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Guardianship Questionnaire

Section 1.01 Proposed Ward's Info

Name (Person needing a guardian): _____

Address: _____

City, State Zip: _____

County and State where Ward currently resides: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail: _____

DOB: _____ SSN: _____

Section 1.02 Applicant's Info

FULL Name of Applicant: _____

Address: _____

City, State Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail: _____

DOB: _____ Age _____ SSN: _____

- a. Has Applicant ever filed for Bankruptcy: _____
- b. If "yes," what type and when: _____
- c. Has Applicant ever been convicted of a Felony or Crime of Moral Turpitude:

- d. If "yes," for what crime and when: _____

Section 1.03 Ward's Estate Planning

Does Proposed Ward have a Will: _____ If YES, Information concerning execution of the Will:

- a. Date on Will: _____
- b. Place of Will Execution: _____
- c. Information concerning Codicil to Will, if any.
 1. Date Codicil Executed: _____
 2. Place of Codicil Execution: _____

Guardianship Questionnaire

d. Were any children born to/ adopted by Ward after the date of the Will?
Yes: _____ No: _____

- 1. Does Proposed Ward have (check if yes):
 - a. ___ Power of Attorney? If yes, who is the listed Agent? _____
 - b. ___ Medical Power of Attorney? If yes, who is the listed Agent? _____
 - c. ___ Directive to Physicians (Living Will)?
 - d. ___ Designation of Guardian? If yes, who is the listed Guardian? _____
 - e. ___ HIPPA Release for Medical Records?

If YES to any of the above, please provide a copy/copies of the document(s).

Section 1.04 Proposed Ward’s Marital Status

1. Is Proposed Ward married? Yes _____ No _____
Full Name, DOB, and SSN of Spouse:

List names, DOBs, SSNs, addresses and phone numbers of any children born out of this marriage:

2. Is Proposed Ward previously married? Yes _____ No _____

a. Full Name of Previous Spouse, beginning and ending dates of marriage and reason for marriage ending (death or divorce):

List names, DOBs, SSNs, addresses and phone numbers of any children born out of this marriage:

b. Full Name of Previous Spouse, beginning and ending dates of marriage and reason for marriage ending (death or divorce):

Guardianship Questionnaire

List names, DOBs, SSNs, addresses and phone numbers of any children born out of this marriage:

c. Full Name of Previous Spouse, beginning and ending dates of marriage and reason for marriage ending (death or divorce):

List names, DOBs, SSNs, addresses and phone numbers of any children born out of this marriage:

Section 1.05 Ward's Assets

Describe Ward's assets. Indicate whether you think the asset is community property (CP) or Ward's separate property (SP). State the name(s) that appear on the title, if known, and state whether the property is held with right of survivorship, if known.

a. Real Estate

Include any real property on which Ward and/or Ward's spouse/partner are an owner, joint owner, or have an interest in any manner, including property purchased in recreational developments and time-shares. *Copy this page if necessary.*

Guardianship Questionnaire

Copy this page if necessary.

Street address: _____
State/County of location: _____
Current fair market value (as of date of death): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of date of death): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
State/County of location: _____
Current fair market value (as of date of death): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of date of death): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
State/County of location: _____
Current fair market value (as of date of death): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of date of death): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
State/County of location: _____
Current fair market value (as of date of death): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of date of death): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
State/County of location: _____
Current fair market value (as of date of death): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of date of death): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Guardianship Questionnaire

Mineral Interests

Include any property in which the parties own any mineral interest, separate from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells. *Copy this page if necessary.*

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ ___ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ ___ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ ___ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ ___ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ ___ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Guardianship Questionnaire

b. Stocks, Bonds, Brokerage/Mutual Fund Accounts

Include securities that are ***not*** in a brokerage account, mutual funds, and ***not*** in a qualified retirement plan fund (use **Retirement Plans** on p. 14). *Copy this page if necessary.*

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts, if any): _____
Account Title: _____
Account number (and numbers of subaccounts, if any): _____
Type: (common/preferred stock) & Certificate numbers: _____
Date of Death Value: \$ _____ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom? _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of date of death): \$ _____ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom? _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts, if any): _____
Account Title: _____
Account number (and numbers of subaccounts, if any): _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom? _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts, if any): _____
Account Title: _____
Account number (and numbers of subaccounts, if any): _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom? _____

Guardianship Questionnaire

c. Cash, Notes, and Mortgages

Include cash, traveler's checks, money orders, and accounts with banks, savings banks, credit unions, etc. *Copy this page if necessary.*

Cash on hand: _____

Traveler's checks: \$ _____ Money orders: \$ _____

Accounts (at financial institutions) – checking, savings, money market, CDs:

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____)

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____)

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____)

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____)

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

Who owes Ward money? _____

Original Amount: \$ _____

Note and Terms: _____

Current balance (as of date of death): \$ _____ Years/Months remaining _____

Status: _____

Special Conditions: _____

Guardianship Questionnaire

d. Life Insurance (also include Life Insurance on Surviving Spouse)

Copy this page if necessary.

