

THE WRIGHT FIRM

***DETAILED
ASSET INFORMATION
QUESTIONNAIRE***

dated: _____

from: _____

to: **THE WRIGHT FIRM**
888 Bestgate Road, Suite 211
Annapolis, Maryland 21401
Phone: (410) 224-7800
Fax: (410) 224-7801
Email: RWright@thewrightfirm.net

**AUTHORIZATION FOR RELEASE OF
INFORMATION AND RECORDS
FOR TRUST FUNDING**

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby give my consent to and authorize any and all persons or entities to release to my attorneys, Richard T. Wright and Leanne E. Fryer, to their Staff Accountant, Marcia R. Wright, to their Funding Coordinator, Keli Jones, or to their Legal Assistants, Sandy A. Hines and Donna K. Price, and these persons and their firm, The Wright Firm, have the permission of the undersigned to request and receive, any and all information regarding financial investments and taxes of the undersigned, including, without limitation, any information with regard to stocks, bonds, certificates of deposit, bank accounts, money market and/or other cash accounts of any kind, life insurance, property and casualty insurance, real property, tax returns, retirement accounts, pension plans, mortgages, deeds of trust, or any other document.

I hereby release any and all persons or entities from any liability for releasing the above referenced information to Richard T. Wright and/or Leanne E. Fryer, or the employees of The Wright Firm, in reliance on this consent.

At the same time, I, the undersigned, hereby give my consent and authorize my attorneys and their Funding Coordinator to release to my financial planner(s), investment advisor(s), insurance professional(s), CPA/accountant(s), stockbroker(s), banker(s) and other financial professional(s), any and all information regarding my estate plan, including any trusts, wills, letters, contracts, drawings, funding documents, affidavits, powers of attorney, or any other document used in the preparation of my estate plan for the limited purpose of coordinating my estate planning with any existing or proposed financial planning or for the purposes of funding my revocable living trust.

I understand, that any and all communications between myself and my attorneys' office are otherwise privileged and protected from disclosure by the attorney/client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I hereby release Richard T. Wright, Leanne E. Fryer, THE WRIGHT FIRM, and any of their or its employees, from any liability for releasing the above referenced information to my financial planner(s), investment advisor(s), insurance professional(s), CPA/accountant(s), stockbroker(s), banker(s) and/or other financial professional(s) in reliance on this consent.

I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.

Date

Date

THE
WRIGHT
FIRM

ATTORNEYS AT LAW

Richard T. Wright, Attorney at Law
Fellow, American College of Trust and Estate Counsel
Leanne E. Fryer, Attorney at Law

Marcia R. Wright, CPA, Staff Accountant
Keli Jones, Funding Coordinator
Sandra A. Hines, Legal Assistant
Donna K. Price, Legal Assistant

888 BESTGATE ROAD
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E-mail: RWright@thewrightfirm.net

**AUTHORIZATION FOR RELEASE OF
INFORMATION AND RECORDS
FOR POST-MORTEM ADMINISTRATION**

TO WHOM IT MAY CONCERN:

This Authorization For Release of Information and Records pertains to information and records about the late _____
_____ (hereinafter referred to as "the Decedent") and the Decedent's income, property,
and taxable estate.

I, the undersigned, hereby give my consent to, and authorize any and all persons or entities to release to, my attorneys, Richard T. Wright and Leanne E. Fryer, or to any of the other employees of The Wright Firm listed above, and these persons and their firm, The Wright Firm, have the permission of the undersigned to request and receive any and all information regarding any stocks, bonds, certificates of deposit, bank accounts, money market and/or other cash accounts of any kind, life insurance, annuities, property and casualty insurance, real property, tax returns, retirement accounts, pension plans, mortgages, deeds of trust, other property or investments, or any other document belonging or pertaining to the Decedent and any trust or estate to which the Decedent or the undersigned may be a beneficiary, legatee, devisee, heir, or fiduciary. This authorization shall include, without limitation, any and all documents describing the rights, titles, interests, or duties of the Decedent or the undersigned in and to any such trust or estate, any and all documents with respect to the property and financial investments of, or taxes due from, any such trust or estate, and/or any and all documents with respect to the Decedent or any other person for whom the undersigned may be a fiduciary. This Authorization for Release of Information and Records shall expressly apply to any and all documents and records pertinent to the administration of the Estate of the Decedent and to any trust created by the Decedent during the Decedent's lifetime.

I hereby release any and all persons or entities from any liability for releasing the above referenced information to Richard T. Wright, Leanne E. Fryer, or the employees of The Wright Firm (as shown above) in reliance on this consent.

