accounts & Certificates of Deposit |
|  |  |  |  |
| Marketable Securities | Non-Market Securities | Business Interests | Life Insurance |
|  |  |  |  |
| IRAs or Similar Accounts | Pension or Profit- Sharing Benefits | Other Assets | Total |
|  |  |  |  |

Are you serving as executor or trustee of any estate or trust?: Yes No

If yes, please state:

|  |  |  |  |
| --- | --- | --- | --- |
| Estate or Trust | Other Trustees | Value | Attorney Handling |
|  |  |  |  |
|  |  |  |  |

Describe any other contingent asset you have been entitled to receive (i.e. negligence recovery):

|  |
| --- |
|  |

**CHILDREN AND STEP-CHILDREN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | |
| Sex: |  | | | | Relationship: | | | |  | | | | | | |
| Present Address: | | | |  | | | | | | | | | | | |
| City: |  | | | | State: |  | | | | | | Zip Code: | | |  |
| Home Phone: | | |  | | Work Phone: | | |  | | | | | Ext.: |  | |
| Cell Phone: | | |  | | Email: | |  | | | | | | | | | |
| Date of Birth: | | |  | | Date of Death: | | | | |  | | | | | | |
| Social Security #: | | | |  | Marital Status: | | | | | |  | | | | | |
| Occupation: | | |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | |
| Sex: |  | | | | Relationship: | | | |  | | | | | | |
| Present Address: | | | |  | | | | | | | | | | | |
| City: |  | | | | State: |  | | | | | | Zip Code: | | |  |
| Home Phone: | | |  | | Work Phone: | | |  | | | | | Ext.: |  | |
| Cell Phone: | | |  | | Email: | |  | | | | | | | | | |
| Date of Birth: | | |  | | Date of Death: | | | | |  | | | | | | |
| Social Security #: | | | |  | Marital Status: | | | | | |  | | | | | |
| Occupation: | | |  | | | | | | | | | | | | | |

GRAND CHILDREN

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | |
| Sex: |  | | | | Relationship: | | | |  | | | | | |
| Present Address: | | | |  | | | | | | | | | | |
| City: |  | | | | State: |  | | | | | | Zip Code: | |  |
| Home Phone: | | |  | | Work Phone: | | |  | | | | Ext.: |  | |
| Cell Phone: | | |  | | Email: | |  | | | | | | | | |
| Date of Birth: | | |  | | Date of Death: | | | | |  | | | | | |
| Social Security #: | | | |  | Marital Status: | | | | | |  | | | | |
| Occupation: | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |
| Sex: |  | | | | Relationship: | | | |  | | | | | |
| Present Address: | | | |  | | | | | | | | | | |
| City: |  | | | | State: |  | | | | | | Zip Code: | |  |
| Home Phone: | | |  | | Work Phone: | | |  | | | | Ext.: |  | |
| Cell Phone: | | |  | | Email: | |  | | | | | | | | |
| Date of Birth: | | |  | | Date of Death: | | | | |  | | | | | |
| Social Security #: | | | |  | Marital Status: | | | | | |  | | | | |
| Occupation: | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | |
| Address: | | | |  | | | | | | | |
| City: | |  | | | | State: | |  | | Zip Code : |  |
| Sex: |  | | | | Date of Birth | |  | |  | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Address: | | | |  | | | | | | | |
| City: | |  | | | | State: | |  | | Zip Code : |  |
| Sex: |  | | | | Date of Birth | |  | |  | | |
|  | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ante-nuptial or Postnuptial Agreements: | | | | | |  | | |
|  | | | | | | | | |
| Previous Marriages: | |  | | | | | | |
| Children of Previous Marriages: | | | | |  | | | |
|  | | | | | | | | |
| Divorce or Legal Separation: | | | |  | | | | |
| Settlement Information (child support, etc.): | | | | | | |  | |
|  | | | | | | | | |
| Special Dependency Cases (handicapped child, relative): | | | | | | | |  |
|  | | | | | | | | |
| Mental Disability: |  | | | | | | | |
| Emotional Problems: | |  | | | | | | |
| Other Health Problems: | | |  | | | | | |

INFORMATION FOR LAST WILL AND TESTAMENT

EXECUTOR/EXECUTRIX

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: |  | | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | |  | | | | Email: |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | |
| Address: | | | |  | | | | | | | |
| City: | |  | | | | State: | |  | | Zip Code : |  |
| Sex: |  | | | | Date of Birth | |  | |  | | |
|  | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Address: | | | |  | | | | | | | |
| City: | |  | | | | State: | |  | | Zip Code : |  |
| Sex: |  | | | | Date of Birth | |  | |  | | |

PARENTS AND OTHER DEPENDENTS

If above named agent is not available:

ALTERNATE AGENT 1

GUARDIAN FOR MINOR CHILDREN

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | |
| Sex: |  | | | | Relationship: |  | | | | | | |
| Present Address: | | | |  | | | | | | | | |
| City: |  | | | | | State: |  | | Zip Code: | |  | |
| Home Phone: | | |  | | | Work Phone: | |  | | Ext.: | |  |
| Cell Phone: | | |  | | | Email: |  | | | | | |

ALTERNATE AGENT 1

ALTERNATE AGENT 2

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | |
| Sex: |  | | | | Relationship: |  | | | | | |
| Present Address: | | | |  | | | | | | | |
| City: |  | | | | | State: |  | | Zip Code: | |  |
| Home Phone: | | |  | | | Work Phone: | |  | | Ext.: | |
| Cell Phone: | | |  | | | Email: |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

If above named agent is not available:

ALTERNATE AGENT 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

ALTERNATE AGENT 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

**AGENT UNDER DURABLE POWER OF ATTORNEY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

If above named agent is not available:

# ALTERNATE AGENT 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

**ALTERNATE AGENT 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

**HEALTH CARE AGENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

If above named agent is not available:

# ALTERNATE AGENT 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

**ALTERNATE AGENT 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | |
| Sex: |  | | | | | Relationship: |  | | | | | |
| Present Address: | | | | |  | | | | | | | |
| City: | |  | | | | | State: |  | | Zip Code: |  | |
| Home Phone: | | | |  | | | Work Phone: | |  | | Ext.: |  |
| Cell Phone: | | | |  | | | Email: |  | | | | |

**FAMILY ADVISORS**

**ACCOUNTANT ATTORNEY**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Name: | | |  | | |
| Firm: |  | | | | Firm: | |  | | | |
| Address: | | |  | | Address: | | | |  | |
|  | | | | |  |  | | | | |
| Telephone: | | | |  | Telephone: | | | | |  |

**DOCTOR INSURANCE AGENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Name: | | |  | | |
| Firm: |  | | | | Firm: | |  | | | |
| Address: | | |  | | Address: | | | |  | |
|  | | | | |  |  | | | | |
| Telephone: | | | |  | Telephone: | | | | |  |

**SPECIFIC BEQUESTS (contained in Last Will & Testament)**

Party Item Approximate Value

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| --- | --- | --- | --- | --- | --- |
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**WISHES REGARDING DIVISION OF PROPERTY AND ASSETS**