

# **SWENDSON / FEY LAW LTD.**

## **CLIENT QUESTIONNAIRE**

**Swendson / Fey Law Ltd.**  
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Please answer all questions on this questionnaire pertaining to "Client" and "Spouse." Please attempt to fill in all blanks; if you do not know certain information, or it is not applicable, then state that the information is "unknown" or "not applicable" or "not available." By following this procedure, we are in a better position to evaluate the information and it removes the uncertainty of whether or not you overlooked any of the questions. Please attach any relevant documentation or explanation which you feel is necessary to accurately complete this questionnaire.

**CLIENT**

**SPOUSE**

Name:

_____	_____	_____	_____	_____	_____
(First)	(Middle)	(Last)	(First)	(Middle)	(Last)

Address:

_____	_____
(Street)	(Street)

_____	_____	_____	_____	_____	_____
(City)	(State)	(Zip)	(City)	(State)	(Zip)

_____	_____
(County)	(County)

Date of Birth:

_____	Age: _____	_____	Age: _____
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State of Birth:

_____	_____
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Occupation:

_____	_____
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Employer:

_____	_____
(Name)	(Name)

_____	_____
(Address)	(Address)

_____	_____
(Position)	(Position)

_____	_____
(Annual Income)	(Annual Income)

Telephone:

_____	_____	_____	_____
(Home)	(Work)	(Home)	(Work)

Social Security No.

_____	_____
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Education:

_____	_____	_____	_____
( High School Years Completed)	(College Years Completed)	( High School Years Completed)	(College Years Completed)

Former Surname:

_____	_____
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Does Wife Want  
Maiden Name Restored?

_____	_____
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**MARRIAGE OF PARTIES**

Place of Marriage: \_\_\_\_\_  
(City) (County) (State)

Date of Marriage: \_\_\_\_\_

No. of this Marriage: \_\_\_\_\_

Other Marriages  
(if any) ended by  
death, divorce or  
annulment

_____	_____
(Name of former Spouse)	(Name of former Spouse)
When: _____	When: _____
Where (state and county): _____	Where (state and county): _____

Is client presently living with spouse: \_\_\_\_\_

If not, who left: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Has either party previously started an action for divorce, legal separation, annulment, or support against current spouse: \_\_\_\_\_  
If so, state the following:

Commenced by whom? \_\_\_\_\_ Year Commenced: \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_  
(State and County) (Dismissed, etc.)

Date of Dismissal or decree: \_\_\_\_\_

If there are minor children, the places where the children have lived with client and spouse within the last five (5) years: \_\_\_\_\_

**WILLS, TRUSTS, ESTATE PLANS, MARITAL AGREEMENTS, MARITAL AGREEMENT**

Please attach copies of any and all prior wills, trusts or estate plans which have been drafted for you or your spouse or children, including, but not limited to, irrevocable insurance trusts, transfer or gift to minor accounts, trusts for children, trusts created for your parents or others, powers of attorney, HIPAA releases, medical directives, funeral trusts, pre-funded funeral arrangements or purchase, pre-marital agreements, post-marital agreements, or agreements to reclassify marital property.

**CHILDREN OR OTHER DEPENDENTS**

List all children born of this marriage:

<u>Name</u>	<u>Social Security No.</u>	<u>Birth Date</u>	<u>Age</u>

If any children adopted, who is: \_\_\_\_\_  
(Natural Parent) (Adoptive Parent)

Do any of client's children have extraordinary medical or dental needs? \_\_\_\_\_

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Does the client want legal custody of the minor children? \_\_\_\_\_

Does client or spouse have any minor children not born of this marriage? \_\_\_\_\_

If so, explain? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL STATUS**

Health of Client: \_\_\_\_\_  
(Excellent, Average, Poor, Disabled, Incompetent)

Health of Spouse: \_\_\_\_\_  
(Excellent, Average, Poor, Disabled, Incompetent)