At the same time, I, the undersigned, hereby give my consent and authorize my attorney and the employees of The Wright Firm to release to other persons such information concerning the Decedent or the undersigned as he or they may deem appropriate for the purposes of my representation and/or the administration of the Estate of the Decedent and to any trust created by the Decedent during the Decedent's lifetime.

I understand, that any and all communications between myself and my attorney are otherwise privileged and protected from disclosure by the attorney/client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I hereby release Richard T. Wright, Leanne E. Fryer, THE WRIGHT FIRM, and any of their or its employees, from any liability for releasing the above referenced information in reliance on this consent.

**I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS
AND DO VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.**

_____, 20____
Date

_____, 20____
Date

INSTRUCTIONS FOR COMPLETING THE DETAILED ASSET INFORMATION QUESTIONNAIRE

General Headings This *Detailed Asset Information Questionnaire* is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this questionnaire use extra sheets of paper to list your additional property.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Husband’s individually owned property	No other person	H
Wife’s individually owned property	No other person	W
Joint Tenancy (passes to survivor on first death)	A spouse	JTS
Joint Tenancy (passes to survivor on first death)	Someone other than a spouse	JTO
Tenancy in Common (does <i>not</i> pass to survivor on first death)	A spouse	TCS
Tenancy in Common (does <i>not</i> pass to survivor on first death)	Someone other than a spouse	TCO
Trustees of Client #1’s Revocable Living Trust		RT1
Trustees of Client #2s Revocable Living Trust		RT2
Unknown	If you cannot determine how the property is owned, use	?

Evidence of Title For each asset please be sure to provide a copy of your paper evidence of title.

BANK AND OTHER CASH ACCOUNTS

NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND, OR RETIREMENT ACCOUNT

TYPE: Checking Account "CHK", Savings Account "SAV", Certificates of deposit "CD", Money Market Fund "MMF", NOW Account "NOW", Safety Deposit Box Cash or Bullion "SD" (indicate type below)

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account; monthly account statements

(Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.)

Please provide a copy of your most recent statement for each account.

Name of Institution

Branch Address / Telephone No.

Type

Account #

Owner

Amount

* _____

Are any funds directly deposited into this account? Yes No

() _____

If so, what are these direct deposits: _____

* _____

Are any funds directly deposited into this account? Yes No

() _____

If so, what are these direct deposits: _____

* _____

Are any funds directly deposited into this account? Yes No

() _____

If so, what are these direct deposits: _____

* _____

Are any funds directly deposited into this account? Yes No

() _____

If so, what are these direct deposits: _____

BANK AND OTHER CASH ACCOUNTS
NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND,
OR RETIREMENT ACCOUNT
(continued)

Name of Institution	Type	Account #	Owner	Amount
Branch Address / Telephone No.				

* _____

 (_____) _____

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

* _____

 (_____) _____

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

* _____

 (_____) _____

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

* _____

 (_____) _____

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

* _____

 (_____) _____

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

BANK AND OTHER CASH ACCOUNTS
NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND,
OR RETIREMENT ACCOUNT
(continued)

Name of Institution	Type	Account #	Owner	Amount
Branch Address / Telephone No.				

*				
()				

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

*				
()				

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

*				
()				

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

*				
()				

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

*				
()				

Are any funds directly deposited into this account? Yes No

If so, what are these direct deposits: _____

MUTUAL FUNDS

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

*** Please note: IRA's or Annuities should *not* be listed here.
List them later under Retirement Plans ***

TYPE: Mutual Fund "MF", Money market "MM"(indicate type below)

EVIDENCE OF TITLE: The documents you signed to set up the account, account statement

Please provide a copy of your most recent statement for each fund or account.

<u>Name of Fund</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
*				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		_____
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		_____
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		_____
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		_____
Broker/Contact: _____			Phone # _____	

MUTUAL FUNDS

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

(continued)

<u>Name of Fund</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
* _____	_____	_____	_____	_____
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____	_____	_____	_____	_____
Broker/Contact: _____	_____	_____	Phone # _____	_____
* _____	_____	_____	_____	_____
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____	_____	_____	_____	_____
Broker/Contact: _____	_____	_____	Phone # _____	_____
* _____	_____	_____	_____	_____
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____	_____	_____	_____	_____
Broker/Contact: _____	_____	_____	Phone # _____	_____
* _____	_____	_____	_____	_____
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____	_____	_____	_____	_____
Broker/Contact: _____	_____	_____	Phone # _____	_____
* _____	_____	_____	_____	_____
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____	_____	_____	_____	_____
Broker/Contact: _____	_____	_____	Phone # _____	_____

BROKERAGE & INVESTMENT ACCOUNTS

*** Please note: IRA's or Annuities should *not* be listed here.
List them later under Retirement Plans ***

TYPE: Money market "MM", Cash Management "CM", Investment "I", or other brokerage account that is in a street name (indicate type below)

EVIDENCE OF TITLE: The documents you signed to set up the account, account statement

Please provide a copy of your most recent statement for each fund or account.

