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1.

Asset Protection, Estate Planning, and Will Information Date:March 2, 2008

		statrix – Person(s) Ma	Date of B	irth		
	Social Se	ecurity No.	U.S. Citizen	Yes or No		
		ned Services No				
	Name		Date of B	irth		
			U.S. Citizen			
	U.S. Arn	ned Services No				
	b. Street A	ddress	(County)			
	c. City and	State	Zip			
	d. Phone:	Home	Work			
II.	e. Did you execute a Premarital Agreement? Yes or No					
	f. Prior Marriages					
	g. Date and Place of Divorce					
	h. Did you execute a Separation of Property Agreement?Yes or No _					
	Children - Please list all children:					
	Name	Birth Date	Name of Spouse	Address		
1.						
2.						
3.						
4.						
5.						
6						
a.		y children received Iren financially indeb	an advance on their inloted to you?	heritance or are		

 3. 4. 6. 							
b.	Is the	ere any reason to treat your children other than equally?					
c.	Are a	any of your children spendthrifts?					
d.	Are a	any of your children under a disability?					
e.	Are a	any of your children predeceased with surviving issue?					
f.	Are a	any of your children from a prior marriage?					
g.	share	any of your children should predecease you, do you wish his/ her are to pass through to his /her child(ren)? If so please indicate the me of each grandchild, by parent. Date of Birth Parent					
h.		ou wish to establish a trust for the benefit of your children and/or dchildren? Yes or No If so, who will be trustee?					
	a.	First Choice: NameAddress					
	b.	Alternate trustee: Name					
	c.	Terms of distribution (education, marriage, etc.)					
	d.	Age(s) for distribution to children from the trust?					

•	not have children, to whom do you wish your estated in what share?
_	ovide the name, present age current address for any ent.
Who show	
	noice: Name
Alternate	: Name
	lternate: Name
	nernate. Name
Do you	wish to include any specific bequest of tangible
Do you	
Do you personal p	wish to include any specific bequest of tangible
Do you wi	wish to include any specific bequest of tangible property in your will?

with the Court inventories and accounts on your estate ring the period of estate administration? you desire your Personal Representative be bonded (the ad premium to be paid from the assets of your estate) in her to insure that the interests of those persons who will
you desire your Personal Representative be bonded (the nd premium to be paid from the assets of your estate) in ler to insure that the interests of those persons who will are in your estate are protected or do you wish to waive
nd premium to be paid from the assets of your estate) in ler to insure that the interests of those persons who will are in your estate are protected or do you wish to waive
• ——
you wish to authorize your Personal Representative to deal ar estate assets in matters that would otherwise be shibited due to conflicts of interest [e.g. sale, lease or cumbrance of estate assets to the Personal Representative or an entity in which the Personal Representative or to an ity in which the Personal Representative has a substantial deficial interest?
you want to establish a Durable General Power of Attorney Health Care/Advance Medical Directive, stating your ferences for health and treatment if you should become minally ill:

Do you have any special requests regarding funeral or burial

instructions. If so this is best handled by a letter of instruction

t.

or other statement separate from your Will to your family or other responsible person.

III. ASSETS: Identify, Value, and Address any Special Concerns Regarding Disposition of Assets.

1.

2.

IV.