Is wife pregnant: \_\_\_\_\_

**RECONCILIATION EFFORTS**

\_\_\_\_\_ Explain: \_\_\_\_\_  
Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARMED FORCES**

Was client in Armed Forces: \_\_\_\_\_ If so, list years and branch of service. \_\_\_\_\_  
\_\_\_\_\_

Was spouse in Armed Forces: \_\_\_\_\_ If so, list years and branch of service. \_\_\_\_\_  
\_\_\_\_\_

How long have you lived in the county in which you presently reside? \_\_\_\_\_

How long have you been a resident of the State of Wisconsin? \_\_\_\_\_

**FAMILY**

PARENTS

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Birth Date</u>	<u>Date of Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIBLINGS

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Birth Date</u>	<u>Date of Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NIECES & NEPHEWS

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Birth Date</u>	<u>Date of Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER RELATIVES / OTHER IMPORTANT PEOPLE

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Birth Date</u>	<u>Date of Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REAL ESTATE**

Type of real estate (residence, investment property, summer home, vacant land, etc.)

\_\_\_\_\_

Address:

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

Date of Acquisition:

\_\_\_\_\_

Is the property mortgaged or security for any debt?

\_\_\_\_\_

Yes

\_\_\_\_\_

No

If the property is mortgaged or security for any debt, answer the following:

\_\_\_\_\_

(Lienholders)

\_\_\_\_\_

(Monthly Payment)

\_\_\_\_\_

(Current Balance Due)

Title on Deed:

\_\_\_\_\_

(Husband)

\_\_\_\_\_

(Wife)

\_\_\_\_\_

(Joint)

\_\_\_\_\_

(Other)

Real Estate Taxes:

\_\_\_\_\_

(Amount - Are taxes included in mortgage payment?)

Original Cost and Present Value:

\_\_\_\_\_

(Original Cost)

\_\_\_\_\_

(Approximate Present Value)

Legal Description: Please attach a copy of the deed.

Is this property used directly to earn your livelihood?

\_\_\_\_\_

If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Is there any reason why this property could not be converted to cash if you were otherwise unable to meet your child support or other obligations arising out of this divorce?

\_\_\_\_\_

\_\_\_\_\_

**II. PROFIT SHARING/PENSION PLANS/RETIREMENT ACCOUNTS**

Are you a participant in a retirement plan at your present place of employment?

\_\_\_\_\_

Yes No

Do you have an interest of any nature whatsoever in a retirement plan at any previous place of employment?

\_\_\_\_\_

Yes No

If your answer is yes, please provide us with a copy of the plan, summary plan description, and beneficiary designation and complete the following:

Name of Each Employer

Address of Each Employer

\_\_\_\_\_  
\_\_\_\_\_

Type of Plan(s):

\_\_\_\_\_

Do you make any contributions to the plan(s)?

\_\_\_\_\_

What is the current cash value of your interest in this plan(s)?

\_\_\_\_\_

Could you withdraw this if necessary to meet child support or other obligations arising out of this divorce?

\_\_\_\_\_

Is your spouse a participant in a retirement plan at present place of employment?

\_\_\_\_\_

Does your spouse have an interest of any nature whatsoever in a retirement plan at any previous place of employment?

\_\_\_\_\_

If your answer is yes, please complete the following:

(Name of Employer)

(Address of Employer)

(Type of Plans)

Does spouse make any contributions to the plan(s)?

\_\_\_\_\_

What is the current cash value of your spouse's interest in this plan(s)?

\_\_\_\_\_

Could your spouse withdraw this if necessary to meet child support or other obligations arising out of this divorce?

\_\_\_\_\_

Are you or your spouse a participant in any IRA (Individual Retirement Account) or Keough Plan: \_\_\_\_\_  
(Client / Spouse)

If yes, please give details below:

Client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIFE INSURANCE**

Please provide us with a copy of the policies.