<u>Brokerage Firm</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
* _____	_____	_____	_____	_____
_____	Address:	_____		
Phone # (____) _____	_____			
Broker/Contact:	_____		Phone #	_____
* _____	_____	_____	_____	_____
_____	Address:	_____		
Phone # (____) _____	_____			
Broker/Contact:	_____		Phone #	_____
* _____	_____	_____	_____	_____
_____	Address:	_____		
Phone # (____) _____	_____			
Broker/Contact:	_____		Phone #	_____
* _____	_____	_____	_____	_____
_____	Address:	_____		
Phone # (____) _____	_____			
Broker/Contact:	_____		Phone #	_____

BROKERAGE & INVESTMENT ACCOUNTS

(continued)

<u>Brokerage Firm</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
*				
	Address:			
Phone # (____) _____				
Broker/Contact:			Phone #	
*				
	Address:			
Phone # (____) _____				
Broker/Contact:			Phone #	
*				
	Address:			
Phone # (____) _____				
Broker/Contact:			Phone #	
*				
	Address:			
Phone # (____) _____				
Broker/Contact:			Phone #	
*				
	Address:			
Phone # (____) _____				
Broker/Contact:			Phone #	

STOCKS

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

TYPE: Stock in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under “Corporate Business and Professional interests.” Stocks held in a street name or investment account should be listed under “Investment Accounts”).

EVIDENCE OF TITLE: Stock certificate; company statement for company-held shares

Please provide a copy of each stock certificate or most recent statement for company-held shares.

Please note if any of these stocks were acquired by a qualified employee stock option.

Company Name Address	Owner/ CUSIP Number	Number of Shares	Fair Market Value of Each Share
* _____ _____	_____	_____	\$ _____
_____	_____		
Phone # (____) _____	Transfer Agent: _____		
* _____ _____	_____	_____	\$ _____
_____	_____		
Phone # (____) _____	Transfer Agent: _____		
* _____ _____	_____	_____	\$ _____
_____	_____		
Phone # (____) _____	Transfer Agent: _____		
* _____ _____	_____	_____	\$ _____
_____	_____		
Phone # (____) _____	Transfer Agent: _____		

STOCKS (continued)

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

<u>Company Name Address</u>	<u>Owner/ CUSIP Number</u>	<u>Number of Shares</u>	<u>Fair Market Value of Each Share</u>
* _____ _____ _____	_____ _____	_____	\$ _____
Phone # (____) _____	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
Phone # (____) _____	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
Phone # (____) _____	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
Phone # (____) _____	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
Phone # (____) _____	Transfer Agent: _____		

BONDS

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

TYPE: US Savings Bonds "US", Corporate "CORP", Municipal "MU", etc. (indicate type below).

EVIDENCE OF TITLE: Bond instrument

Please provide a copy of each bond instrument.

<u>Type</u>	<u>Description</u>	<u>Owner</u>	<u>Face Value</u>
			\$ _____
	Issuer/Address:	Interest Rate: _____	Due: _____
	_____	CUSIP or ID#: _____	_____

			\$ _____
	Issuer/Address:	Interest Rate: _____	Due: _____
	_____	CUSIP or ID#: _____	_____

			\$ _____
	Issuer/Address:	Interest Rate: _____	Due: _____
	_____	CUSIP or ID#: _____	_____

			\$ _____
	Issuer/Address:	Interest Rate: _____	Due: _____
	_____	CUSIP or ID#: _____	_____

BONDS (continued)

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

<u>Type</u>	<u>Description</u>	<u>Owner</u>	<u>Face Value</u>
_____	_____ Issuer/Address: _____ _____ _____	_____ Interest Rate: _____ CUSIP or ID#: _____	\$ _____ Due: _____
_____	_____ Issuer/Address: _____ _____ _____	_____ Interest Rate: _____ CUSIP or ID#: _____	\$ _____ Due: _____
_____	_____ Issuer/Address: _____ _____ _____	_____ Interest Rate: _____ CUSIP or ID#: _____	\$ _____ Due: _____
_____	_____ Issuer/Address: _____ _____ _____	_____ Interest Rate: _____ CUSIP or ID#: _____	\$ _____ Due: _____
_____	_____ Issuer/Address: _____ _____ _____	_____ Interest Rate: _____ CUSIP or ID#: _____	\$ _____ Due: _____

REAL PROPERTY

TYPE: Land, buildings, homes, condominium units, and time shares.

