

ATTORNEYS MARK MCGRATH PAT MCGRATH **ASSOCIATE ATTORNEY**

GRANT SCHRICKER

OF COUNSEL LES VICARY

RETIRED THOMAS E. DAVIES

Appointment scheduled for:				at		
•			(Date)	Time)		
tter a		you come in to see o	• • -	ring with you to your appointment t		
1.			that you own. You do not hat hese on the attached sheet of p	ve to list pots, pans, etc., but everyth paper labeled "Assets".		
2.	Prepare a list of all of your debts. Put these on the attached sheet of paper labeled "Bills".					
3.	Our attorney needs to know your family information. Please complete the following:					
	a.	Have you been marr	ried before? Yes/No			
			Ex-Spouse:	Divorce/Deceased		
			Ex-Spouse:	Divorce/Deceased		
			Ex-Spouse:	Divorce/Deceased		
	b.	Parents Names:	Mother	Alive/Deceased		
			Father	Alive/Deceased		
	c.	Brothers/Sisters:		Alive/Deceased		
				Alive/Deceased		
				Alive/Deceased		
				Alive/Deceased		
				Alive/Deceased		
			PLEASE REPLY TO:			
1 Mac	KINAW (DEFICE • 113 S. MAI		aw, IL 61755 • Phone: 309-359-3		

d.	Children:	Alive/Deceased
		Alive/Deceased
		Alive/Deceased
		Alive/Deceased

4. If you own real estate please bring with you to your appointment a copy of your most recent tax bill and if possible a copy of the deed to the property or some other document, such as mortgage, which has the legal description for your property.

We look forward to meeting with you. We appreciate you bringing this information and this letter with you to your appointment. By bringing this information with you to your appointment we will be able to better serve you and avoid you having to retrieve this information for us later. Thanks again.

ASSETS

<u>Description</u>	<u>Value</u>

BILLS

<u>Description</u>	Amount of Liability