	<b>Client</b>	<b>Spouse</b>
A. Face Amount	_____	_____
Type of Policy	_____	_____
Owner	_____	_____
Insured	_____	_____
Beneficiary(ies)	_____	_____
Name of Company	_____	_____
Policy Number	_____	_____
Indicate if insurance is obtained through employer	_____	_____
Premium	_____	_____
Loan	_____	_____
Cash Value	_____	_____
Value of dividends and accumulations	_____	_____

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B. Face Amount	_____	_____
Type of Policy	_____	_____
Owner	_____	_____
Insured	_____	_____

Beneficiary(ies)	_____	_____
Name of Company	_____	_____
Policy Number	_____	_____
Indicate if insurance is obtained through employer	_____	_____
Premium	_____	_____
Loan	_____	_____
Cash Value	_____	_____
Value of dividends and accumulations	_____	_____

**AUTOMOBILES/MOTORCYCLES/RECREATIONAL VEHICLES/TRUCKS/TRACTORS/ETC.**

Type of vehicle	_____	Type of vehicle	_____
Make/Model	_____	Make/Model	_____
Title in Whom	_____	Title in Whom	_____
Approximate Value	_____	Approximate Value	_____
Loan Balance	_____	Loan Balance	_____
Monthly Payment	_____	Monthly Payment	_____

Type of vehicle	_____	Type of vehicle	_____
Make/Model	_____	Make/Model	_____
Title in Whom	_____	Title in Whom	_____
Approximate Value	_____	Approximate Value	_____
Loan Balance	_____	Loan Balance	_____
Monthly Payment	_____	Monthly Payment	_____

Which , if any, of these vehicles are used directly to earn your livelihood? \_\_\_\_\_

**STOCKS**

Number of Shares:	_____	Number of Shares:	_____
Name of Company:	_____	Name of Company:	_____
Common/Preferred:	_____	Common/Preferred:	_____
Approximate Value:	_____	Approximate Value:	_____
Ownership:	_____	Ownership:	_____

**BONDS**

Face Value:	_____	Face Value:	_____
Name of Issuer:	_____	Name of Issuer:	_____
Certificate No.:	_____	Certificate No.:	_____
Current Market Value:	_____	Current Market Value:	_____
Ownership:	_____	Ownership:	_____

(If more space is needed, please use reverse side.)

Is there any reason why any of the assets listed on this page could not be converted to cash if required to meet child support or other obligations arising out of this divorce? \_\_\_\_\_ If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS INTERESTS**

Name of Business: \_\_\_\_\_

Type of Interest: \_\_\_\_\_  
(sole proprietor, partnership, corporation,  
joint venture)

Type of Business: \_\_\_\_\_

Ownership: \_\_\_\_\_

Current Market Value: \_\_\_\_\_

Basis of Valuation: \_\_\_\_\_

Date of Valuation: \_\_\_\_\_

Name, address and telephone number of your accountant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach annual and/or monthly financial statements (as available) or list all legitimate business expenses. Be prepared for the possibility of having to document expenses.

**BANK ACCOUNTS (CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, MONEY MARKET CERTIFICATES, ETC.)**

A. Name of Institution: \_\_\_\_\_

In Whose Name Held: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance: \_\_\_\_\_

B. Name of Institution: \_\_\_\_\_

In Whose Name Held: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance: \_\_\_\_\_

C. Name of Institution: \_\_\_\_\_

In Whose Name Held: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance: \_\_\_\_\_

D. Name of Institution: \_\_\_\_\_

In Whose Name Held: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance:

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**CASH**

Cash on hand exceeding \$100.00	\$ _____	\$ _____
	Husband	Wife

Indicate which, if any, accounts are pledged on a loan or otherwise encumbered. Give details as to any such transaction including all terms and the creditor or institution where debt exists on Schedule of Debts and Obligations.