EVIDENCE OF TITLE: Deed or land contract

Please provide a copy of the Deed or Land Contract relating to each property

Address/Location	Owner	Fair Market Value
------------------	-------	-------------------

* _____

City _____ State _____ Zip _____

County _____

Mortgage/Deed of Trust Information

Is this Property encumbered by a mortgage? Yes No If Yes, please provide the following:

Name of Lender No. 1: _____

Lender No. 1 Address: _____

Lender No. 1 Loan Number: _____

Name of Lender No. 2: _____

Lender No. 2 Address: _____

Lender No. 2 Loan Number: _____

Property and Casualty Insurance Information

Name of Insurance Company: _____

Policy Number: _____

Name of Casualty Insurance Agent: _____

Address of Casualty Insurance Agent: _____

Casualty Agent's Telephone Number: (_____) _____

Title Insurance Information

Do you have Title Insurance for this property? Yes No If Yes, please provide the following:

Name of Title Insurance Company: _____

Title Insurance Policy Number: _____

REAL PROPERTY (continued)

Address	Owner	Fair Market Value
---------	-------	-------------------

* _____
City _____ State _____ Zip _____
County _____

Mortgage/Deed of Trust Information

Is this Property encumbered by a mortgage? Yes No If Yes, please provide the following:

Name of Lender No. 1: _____

Lender No. 1 Address: _____

Lender No. 1 Loan Number: _____

Name of Lender No. 2: _____

Lender No. 2 Address: _____

Lender No. 2 Loan Number: _____

Property and Casualty Insurance Information

Name of Insurance Company: _____

Policy Number: _____

Name of Casualty Insurance Agent: _____

Address of Casualty Insurance Agent: _____

Casualty Agent's Telephone Number: (_____) _____

Title Insurance Information

Do you have Title Insurance for this property? Yes No If Yes, please provide the following:

Name of Title Insurance Company: _____

Title Insurance Policy Number: _____

INSURANCE POLICIES

TYPE: Term life "T", whole life "WL", universal life "UL", split dollar "SD", group term life "GL", disability insurance "Dis", Longterm Care insurance "LT" (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation pays" next to Insured Life).

EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments; the original application you signed

Please provide a copy of most recent insurance company statement for each policy.

Please list by Owner of Policy:

Owner: _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

INSURANCE POLICIES (continued)

Owner: _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Company _____ Address _____
Phone #: (____) _____
Policy Number _____ Type: _____
Insured Life _____
Primary Beneficiary _____ Secondary Beneficiary _____
Agent's Name _____ Agent's Phone #: (____) _____
Agent Address _____
Face Amount _____ Cash Value _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

RETIREMENT PLANS

TYPE: Pension ("P"), Profit Sharing ("PS"), H.R.10, Individual Retirement Account ("IRA"), Simplified Employee Plan ("SEP"), 401(k) Plan ("401"), or Other ("O") (Indicate type below)

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation form

Please list retirement plan accounts by Participant and provide a copy of most recent account statements.

PARTICIPANT: _____

Company Name Address and Phone #	Type of Plan	Account Number	Value	Are you currently receiving benefits from this plan?
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		

PARTICIPANT: _____

* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		
* _____ _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____) _____	Primary Beneficiary: _____	Alternate Beneficiary: _____		

ANNUITIES

EVIDENCE OF TITLE: The annuity contract itself, including all endorsements and amendments; the original application you signed

Please list by Owner of Annuity and provide a copy of the annuity contract and most recent statement from issuing company

Owner: _____

Company _____ Address _____

Phone # (____) _____ Acct. Number _____

Type _____ Annuitant _____

Primary Beneficiary _____ Secondary Beneficiary _____

Agent Name _____

Agent Address _____ Agent Phone # (____) _____

Face Amt. _____ Cash Value _____

Company _____ Address _____

Phone # (____) _____ Acct. Number _____

Type _____ Annuitant _____

Primary Beneficiary _____ Secondary Beneficiary _____

Agent Name _____

Agent Address _____ Agent Phone # (____) _____

Face Amt. _____ Cash Value _____

Company _____ Address _____

Phone # (____) _____ Acct. Number _____

Type _____ Annuitant _____

Primary Beneficiary _____ Secondary Beneficiary _____

Agent Name _____

Agent Address _____ Agent Phone # (____) _____

Face Amt. _____ Cash Value _____

MORTGAGES, NOTES, & OTHER RECEIVABLES

TYPE: Mortgages or deeds of trust "M", unsecured promissory note "PN", monies payable or owed to you under contract or on account "ACCT", other monies owed to you evidenced by a written document "OTHER - W", other monies owed to you without written documentation "X" (indicate type below)

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment

Please bring to us a copy of any mortgages, deeds of trust, or promissory notes.

