

**ITEMS NEEDED FOR PREPARING
ESTATE PLANNING DOCUMENTS**

BRING THE FOLLOWING INFORMATION WITH YOU TO YOUR FIRST APPOINTMENT:

1. Photocopies of real estate contracts, warranty deeds and quitclaim Deeds, including cemetery lots. Do not include more than one legal description for any one piece of property. Legal descriptions from tax notices are not acceptable. We need a copy of the latest recorded deed for each piece of property. (NOTE: We need a full deed that has the recording information stamped on it). *Incline House } attached
Phillipines (condo) }*
2. Photocopies of all titles to cars, trucks, trailers, boats, motorcycles, etc. If you do not have access to titles, a copy of the registration is acceptable. *4 cars, new boat (in June)*
3. Photocopies of all stock including Professional Corporation stock and bond certificates. It is important that we have a copy of the actual certificates and no lists, as we need information concerning these securities of which clients are not usually aware. *See CSFB statements*
4. Photocopies of statements from brokerage houses for brokerage accounts and photocopies of statements for mutual fund accounts. It is important that we have a copy of the actual statements and no lists. *Also, Washington Mutual litigation escrow of rights to and in life*
5. A photocopy of the latest statement of each bank account and credit union account including checking accounts, savings accounts, money market accounts, C.D. accounts, and any other bank accounts which you might have. *See CSFB statements*
6. Partnership information (limited or otherwise) if any. List your percentage ownership, name and address of managing general partner with complete name of the partnership. *Bank of America, UBS (Switzerland), Bank of Phil Island (BFL)*
7. Photocopies of Notes Receivable, if any. *To be provided later (market value less than 150,000)*
8. Photocopies of the page of the following insurance policies showing the insurance company name, policy number, benefits, owners and beneficiaries:

(A) Life Insurance	(B) Umbrella Insurance, if any
<i>None</i>	<i>(Liability?)</i>
(C) Disability Insurance	(D) Long-term Care Insurance (including insurance trusts)
<i>None</i>	<i>None</i>
9. Photocopies of your most recent financial statement, if any, and copies of your current Wills and Trusts (including insurance trusts)

AGAIN, MAY WE EMPHASIZE, WE NEED COPIES OF ALL DOCUMENTS NOT LISTS OR ORIGINALS.

- Disinherit Esperanza Mate
- Discuss Separate/Community Property
- Alex WMA trust, this year 77,000
- College Savings Plan

Safe →

Get this later: Praygo

Safe →

CONFIDENTIAL ESTATE PLANNING DATA FORM

The information provided in this document shall be held in strict CONFIDENCE.

If the space provided in any of the following sections is insufficient, please attach additional pages as needed.

Date of this document: 5-19-02

I. CLIENT DATA:

Husband Name: Andrew Earl Furer

Social Security No.: 550-68-9711 U.S. Citizen? YES

Date of Birth: 2-21-53 Place of Birth: CINCINNATI, OHIO

Previously married? Please indicate number of previous marriages and how each was terminated (e.g., death or divorce): NO

Wife Name: ELOISA BESADA ~~MAE~~ FURER

Social Security No.: 549-35-2191 U.S. Citizen? YES

Date of Birth: 9-5-41 Place of Birth: ORMOC CITY Leyte, Philippines

Previously married? Please indicate number of previous marriages and how each was terminated (e.g., death or divorce): 1 MARRIAGE - Terminated by annulment (1970)

Date and Place of Marriage: MAKATI CITY, PHILIPPINES (4-13-62)

Is there a pre-nuptial or post-nuptial agreement in effect? NO

If so, please provide us with a copy of the entire agreement.

Residence: Street Address: PO Box 7206 949 Lakeshore Blvd.

City, County, State and Zip: Incline Village, NV 89451 - Physical address 89452 - P.O. Box

Telephone: 775 832-1031 Approximate Net Value of Estate: \$65 million

Length of Residence in this State: Since Sept. 1997

II. CHILDREN (please provide requested information regardless of whether child or grandchild is living or deceased):

(1)
Full Name: Alexander Eric Furer

Age: 17 Sex: Male

Parent: (H, W or Both): Both

Address: Home address

Occupation: student

Married? (Y/N/Div.): N

Name of Spouse: _____

Children of Your Child:

Name: None

Age: _____

Name: _____

Age: _____

(3)

Full Name: _____

Age: _____ Sex: _____

Parent: (H, W or Both): _____

Address: _____

Occupation: _____

Married? (Y/N/Div.): _____

Name of Spouse: _____

Disinherit (also former spouse?)
↓ (2)

Full Name: Esperanza Besada Mate
Mate

Age: Born 1963
3 yrs old Sex: F

Parent: (H, W or Both): W

Address: Tacloban City, Leyte,
Philippines

Occupation: _____

Married? (Y/N/Div.): N

Name of Spouse: _____

Name: None

Age: _____

Name: _____

Age: _____

(4)

Full Name: _____

Age: _____ Sex: _____

Parent: (H, W or Both): _____

Address: _____

Occupation: _____

Married? (Y/N/Div.): _____

Name of Spouse: _____

Children of Your Child:

Name: None

Name: None

Age: _____

Age: _____

Name: _____

Name: _____

Age: _____

Age: _____

Are any of your children or grandchildren handicapped or do any of them have special needs? If so, please describe: _____

III. TRUST INFORMATION

A. Successor Trustees

So long as you are alive and competent, you will both likely serve as the trustee (or manager) of your trust. Please provide us with information in the spaces provided below regarding those whom you wish to have serve as "successor" trustees upon: 1) the death or incapacity of the first spouse; and 2) the death or incapacity of the other of you. If you wish to have more than one person or institution serve as trustee at any time, they will be "co-successor" trustees. Please also provide us with the names of at least two (2) "alternate successor trustees" to serve as trustee in the event of the inability or unwillingness of the successor trustee(s) to so serve. Please include names, addresses and telephone numbers.

If upon the death of the first spouse, the successor trustee is to be someone **OTHER THAN THE SURVIVING SPOUSE** or if someone will serve **WITH THE SURVIVING SPOUSE**, please indicate below their name, address and phone number.

Successor Trustee: _____

Co-Successor Trustee
(if applicable): _____

FIRST TO DIE - SURVIVOR AS TRUSTEE

Successor Trustee(s) upon the death of the surviving spouse, include name, address and phone number.

Successor Trustee: Maria Esther Follosco - 100 Bougainville Ayala Alabang Village
~~at the same address as the~~
Muntinlupa City 1780
Philippines
Tel: 632-842-0366

Co-Fill

Co-Successor Trustee (if applicable): Bank?

Alternate Successor Trustee(s), include name, address and phone number.

First Alternate Successor Trustee: Victoria Elsaygh, 507 Joncourt, Diamond Bar, CA 92765

Second Alternate Successor Trustee: _____

Third Alternate Successor Trustee: _____

Fourth Alternate Successor Trustee: _____

B. Property

Please attach copies of any deeds, including legal descriptions; vehicle titles; stock, bond, mutual fund and brokerage account information (including account numbers and balances); retirement account information (including account numbers and balances); life insurance policies; and other documents relating to your assets.

C. Plan of Distribution

Please indicate in general terms how you wish to have your estate distributed upon the death of the second spouse.

All to Alexander except certain charitable gifts.

III. WILL INFORMATION - EXECUTOR

Please indicate the names, addresses and telephone numbers of the individual(s) you wish to have serve as the executor(s) and alternate executors of your will. Generally, these will be the same persons you listed as successor trustees, above.

Husband:
First Executor,
IF OTHER THAN SPOUSE

Wife

Wife:
First Executor,
IF OTHER THAN SPOUSE

husband

First Successor Executor:

Alex (if not a minor?)

Bank?

"

"

Second Successor Executor:

Third Successor Executor:

IV. GUARDIAN

If you are the parent(s) of minor children, please indicate the individual(s) you would like to recommend as their guardian(s), including name, address and phone number. Again, you should also provide us with the names of at least two (2) alternates in the event your first choice of a guardian is unable or unwilling to serve.

Guardian: Victoria Elsayagh } see trustee info
First Alternate: Maria Esther Follosco }
Second Alternate: _____
Third Alternate: _____

V. POWERS OF ATTORNEY

A. Financial Matters: Please indicate the name, address and telephone number of the person whom you wish to have serve as your attorney-in-fact for financial matters in the event you become incapacitated. Please provide similar information for at least two (2) alternates.

Husband:
First Agent (IF OTHER THAN SPOUSE)

Wife:
First Agent (IF OTHER THAN SPOUSE)

Spouse

First Successor Agent

First Successor Agent

See executor discussion

Second Successor Agent

Second Successor Agent

Third Successor Agent

Third Successor Agent

B. Health Care Matters: Please indicate the name, address and telephone number of the person whom you wish to have serve as your attorney-in-fact for health care matters in the event you become incapacitated. Please provide similar information for at least two (2) alternates.

Husband:
First Agent (IF OTHER THAN SPOUSE)

Wife:
First Agent (IF OTHER THAN SPOUSE)

First Successor Agent

First Successor Agent

Second Successor Agent

Second Successor Agent

VI. ASSET INFORMATION

A. REAL PROPERTY. Provide copies of all deeds, assessors parcel #'s, etc.

Asset Description	Address	How Held	Gross Value	Debt Secured by Asset	Tax Basis
949 Lakeshore Blvd. (House-primary)	949 Lakeshore Blvd Incline Village, NV	JOINT TENANTS	\$9,000,000	\$1 million	\$5 million
Condo in Makati, Philippines	Twin Towers Condo Unit 25C	check deed	\$525,000	-0-	\$525,000

Lease

Apt. - (instead)
Switzerland
yearly rentable

Joint -0- -0- -0-

?

B. PUBLICLY TRADED STOCKS, BONDS AND MUTUAL FUNDS.
 Details regarding each issue of stock or series of bonds may be provided on an attachment. Again, we will need to verify the manner in which title to the securities is held.

Asset Description & No. Shares	Owner H/W Community	How Held	Gross Value	Debt Secured By Assets	Tax Basis
See CSFB Statement					

Comment on Condo in the Philippines

1) We paid \$400,000.00 for this according to the currency exchange in 2002? - Why is this listed for \$1525,000.00 -

as of 2004 - the value has greatly depreciated due to currency exchange when we bought a bank the exchange was \$1.00 to \$51.00 Now exchange is \$1.00 to \$56. to 57.00 it fluctuates

C. CLOSELY-HELD STOCK, PARTNERSHIP INTERESTS OR LIMITED LIABILITY COMPANY INTERESTS. Please provide information regarding any interests you may have in closely held corporations (i.e., stock that is not publicly traded), partnerships, limited liability companies or other business entities. Please briefly describe the business of each such entity.

Asset Description & Ownership %	Owner H/W Community	How Held	Gross Value	Debt Secured by Asset	Tax Basis
Washington Mutual Litigation Escrow				1,275,000 375,000 shares	
		Washington Mutual		+ Cash (\$2-3mm.)	

Are any of the above-listed business interests subject to a buy/sell agreement or redemption agreement? If so, please describe. N/A

Are there restrictions on the transfer of any of the above-listed business interests? If so, please describe. Stock in escrow if not registered

D. ACCOUNTS IN FINANCIAL INSTITUTIONS.

Checking

Bank name and location:

Approximate balance:

See Bank of America - 2 accounts

\$25,000

Savings

Bank name and location:

Approximate balance:

See UBS - 2 accounts - \$50,000 (in Swiss Franc)
See Bank of Phil. Islands - 2 accounts (\$10,000)

Certificates of Deposit
Bank name and location:

None

Approximate Balance _____

E. **LIFE INSURANCE.** Provide information concerning additional policies on an attachment.

	On Life of <u>Husband</u>	On Life of <u>Wife</u>
Company and policy number:	<u>None</u>	<u>None</u>
Face amount:	<u>(Possibly a benefit from</u>	
Annual premium:	<u>Castine Partners)</u>	
Loans outstanding on policy and interest rate:	_____	_____
Type (term, whole life, etc.):	_____	_____
Dividend option selected:	_____	_____
Disability waiver:	_____	_____
Owner of policy and designated successor, if any:	_____	_____
Beneficiaries designated in policy:	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
Location of Policy:	_____	

H. MISCELLANEOUS.

1. Please describe any interest that you have in any other deferred compensation contracts or plans. *None*
2. Please describe any other assets in which you may have an interest. *Washington Mutual Litigation Escrow*
3. Please describe any debts that are not reflected above. *\$1 million mortgage on Incline House*
4. Location of any safe deposit boxes which you maintain. Please state who is authorized to access each box. *Bank of America
Incline Village Branch
#3696 (Eloisa + Andrew)*
5. Please provide a copy of your latest financial statement.

N/A

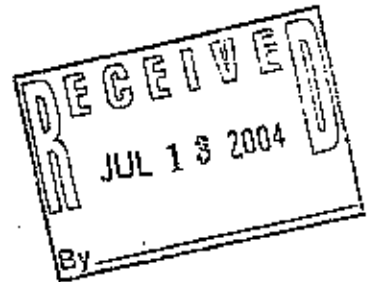
BOB DELETT CHARTERED

A LAW CORPORATION
650 Hammill Lane
Reno, Nevada 89511

Tel: (775) 829-1980
Fax: (775) 829-2377

ROBERT L. DELETT

July 10, 2004



VIA RENO CARSON MESSENGER

Don L. Ross, Esq.
Woodburn and Wedge
6100 Neil Road #500
Reno, Nevada 89505

Dear Don:

Enclosed are the documents you provided concerning Eloisa B. Furer. Due to a scheduling conflict, Ms. Furer decided to go elsewhere. Sorry.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. DeLett".

Robert L. DeLett

RLD/js
enclosures:

Last Will and Testament of Eloisa B. Furer
The Andrew & Eloisa Furer Trust Agreement