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INFORMATION CHECKLIST

NAME: _____

NAME OF SPOUSE: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: Home: _____

Work: _____

NAMES OF CHILDREN: _____

NAMES AND ADDRESSES OF GUARDIANS AND ALTERNATES:

NAMES AND ADDRESSES OF TRUSTEES AND ALTERNATES:

NAMES AND ADDRESSES OF EXECUTORS AND ALTERNATES:

SAVINGS, CHECKING AND CERTIFICATE OF DEPOSIT ACCOUNTS

Name of institution	Name(s) on account	Type	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE OWNED

Description	Owner(s)	Market Value	Mortgage amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT PLANS

Type of Plan	Company	Beneficiary upon death	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

Description

Total estimated value

PERSONAL EFFECTS AND OTHER ASSETS

(Automobiles, jewelry and other items worth more than nominal value)

LIFE INSURANCE ON MY LIFE

Company	Policy No.	Amount	Type	Owner	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIFE INSURANCE ON SPOUSE'S LIFE

Company	Policy No.	Amount	Type	Owner	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIABILITIES (Other than mortgages noted above)
