STATEMENT OF PERSONAL INFORMATION

Dat	e:						
FA	MILY AND OCCU	PATIONAL DA	<u>ΓΑ</u> :				
1.	Please supply the f	ollowing family o	data:				
	Your full name						
	Date of Birth:				SS#:		
	Place of Birth:						
	Home mailing ad	ldress:					
		Tel:			Fax: _		
		E-mail:					
	Name of Employ	er:					
	Bus. Address:						
		Tel:			Fax: _		
	Occupation:						
	Spouse's full name						
	Date of Birth:				SS#:		
	Place of Birth:						
	Home mailing ad	ldress:					
		Tel:			Fax: _		
		E-mail:					
	Name of Employ	er:					
	Bus. Address:						
		Tel:			Fax: _		
	Occupation:						
	If deceased, date	and place of death	h:				
	Children : (1) Name					
		Date of Birth	h:		SS#: _		
		Married ()	Single ()	Student ()
		Home maili	ng address:				

E-mail:

Fax: _____

(2)	Name					
	Date of Birth:		SS#: _			
	Married ()	Single ()	Student ()	
	Home mailing address:					
	Tel:		Fax:			
	E-mail:					
(3)	Name					
	Date of Birth:					
	Married ()	Single ()	Student ()	
	_					
	Tel:		Fax:			
	E-mail:					
PLE	ASE ATTACH ADDITION					
Grandchildren:	(1) Name					
	Date of Birth:		SS#: _			
	Married ()	Single ()	Student ()	
	Home mailing address:					
	Tel:		Fax:			
	E-mail:					
(2)	Name					
	Date of Birth:					
	Married ()	Single ()	Student ()	
	Home mailing address:					
	Tel:		Fax:			
	E-mail:					
(3)	Name					
	Date of Birth:					
	Married ()	Single ()	Student ()	
	Home mailing address:					
	Tel:		Fax:			
	E-mail:					

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

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2.	Persons	TO	contact in	event (or death:

3.

Name	Address	Telephone
EASE ATTACH ADDITION	NAL SHEET IF NECESSARY	
nstructions for disposition o	f bodily remains:	
	ber of preferred funeral director or other	service:

Instructions	s for disposition of bodily remains:	
Name, addre	ess and phone number of preferred funeral director or other service:	
Organ or boo	dy donation:	
	Arrangements made:	
	Special instructions:	
	Cremation: Special instructions:	
	Ciemation. Special instructions.	

E-mail:	Fax:
tuary (or information for obituary) - please attach ntact information (to handle estate affairs): orney Name Mailing address: E-mail: nncial Planner or Broker: Mailing address: Tel: E-mail: Advisor: Mailing address: Tel: Tel:	Fax:
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rance Agent:	
Mailing address:	
	Fax:
E-mail:	
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Mailing address:	

Loca	tion of will, trust and other planning documents:
	tion of other important personal documents and records (safe deposit box and/or safe, persons g access and/or manner of obtaining access and description of contents:
Desci	ription of assets:
Real	estate (property address):
	Deed location or recording information: :
	Date of acquisition:
Other	Purchase price or acquisition cost real estate (property address):
	Deed location or recording information: :
	Date of acquisition:
	Purchase price or acquisition cost
_	ible personal property (including any family history; where located, date of most recent appraisal):
PLE	ASE ATTACH ADDITIONAL SHEETS
	Household personal property:
	Collections:
	Jewelry:

Investments:

issuer	# of shares	date acquired	cost or other tax basis	location of certificates

Vehicles:

Description	VIN#	title status	date acquired	cost

Insurance:

company	type of policy	policy #	date issued	face amount	cash value	beneficiaries

Bank, money market accounts and certificates of deposit:

name and address of firm	type of account	account #

Other assets:

description	location	date acquired	cost	most recent appraised value

11. Outstanding obligations and liabilities:

2. Additional information	ce owe	balance	inal amount	account #	s of creditor	name and addres	ription	desc
2. Additional information								
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