LEGAL DOCUMENT INPUT FORM

TITLE: MR. & MRS. ☐ MR. ☑ MRS. ☐ MS. ☐ DATE: 10 (MO) 24 (DAY) 07 (YR)

NICKNAMES: T-MAC & _____

ADDRESS: 4221 Autumn Hill Drive Representative: Sharon Ritter

CITY: Stone Mountain GA ZIP: 30083 CITY: CHER CLAY COBB (DEK) FULTON GWIN _____ (Circle) DUNWOODY ☐ SOUTHSIDE ☐

CONTACT PHONE #: 404 . 508-2192 BEST TIME TO CONTACT: DAY: ✓ EVENING: _____
404-580-2085 + cell

	PRIMARY	SPOUSE
FIRST NAME:	Thomas	
MIDDLE OR MAIDEN NAME:	Josiah	
LAST NAME:	McCord Jr I II III IV	SAME

	PRIMARY			SPOUSE		
CITIZENSHIP (Circle):	(US)	RESIDENT ALIEN	NONRESIDENT ALIEN	US	RESIDENT ALIEN	NONRESIDENT ALIEN
MARITAL STATUS: (Circle)						
Married?	YES	(NO)		YES	NO	
Been Divorced?	YES	NO		YES	NO	
Separated?	YES	NO		YES	NO	
Been Widowed?	YES	NO		YES	NO	

	PRIMARY	SPOUSE
TRUST TYPE: (Circle)	BASIC BASIC+ INTERMEDIATE (COMP. PAS)	BASIC BASIC+ INTERMEDIATE COMP. PAS
TRUST AGE: (18 to 35)	TRUST AGE: 21	TRUST AGE: _____
EXECUTOR/TRUSTEE:	SPOUSE Katauna Nikol King	SPOUSE
ALT.EXECUTOR/TRUSTEE:	not at this time	SAME
		SAME
GUARDIAN:		SAME
ALTERNATE GUARDIAN:		SAME
POA: (Circle)		YES NO
POA ATTY-IN-FACT:	EXEC. (YES) NO Katauna Nikol King	EXEC.
ALT. ATTY-IN-FACT:	ALT. EX. not at this time	ALT. EX.
POA FOR H. CARE: (Circle)		YES NO
H.C.POA ATTY-IN-FACT:	EXEC. (YES) NO Katauna Nikol King	EXEC.
ALT.POA ATTY-IN-FACT:	ALT.EX. not at this time	ALT.EX.

LIVING CHILDREN

FIRST NAME	MIDDLE NAME	LAST NAME	AGE	WHOSE CHILD?
Ronald	Eugene	McCord	53	(HIS) HERS BOTH
KATRINA	Ann	King-McCord	52	(HIS) HERS BOTH
Katauna	Nikol	King	41	(HIS) HERS BOTH
				HIS HERS BOTH
				HIS HERS BOTH

IS ANY OTHER PERSON DEPENDENT UPON YOU FOR SUPPORT? YES ☐ NO ☑ (STEPCHILDREN, GRANDCHILDREN, PARENTS, ETC.)
IF SO, WHO? _____

I HAVE CHECKED THE INFORMATION AND SPELLING OF NAMES ON THIS PAGE

X [signature] (Client Signature) X _____ (Client Signature)

EXHIBIT 2 B