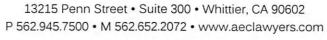


LAW OFFICE OF DAVID PICKARD

ATTORNEY AT LAW

Pour-Over Will Questionnaire (Supplemental to the Revocable Living Trust Client Questionnaire)

Please indicate whethe	r this is a(n):	[] Individual [] Joint Propo	erty Pour-O		
1. Information	about you:				
Full Nam	e:		remotion.		
Former N	Names/Aliases:				
Address:					
2. List who yo	u would like to b Name:	e the Executor o	-077/		
	Address:		= msM	en binnt es	
	Phone:		, rabbi		
Alternate Executor:	Name:		990		
	Address:	ae Vertorono	ONE DESIGNA	EDOVERNO ZAKO	
	Phone:				





	Child #1	Name:
		Address:
		DOB:
	Child #2	Name:
		Address:
		DOB:
	Child #3	Name:
		Address:
		DOB:
	Child #4	Name:
		Address:
		DOB:
	Child #5	Name:
		Address:
		DOB:
4. Lis	st who you wo	uld like to appoint as guardian for any of your minor children:
Guardian:	•	Name:
		Address:
		Phone:

List the names, addresses, and date of birth of all your children, both minor

and adult, natural born and adopted:

3.

Pour-Over-Will Client Questionnaire

Alternate Guardia	n: Name:
	Address:
	Phone:
Not Applicable []
as the and/o	e list any specific property distributions you would like to make, as well name of the person you would like to give it to (Example: wedding engagement rings, specific amounts of money, antiques, family oms, etc.):
Specific Gift	Property Description:
	Beneficiary
Specific Gift	Property Description:
	Beneficiary
Specific Gift	Property Description:
	Beneficiary
Specific Gift	Property Description:
	Beneficiary
Specific Gift	Property Description:
	Beneficiary