Name of insurance company: _____
Date of issue: _____ Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Type of insurance: (term/whole/universal) Face amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Date of issue: _____ Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Type of insurance: (term/whole/universal) Face amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Date of issue: _____ Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Type of insurance: (term/whole/universal) Face amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Date of issue: _____ Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Type of insurance: (term/whole/universal) Face amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Cash surrender value: \$ _____

e. Jointly Owned Property

Asset	Value	Co-Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardianship Questionnaire

f. Miscellaneous, Safe Deposit Boxes, Agricultural, Vehicles, Intellectual Properties, Retirement Plans, Business Interests

Miscellaneous Property

Ward's Household Goods and Personal Effects with Spouse	\$ _____
Joint Household Goods and Personal Effects with Spouse	\$ _____
Employer's Death Benefit (if not in life insurance category)	\$ _____
QTIP Interests	\$ _____
Insurance owned on another's life	\$ _____
Refunds – including income tax refunds	\$ _____
Interests in trusts (not Revocable Living Trust)	\$ _____
Reporting Stock Options	\$ _____

Agricultural Assets (not real property)

Farm Equipment	\$ _____
Ranch Equipment	\$ _____
Supplies	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Other	\$ _____
Other	\$ _____

Vehicles *(see next page for additional information needed on each vehicle)*

Personal Automobiles	\$ _____
Aircraft (type _____)	\$ _____
Boats, Personal Watercraft	\$ _____
Ships, Yachts	\$ _____
Motorcycles, Bicycles, All Terrain Vehicles	\$ _____
Recreational Vehicles	\$ _____
Other	\$ _____

Guardianship Questionnaire

Other Miscellaneous Property (Include Patents, Copyrights, and Trademarks)

Including household furniture, furnishings, fixtures, electronics and computers, antiques, artwork, collections, sporting goods, jewelry and other personal items, etc. *Copy this page if necessary.*

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Safe Deposit Boxes:

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____
Items in safe-deposit box: _____

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____
Items in safe-deposit box: _____

Guardianship Questionnaire

Motor Vehicles, Boats, Airplanes, Cycles, Etc.

Include mobile homes, trailers, and recreational vehicles. *Copy this page if necessary.*

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP
Current balance (as of date of death): \$ _____
Kelley Blue Book Value: _____ Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of date of death): \$ _____
Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Guardianship Questionnaire

Retirement Plans for Ward

Including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Guardianship Questionnaire

Retirement Plans for Ward's Spouse

Including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____ OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____ Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP

Guardianship Questionnaire

Business Interests

Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities.
Copy this page if necessary.

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of date of death): \$ _____ CP DSP SSP

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of date of death): \$ _____ CP DSP SSP

Business Personal Property (i.e., patents, copyrights, trademarks, royalties, rental equipment for lease to others, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

g. Transfers During Ward's Life

Transfers with a Retained Life Estate \$ _____
 Transfers taken Effect at Death \$ _____
 Revocable Transfers \$ _____
 Transfers within last 3 years \$ _____

h. Powers of Appointment

General Power of Appointment held at Death \$ _____
 Holder Releases or Exercise of General Power of Appointment \$ _____
 Lapses of Powers and "5 and 5" Exceptions \$ _____
 Transfers within last 3 years \$ _____

Guardianship Questionnaire

i. Annuities

Copy this page if necessary.

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums (monthly/quarterly/semiannually): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Guardianship Questionnaire

Section 1.06 Ward’s Firearms

The illegal transfer of any firearm is a felony! Penalties for both the transferor and the transferee are up to 10 years in prison and a \$250,000 fine PER FIREARM! Applicable laws include the National Firearms Act of 1934, the Gun Control Act of 1968, and numerous state laws. Transfers of handguns to a person out of state are often illegal.

Be as accurate as possible in answering these questions so we can find legal solutions to potential problems.

Firearms:

List **all** firearms on a separate page and approximate value, if known. Include manufacturer, model (if known), serial numbers, and accessories (such as magazines and capacity of magazines). *Note that some states have restrictions on magazine capacity.*

How many rifles did Ward own/possess? _____

How many shotguns did Ward own/possess? _____

How many handguns did Ward own/possess? _____

Executors, Administrators, Trustees, potential Heirs, Beneficiaries, and Distributees:

Has any potential executor, administrator, trustee, potential heir, beneficiary, or distributee:

- Been convicted of a felony? No Yes (explain)
- Been convicted of domestic or family violence? No Yes (explain)
- Been adjudicated or diagnosed with mental issues? No Yes (explain)
- In or been in a mental institution? No Yes (explain)
- Renounced his or her U.S. citizenship? No Yes (explain)
- A fugitive from justice? No Yes (explain)
- An illegal alien? No Yes (explain)
- Subject to restraining order for harassing, stalking, or threatening an intimate partner? No Yes (explain)
- Under 18 for shotgun or rifle? No Yes (explain)
- Under 21 for handgun? No Yes (explain)
- Live out of state? No Yes (explain)

Ward:

Does Ward have a Federal Firearms License? No Yes

Does Ward have a tax stamp for any firearm or accessory? No Yes

Does Ward own any Class III / Title 2 weapons (see below):

- Machineguns No Yes
- Short-barreled rifles No Yes
- Short-barreled shotguns No Yes
- Sound suppressors (silencers) No Yes
- Any Other Weapon (AOWs), or No Yes
- Destructive devices No Yes

Provide any explanations or other information you think might be relevant on a separate sheet.

Guardianship Questionnaire

Section 1.07 Ward's Liabilities

Liabilities: List all liabilities and debts below:

1. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
2. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
3. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
4. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
5. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
6. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
7. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
8. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
9. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____
10. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

Guardianship Questionnaire

Section 1.08 Other Information You Think We Need To Know

Place any additional information in the area below:
