

ESTATE PLANNING WORKSHEET

The GERMANY LAW FIRM P.C.

Elder Law, Estate Planning, Estate Administration and Probate Litigation

303-454-3711

<http://www.coelderlaw.net/>

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- THIS QUESTIONNAIRE WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
- IT IS VERY IMPORTANT THAT YOU COMPLETE THIS QUESTIONNAIRE AND PROVIDE AS MUCH INFORMATION AS POSSIBLE. HAVING **ALL** THE REQUESTED INFORMATION ASSISTS US TO CREATE YOUR DOCUMENTS EFFICIENTLY. WE HOLD ALL OF YOUR INFORMATION IN THE STRICTEST CONFIDENCE.
- ****** PLEASE REMEMBER TO INCLUDE ALL PHONE NUMBERS AND ADDRESSES.**
- PLEASE READ AND COMPLETE THIS ENTIRE QUESTIONNAIRE.
- IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, EMAIL OR FAX OR YOU CAN BRING IT WITH YOU TO YOUR INITIAL CONSULTATION.

- We can all help prevent suicide. The following are free and confidential resources and support for people in distress.
National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Colorado Crisis Services: 1-844-493-(TALK) 8255 or text TALK to 38255
Crisis Text Line: Text HOME to 741741

DATE THIS WORKSHEET COMPLETED: _____

PERSONAL INFORMATION:

Legal Name _____
(Name most often used to title property and accounts)

PROVIDE ALL Other Names (Maiden/Aliases)/Also Known As _____

Prefer to be called _____ US Citizen? _____

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE

Date of Birth _____ Social Security Number _____ Place of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____

It is okay to send draft documents and communicate with me via my e-mail address.

MARRIAGE:

Married: Date of Marriage: _____ Divorced Widowed Single

If married (or previously married), please indicate the STATE/LOCATION that your marriage took place. _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Provide FULL legal name and ADDRESS. Remember to provide PHONE numbers.)

Name (with MIDDLE name)	Address AND Phone No	Date of Birth	Parent or Relationship	Comments

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

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 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.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits 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 from the possibility of failed marriages.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

ADVISORS

Name

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

<p align="center">IMPORTANT QUESTIONS:</p> <p align="center">Please answer each Question by Checking “Yes” Or “No” and provide the requested information and documentation.</p>	Yes	No
<p>Are you planning on bringing another person to your intake appointment/consultation? If so, who?</p> <p>_____</p> <p>What does the other person assist you with? _____</p>		
<p>Do you have any impairments or need any particular assistance which require a third party to be present during your meeting with an attorney? If so, please explain: _____</p>		
<p>Have you had a recent injury? If so, please explain your injury? _____</p>		
<p>Have you posted information regarding any recent injuries on any social media site? If so, what information did you post? _____</p>		
<p>Are you receiving social security, disability, or other governmental benefits? Please provide a copy of any benefit determination letter from Medicaid or Social Security and <i>describe benefits</i>: _____</p>		
<p>Were you ever an employee of Rocky Flats? If so, please indicate dates.</p>		
<p>Do you use a pacemaker or an Internal Cardiac Defibrillator (ICD)?</p>		
<p>Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i></p>		
<p>Have you ever cohabitated with anyone considered to be a common law spouse? If so, please provide name, date of co-habitation and state.</p>		
<p>If previously married, did you sign a pre- or post-nuptial contract? <i>Please furnish a copy</i></p>		
<p>Have you signed a co-habitation agreement? <i>Please furnish a copy</i></p>		
<p>Have you ever entered into a Domestic Partnership? If so, please indicate the county where this agreement is filed.</p>		
<p>Have you ever been the donor of any genetic material in the last ten (10) years?</p> <p>If so, please indicate where this material is stored, who the owners are, and if you intend to use this genetic material.</p>		
<p>Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i></p>		
<p>Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i></p>		

Have you completed previous will, trust, or estate planning? <i>Furnish copies of these documents</i>		
Do you support any charitable organizations now that 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> _____		
Are you the beneficiary of a trust? <i>If so, please explain:</i> _____ _____		
Do you have (or have you set up for someone else) an ABLÉ account?		
If you are the beneficiary of a trust, do you hold a power of appointment for that trust?		
If previously married, have you lived in any of the following states while married? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. Please indicate which state(s)</i> _____		
Are you (or your children) currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____ _____		
Do you have long-term care insurance policy/plan? <i>Please provide a copy.</i>		
Do you have a prepaid burial plan? If yes, please provide details: _____		
Do you or any of your children have special educational, medical, or physical needs? <i>Please describe:</i> _____ _____		
Do any of your children receive governmental support or benefits? If so, what benefits do they receive?		
Do you provide primary or other major financial support to adult children or others? If so, please indicate to whom and how much.		
Do you have a preference of where (or with whom) you would want to live if you become disabled and are unable to live independently? <i>Please list preference:</i> _____ _____		
If you are the parents/guardians of a disabled child, do you have a preference of where (or with whom) you would want them to live if you were unable to care for them? <i>Please list preference:</i> _____ _____		
Have you prepared a LETTER OF INTENT which outlines your wishes and desires upon your death? <i>Please provide a copy.</i>		
Have you had documents remotely notarized? (Also called webcam notarization or online notarization)? If so, which documents?		
Do you have any documents stored electronically? If so, which documents and where are they stored?		