**HOUSEHOLD ITEMS AND PERSONAL EFFECTS**

(Ownership should be indicated by inserting H for Husband and W for Wife, or J for Joint)

A. Furniture, Furnishings:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

B. Antiques, Heirlooms:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

C. China, Silver:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

D. Jewelry:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

E. Furs:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

F. Objects of Art:

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

G. Other (Specify):

Approximate Value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

**MISCELLANEOUS PROPERTY**

If you or your spouse are the owner(s) of any property not herein before set forth having a value exceeding \$100.00, such as skiing or fishing equipment, camera equipment, guns, coins, stamps or other valuable collections; mortgages and notes receivable, interests in trusts, interests in estates, liens and judgments owned, or other, please describe same below:

	<u>Description:</u>	<u>Current Market Value:</u>	<u>Ownership:</u>
(1)	_____	\$ _____	_____
(2)	_____	\$ _____	_____
(3)	_____	\$ _____	_____
(4)	_____	\$ _____	_____
(5)	_____	\$ _____	_____
(6)	_____	\$ _____	_____

Which, if any, of these items are used directly to earn your livelihood? \_\_\_\_\_

**NON-MARITAL PROPERTY**

Did you or your spouse own property or possess funds prior to this marriage or inherit any property or funds during the marriage or receive a gift during the marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "Yes", please complete the following:

(1) Description \_\_\_\_\_

Value at time of marriage or when inherited or received: \$ \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_

When Acquired: \_\_\_\_\_

How Acquired: \_\_\_\_\_

Where Located: \_\_\_\_\_

Ownership: \_\_\_\_\_

(2) Description \_\_\_\_\_

Value at time of marriage or when  
inherited or received:

\$ \_\_\_\_\_

Current Market Value:

\$ \_\_\_\_\_

When Acquired: \_\_\_\_\_

How Acquired: \_\_\_\_\_

Where Located: \_\_\_\_\_

Ownership: \_\_\_\_\_

**SCHEDULE OF OBLIGATIONS**

Do you or your spouse owe any mortgages, liens, or other debts or obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following schedule in as great a detail as possible. Be sure to include charge accounts, automobile payments, personal loans and all outstanding notes and bills.

<u>Creditor's Name &amp; Account Number</u>	<u>For</u>	<u>Current Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STATEMENT OF INCOME**

(You only need to complete the section applicable to your income.)

Husband

Wife

Gross current **MONTHLY** income from:

■ Salary and wages, including commissions, allowances and overtime (if you are paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-weekly income by 2.15)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

■ Pensions and Retirement

\_\_\_\_\_

■ Social Security

\_\_\_\_\_

■ Disability and Unemployment Insurance

\_\_\_\_\_

■ Public Assistance (i.e. welfare, AFDC)

\_\_\_\_\_

■ Child Support From Any Prior Marriage

\_\_\_\_\_

■ Dividends and Interest

\_\_\_\_\_

■ Rents

\_\_\_\_\_

■ Bonuses

\_\_\_\_\_

■ All Other Sources (specify): \_\_\_\_\_

\_\_\_\_\_

**TOTAL GROSS MONTHLY INCOME:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Itemize **MONTHLY** deductions from gross income:

■ State Income Taxes

\$ \_\_\_\_\_ \$ \_\_\_\_\_

■ Federal Income Taxes

\_\_\_\_\_

■ Social Security

\_\_\_\_\_

■ Medical or Other Insurance

\_\_\_\_\_

■ Union or Other Dues

\_\_\_\_\_

■ Retirement or Pension Fund

\_\_\_\_\_

■ Savings Plan

\_\_\_\_\_

■ Credit Union

\_\_\_\_\_

■ Other (Specify): \_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY DEDUCTIONS**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**NET MONTHLY INCOME - - - TAKE HOME PAY:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Number of exemptions claimed by Husband:

\_\_\_\_\_

Number of exemptions claimed by Wife:

\_\_\_\_\_

Last Year's Income Tax Refunds:

Federal : \$ \_\_\_\_\_

State \$ \_\_\_\_\_

**STATEMENT OF EXPENSES**

(You only need to complete your expenses but these may include some amounts paid for your children or for your wife such as food, mortgage payments, etc. for other people in your family)

Estimated **MONTHLY** expenses living apart from spouse.

