

Important Family Information

Husband: _____
NAME D OF B, PLACE SSN

Wife: _____
NAME (MAIDEN) D OF B, PLACE SSN

ADDRESS ZIP COUNTY TEL. NO.

Husband's Occupation: _____

Wife's Occupation: _____

Prior Marriages: _____

Who would you have administer your estate: _____

Children:

Name & D Of B	Spouse's First Name	Residence	Occupation	Grandchildren Name and Age

Who would you nominate as guardian of your minor children? _____

Do any of your family members have special medical needs? _____

If you had no survivors, to whom would you choose to leave your estate? _____

Explain in your own words how you would like your property distributed after your death. _____

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