PROPERTY INFORMATION

INSTRUCTIONS FOR THE PROPERTY INFORMATION CHECKLIST

General Headings:

This *property information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, leave that section blank. Under certain headings you may own more more property than can be listed on this checklist. If so, please ***use extra sheets of paper to list your additional property.***

Type:

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” Of Property:

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
Owned by Self	S
Joint Tenancy with another person, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY: TYPE: Interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description	Address	Owner	Market Value	Loan Balance
TOTAL			Enter value here and on Page 7	

Are any of the above properties subject to a reverse mortgage? : Yes No

What are the current balances of all reverse mortgages? _____

Are any of the reverse mortgages a Home Equity Conversion Mortgage (HECM)?

FURNITURE AND PERSONAL EFFECTS: TYPE: List separately major personal effects only (jewelry, collections, antiques, furs) and valuable non-business personal property. Provide a lump sum value for miscellaneous, less valuable items.

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
TOTAL		Enter value here and on Page 7

AUTOMOBILES, BOATS AND RVs: TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, owner/how titled, market value and loan balance:

Description Make/Model	Executed DMV Beneficiary Form?	Owner	Market Value	Loan Balance
TOTAL			Enter value here and on Page 7	

BANK & SAVINGS ACCOUNTS: TYPE: checking account “ca”, savings account “sa”, certificates of deposit “cd”, money market “mm” (*indicate below*). *Do not include IRA’s or 401(k)*. ***NOTE:*** if account is in your name for the benefit of a minor, please specify and give minor’s name.

Name of Institution and account number	Type	Owner	Amount
TOTAL			
Enter value here and on Page 7			

STOCKS AND BONDS: TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*Indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct Number	Owner	Amount
TOTAL				
Enter value here and on Page 7				

LIFE INSURANCE POLICES AND ANNUITIES: TYPE: term, whole life, split dollar, group life, and annuity. Additional information: insurance company, type, face amount (death benefit), whose life is insured, owner, the current beneficiaries, and who is the life insurance agent.

Insurance Company/Type of Insurance/Agent	Owner	Beneficiary	On Whose Life?	Face Amount
TOTAL				
Enter value here and on Page 7				

RETIREMENT PLANS: TYPE: pension (p), profit sharing (ps), h.r. 10, IRA, SEP, 401(k). Additional information: describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Plan Name and Type	Owner	Beneficiaries	Amount
TOTAL			
Enter value here and on Page 7			

BUSINESS INTERESTS: TYPE: general and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, oil interests, farm/ranch interests.

Type/Description	Your Ownership in the interest	Estimated Value
TOTAL		
Enter value here and on Page 7		

MONEY OWED TO YOU: TYPE: mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to?	Current Balance
TOTAL				
Enter value here and on Page 7				

ANTICIPATED INHERITANCE, GIFT, AND/OR LAWSUIT JUDGMENT: TYPE: gifts/inheritances you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail.

Description: _____

TOTAL ESTIMATED VALUE _____
Enter value here and on Page 7

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type/Description	Owner	Value
TOTAL		
Enter value here and on Page 7		

SUMMARY OF VALUES

Amounts*

ASSETS

Total Value

Real Property

Furniture and Personal Effects

Automobiles, Boats and RV's

Bank and Savings Accounts

Stocks and Bonds

Life Insurance and Annuities

Retirement Plans

Business Interests

Money owed to you

Anticipated Inheritance, Etc.

Other Assets

Total Assets:

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who you wish to be guardian.

NOTE: A Guardian should be an *individual* not a *COUPLE*. *Remember to provide PHONE numbers.*

	Name of Primary Guardian	Relationship	Address & Phone #	Name of Backup Guardian	Relationship	Address & Phone #

TRUSTEE(S):

Usually the Maker will be the Trustee of his or her own trust. Allows you to continue to jointly control your assets as before make decisions for you with regard to your property and assets if you are disabled. *Remember to provide PHONE numbers.*

	Name of Primary Trustee	Relationship	Address & Phone #	Name of Backup Trustee	Relationship	Address & Phone #

PERSONAL REPRESENTATIVE:

After your death, who do you want carrying out your instructions, for distribution and, if desired, management of property for your beneficiaries?

	Name of Personal Representative	Relationship	Address & Phone #	Name of Personal Representative	Relationship	Address & Phone #

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? *Remember to provide PHONE numbers.*

	Name of Financial Agent	Relationship	Address & Phone #	Name of Financial Agent	Relationship	Address & Phone #

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Yes No

Gifting Power Details: _____

HEALTH CARE:

If you're unable to make decisions for yourself, who do you want to make decisions for you with regard to your medical treatment? *Remember to provide PHONE numbers.*

	Name of Healthcare Agent	Relationship	Address & Phone #	Name of Healthcare Agent	Relationship	Address & Phone #

◀Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Yes No

◀Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Yes No

PERSONAL PROPERTY/SPECIFIC GIFTS/PERSONAL PROPERTY MEMORANDUM:

Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Children
- To the balance of the trust.
- Other named individuals. _____

SPECIFIC GIFTS:

List any specific gifts of **real estate or cash gifts** you wish to make to either individuals or charities

	Individual or Charity	Amount of Description of Property

DIVISION OF PROPERTY

DIVIDE EQUALLY BETWEEN CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMOUNT NAMED INDIVIDUALS and/or CHARITIES:

Name of Individual or Charity	Amount

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary’s needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You should decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY:

Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date. In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

To my heirs-at-law.

