

BIOGRAPHICAL QUESTIONNAIRE
ON
DECEASED SPOUSE

(Please complete a separate form for each Deceased Spouse)

Personal Information

Name of Client			
Full name of Deceased Spouse			
Date of Marriage		Place of Marriage (city, county, state)	
Date of Death		Place of Death (city, county, state)	
<p>Are you or any of your children a beneficiary of property of the Deceased Spouse which is yet to be received?</p> <p>If so, please name each such beneficiary and describe the kind of property to be received by each such individual and estimated value.</p>			