Name of Debtor	Type	Owed to	Date Due	Current Balance
* _____	_____	_____	_____	_____
Securing Collateral: _____				
* _____	_____	_____	_____	_____
Securing Collateral: _____				
* _____	_____	_____	_____	_____
Securing Collateral: _____				
* _____	_____	_____	_____	_____
Securing Collateral: _____				
* _____	_____	_____	_____	_____
Securing Collateral: _____				

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing or creating the partnership interest.

Please bring the Partnership Agreement and any Buy/Sell Agreement

Name of Partnership _____

Owner _____ Interest Owned: _____

Value of Interest \$ _____

Who holds Partnership papers _____ Phone #: (____) _____

Is your interest in this Partnership subject to a Buy/Sell agreement? Yes No

Name of Partnership _____

Owner _____ Interest Owned: _____

Value of Interest \$ _____

Who holds Partnership papers _____ Phone #: (____) _____

Is your interest in this Partnership subject to a Buy/Sell agreement? Yes No

Name of Partnership _____

Owner _____ Interest Owned: _____

Value of Interest \$ _____

Who holds Partnership papers _____ Phone #: (____) _____

Is your interest in this Partnership subject to a Buy/Sell agreement? Yes No

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicly traded) stock.

EVIDENCE OF TITLE: stock certificate, minute book

Please provide a copy of any stock certificates or Buy/Sell agreements if applicable

Company Name _____

Address: _____

Phone #: (____) _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Offices Held by Owner (if any): _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a professional corporation? Yes No

Did you acquire this stock pursuant to a tax-qualified stock option? Yes No

Company Name _____

Address: _____

Phone #: (____) _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Offices Held by Owner (if any): _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a professional corporation? Yes No

Did you acquire this stock pursuant to a tax-qualified stock option? Yes No

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership (including farm and ranch interests)

EVIDENCE OF TITLE: Balance sheet, depreciation schedule, registration or title issued by state, bill of sale, fictitious name or trade name registration form. Since a sole proprietorship is an amalgamation of assets, each asset must have an evidence of title.

Please provide copies of evidences of title

<u>Name of Business</u>	<u>Description of Business</u>	<u>Owner</u>	<u>Value</u>
*			\$
*			\$
*			\$
*			\$

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

EVIDENCE OF TITLE: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas, or mineral interest

Please provide copy of Evidence of Title document(s)

*Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

*Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

*Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

*Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

*Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

MOTOR VEHICLES & BOATS

TYPE: Automobiles "AU", Trucks "TR", and Boats "BO" (indicate type below)

EVIDENCE OF TITLE: Registration or title issued by state or US Coast Guard

<u>Type</u>	<u>Make and Model</u>	<u>VIN or ID#</u>	<u>Value</u>	<u>Outstanding loan amount</u>
* _____	_____	_____	\$ _____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				

OTHER ASSETS

TYPE: Any property that you have that does not fit into any listed category.

EVIDENCE OF TITLE: Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

Do Not Include Household Goods, Furniture, Jewelry, Silverware, Wearing Apparel, Personal Effects and other Tangible Personal Property Items unless valued at more than Five Thousand Dollars (\$5,000)

Description	Owner	Value
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		

LIST OF DECEDENT'S LIABILITIES

EXAMPLES: Mortgages, Deeds of Trust, Car loans, Business loans, Credit card bills, Medical expense bills (not covered by insurance), Income Taxes, Real property taxes, Bills for personal services, etc..

TYPE: Loans: "LOAN"; Credit Card Obligations: "CC", Lease: "LEASE"; Taxes: "TAX"; Bills: "BILL";
Other: "OTHER"

(Note: If Account is in the decedent's name and/or the name of another, please specify and give other person's name.)

Please provide a copy of your most recent statement for each account.

Name of Party Owed
Address / Telephone No.

Type **Account #** **Balance Due**

* _____ _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

LIST OF DECEDENT'S LIABILITIES

(continued)

Name of Party Owed
Address / Telephone No.

Type **Account #** **Amount**

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____

* _____ \$ _____

 (_____) _____
 Is there life insurance or a death benefit to pay this balance? Yes No
 Are any payments directly withdrawn from a cash account? Yes No
 If so, what cash account: _____