To the following named individuals and/or charities:

Name of Individual or Charity	Amount

LIVING WILL:

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

	All life-sustaining procedures to be withdrawn	Life-sustaining procedures continued for a period of not less than ___ days	Life-sustaining procedures shall be continued indefinitely	Artificial nutrition or hydration shall not be continued	Artificial nutrition or hydration to be continued for a period of not less than ___ days	Artificial nutrition or hydration shall be continued indefinitely	Organ donation?
TERMINAL CONDITION							
PERSISTIVE VEGETATIVE STATE							

OTHER ITEMS TO INCLUDE OR DISCUSS:

Please list any other items you want included or want to discuss:

I state that I have made a full and accurate disclosure of all assets and liabilities in which I have OR in which I may have an interest in and all of the material facts and information contained in this Questionnaire are correct to the best of my current actual knowledge as of _____.

(date)

Your signature

AUTHORIZED DISCLOSURE AFTER REPRESENTATION ENDS

As we prepare your estate plan, you have disclosed confidential information to us. You expect us to keep this information confidential, and we respect that confidentiality. In the future, should someone call our office and tell us that you are apparently on your deathbed and ask us, "What should we be doing?" This puts us in an uncomfortable position..

In the opinion of the Colorado Bar Association, the information disclosed during the planning process for your estate is confidential. During your lifetime it may not be disclosed to anyone without your specific authorization. Therefore, we need written authorization in your file regarding such circumstances. Please complete this form by checking the appropriate box. Then date and sign the bottom of this form. If this form is not in our files, we cannot discuss your estate plan with anyone during your lifetime.

To The Germany Law Firm:

I wish to renew my engagement with the Germany Law Firm for the following limited purposes:

Please check the boxes you wish:

1. Permitted Responses to Requests

I authorize my attorney to release file documents to and discuss my case with the following persons who initiate a request for information to the Germany Law Firm:

- My appointed agent under a power of attorney
- My appointed representative under a living trust or will
- Any court having jurisdiction over me or my financial affairs
- My health care providers
- The following friends and family:

- If such a request for information is made to the Germany Law Firm, I request that the Germany Law Firm advise me of such request.

2. Disclosures to Prevent Abuse or Neglect When Capacity Declines

In the event that I may experience a decline in my capacity, I authorize The Germany Law Firm to:

- Report suspected neglect, financial, or other abuse to appropriate agencies.
- Meet with me privately to assess my wishes, even if my appointed agent, a family member, caregiver, or friend disagrees.
- Petition a Court for a guardianship or conservatorship to protect my safety or my estate.

3. **Permitted Actions After My Death**

I authorize the Germany Law Firm to do the following after my death:

- Explain to my appointed Trustee, Personal Representative, or agents under Beneficiary Agreements what legal tasks need to be undertaken.
- Explain to the beneficiaries receiving my assets about their rights.
- Disclose my intent, including testimony in any legal proceeding concerning my estate, in making a trust, will, beneficiary designation and/or joint property arrangements, except for those matters I have instructed The Germany Law Firm to keep confidential.

4. **Payment of Attorney**

I authorize payment of The Germany Law Firm for the services described above at the firm's then regular billing rate.

I agree that The Germany Law Firm has no affirmative duty to monitor or supervise my situation or advocate for me or my estate. I reserve the right to revoke my consent at any time. I agree that this right is personal to me and that, during my lifetime, this right to revoke may not be exercised by the agent under my durable power of attorney.

Dated: _____

Print Name of Client

Signature

If you are interested in having a special needs trust created, please complete sections 1, 2, 4 (a) & (b), 5(a) & (b), 6, 7 (a) & (b) of the IRS Form SS-4 attached on the next page. We will complete the other sections. Please date and sign on the bottom lines.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

	1 Legal name of entity (or individual) for whom the EIN is being requested				
Type or print clearly.	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located				
	7a Name of responsible party	7b SSN, TIN, or EIN			
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶			
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____				
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State _____ Foreign country _____			
10	Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____				
11	Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year			
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Agricultural</td> <td style="width:33%; border-bottom: 1px solid black;">Household</td> <td style="width:33%; border-bottom: 1px solid black;">Other</td> </tr> </table>	Agricultural	Household	Other	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	Other			
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶				
16	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) ▶ _____				
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.				
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶				
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name	Designee's telephone number (include area code)			
	Address and ZIP code	Designee's tax number (include area code)			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)			
Name and title (type or print clearly) ▶		Applicant's tax number (include area code)			
Signature ▶	Date ▶				