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www.trustlaw.ws

Specialist in Estate Planning, Trust and Probate Law

GUARDIANSHIP INFORMATION (Temp__ Perm__)

Client(s) Names(s): _____

INFORMATION ON MINOR

Name: _____ Social Security Number: _____

Birthdate: _____ County: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE: _____

TEMPORARY ADDRESS: _____

TEMPORARY PHONE: _____

NAME OF FACILITY (if any): _____

INFORMATION ON PROPOSED GUARDIAN(S) (Person to handle matters)

A. GUARDIAN OF THE PERSON

NAME/RELATIONSHIP TO MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTHDATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

If there are additional GUARDIANS, check here ____ and attach information on another piece of paper.

B. GUARDIAN OF THE ESTATE (If same as for PERSON, check here _)

NAME/RELATIONSHIP TO MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTHDATE: _____ SOCIAL SECURITY #: _____ DRIVER'S

LICENSE #: _____

GUARDIANSHIP ESTATE

PRINCIPAL ASSETS:

Personal Property: \$ _____

Real Property: \$ _____

ANNUAL INCOME SOURCES:

Personal Property: \$ _____

Real Property: \$ _____

Social Security (Monthly \$ _____): \$ _____

Veterans Administration (Monthly \$ _____): \$ _____

Retirement Plan (Monthly \$ _____): \$ _____

Company Name & Address:

Other Income Sources: \$ _____

TOTAL ANNUAL INCOME \$ _____

REQUIRED BOND: \$ _____

BLOCKED FUNDS: \$ _____

Name and branch of institution(s) were blocked funds to be held:

RELATIVES OF THE MINOR

MOTHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FATHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

MATERNAL GRANDMOTHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

MATERNAL GRANDFATHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PATERNAL GRANDMOTHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PATERNAL GRANDFATHER OF MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BROTHER/SISTER OF MINOR _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BROTHER/SISTER OF MINOR _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO MINOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

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