

CONFIDENTIAL PERSONAL INFORMATION QUESTIONNAIRE

Please return this form prior to your appointment, which is with Larry R. Bray on _____,
 _____ at _____.

Please check each box below that describes the purpose of your visit.

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| <input type="checkbox"/> To have my/our existing estate plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning | <input type="checkbox"/> To reduce or eliminate capital gains taxes | <input type="checkbox"/> To protect my/our children's inheritance from divorces and creditors |
| <input type="checkbox"/> To have a Will prepared | <input type="checkbox"/> To protect my or my spouse's IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To protect my/our grandchildren's inheritance from divorces and creditors |
| <input type="checkbox"/> To have a Trust prepared | <input type="checkbox"/> To reduce or eliminate the costs of Probate | <input type="checkbox"/> To start a gift program to children, grandchildren or others |
- Other: _____

YOU, and if married, YOUR SPOUSE

Your legal name	Name you want us to call you	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social security number	Your date of birth	Your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Spouse's legal name	Name you want us to call you	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's social security number	Spouse's date of birth	Spouse's health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Your address		Date of marriage
		County of residence
Home phone	Business phone	Other phone
Your current occupation. If retired, from what?		Spouse's current occupation. If retired, from what?
Has our firm represented you in any other legal matter previously? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", please briefly describe the services we provided.		

YOUR CHILDREN, if any, or other potential beneficiaries

Legal name	Who is this child's parent(s)? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	If child has children, how many?

Who referred you to us?

Name	Firm	Phone
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YOUR ADVISORS In case we need to consult with them.

Certified Public Accountant	Name	Firm	Phone
Financial Consultant	Name	Firm	Phone
Financial Consultant	Name	Firm	Phone
Financial Consultant	Name	Firm	Phone
Life Insurance Professional	Name	Firm	Phone
Attorney, if other than us	Name	Firm	Phone

YOUR ASSETS

Please provide us with an estimate of the value of your assets, or estate, by completing the following schedule. For life insurance policies, please provide the death benefit or the face value, whichever is greater (NOT THE CASH VALUE). For all other assets use your best estimate of each asset's fair market value, disregarding what you paid for the asset or what it was worth when you inherited it.

ASSET	VALUE IN YOUR NAME	VALUE IN SPOUSE'S NAME	VALUE IN JOINT NAMES W/ SPOUSE	AMOUNT OF DEBT ON ASSET
Personal Residence				
Other Real Estate				
IRAs, 401(k)s & Other Retirement Plan Accounts				
Annuities				
Life Insurance Policies				
Business Interests (Sole Proprietorships, C-Corps, S-Corps, LLCs & Partnerships)				
Brokerage Accounts				
Stocks (Individually Held)				
Bonds (Individually Held)				
Cash Accounts (Checking, Savings & CDs)				
Money Owed to You (Notes Receivable)				
Vehicles				
Household Goods & Other Personal Property				
Other (Assets or Debts)				
Totals	A.	B.	C.	D.
Summary (A. + B. + C. — D.) of Total Net Estate Value			\$	