	<u>Husband</u>	<u>Wife</u>
■ Rent or home mortgage Payments:.....	_____	_____
■ Real property taxes (residence):.....	_____	_____
■ Real property insurance (residence):.....	_____	_____
■ Repairs and maintenance (residence - include maintenance of appliances, furniture and furnishings, lawn and yard care, as well as house maintenance):.....	_____	_____
■ Food (including cost of food for entertainment, household supplies, cleaning supplies, etc.):.....	_____	_____
■ Electricity:.....	_____	_____
■ Heat:.....	_____	_____
■ Water:.....	_____	_____
■ Telephone:.....	_____	_____
■ Laundry and drycleaning:.....	_____	_____
■ Clothing and shoes (including minor children's):.....	_____	_____
■ Medical, dental and drug expenses not covered by insurance:.....	_____	_____
■ Insurance (life, health, accident, comprehensive, automobile liability, disability - exclude payroll deducted items):.....	_____	_____
■ Child care, babysitting, day care:.....	_____	_____
■ Child support payments re: prior marriage:.....	_____	_____
■ School (include both child and adult education tuition, books, fees, etc.):.....	_____	_____
■ School lunches:.....	_____	_____
■ Auto expenses (gas, oil, repairs, parking, license, depreciation) - exclude auto payments:.....	_____	_____
■ Incidentals (grooming, tobacco, alcohol, gifts, Christmas, birthday, special occasion; donations):.....	_____	_____
■ Entertainment (include clubs, social obligations, travel, recreation, vacations):.....	_____	_____
■ Newspapers, periodicals and books:.....	_____	_____
■ Care and maintenance of pets (include food, veterinarian, grooming, fees and drugs):.....	_____	_____
■ Payments for support of dependents not living at home (not already listed above) Explain: _____.....	_____	_____
<hr/>		
<b>TOTAL MONTHLY EXPENSES:</b>	<u>\$</u> _____	<u>\$</u> _____

List below any upcoming extraordinary expenses, if any, including school, medical, dental, major necessary purchases, etc. Complete as to the nature of the expense and the total anticipated amount for each:

	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**CONCERNS & ANXIETIES**

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identifying those risks which concern you, and provide us with some sense about how concerns you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

**YOUR CONCERNS**

Please rate the following as to how important they are to you  
(*H-high concern; S-some concern; L-low concern; N/A-no concern or not applicable*):

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting a spouse.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reducing administration costs at the time of your death.	
Avoiding a conservatorship (“living probate”) in case of disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuit or creditors.	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children’s inheritance for the possibility of failed marriages.	
Protecting children’s inheritance in the event of a surviving spouse’s remarriage.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns:

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IMPORTANT FAMILY QUESTIONS

<i>Please check "Yes" or "No" for your answer</i>	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe: _____ _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Describe: _____ _____		
If married have you and your spouse signed a pre- or post-marriage contract? Describe: _____ _____		
Have you (or your spouse) been widowed? _____ <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed a federal or state gift tax return? _____ <i>If yes, please furnish a copies of these returns.</i>		
Have you (or your spouse) completed a previous will, trust or estate plan? _____ <i>If yes, please furnish copies of these documents.</i>		
Do you support any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
If married, have you lived in any of the following states while married to each other: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? <i>If so, please explain:</i> _____		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____ _____		
Do any of your children have special education, medical, or physical needs? <i>If so, please explain:</i> _____ _____		
Do any of your children receive governmental support or benefits? <i>If so, please explain:</i> _____ _____		
Do you provide primary or other major financial support to adult children or others? <i>If so, please explain:</i> _____ _____		

ADDITIONAL RELEVANT INFORMATION

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