

IN RE \_\_\_\_\_,

NO. \_\_\_\_\_

<b>EXHIBIT B</b>	
<b>PARENTS:</b>	Mother _____ Address _____ Father _____ Address _____
<b>SPOUSE:</b>	Name _____ Address _____
<b>CHILDREN:</b>	Name _____ Age _____
	Address _____
	Name _____ Age _____
	Address _____
<b>RELATIVES:</b>	List the names and addresses of respondent's closest known relatives other than the above persons.
	Name _____ Relation _____ Address _____
	Name _____ Relation _____ Address _____
	Name _____ Relation _____ Address _____

**FIDUCIARY:** List the names and addresses of any person having power to act in a fiduciary capacity regarding any of respondent's financial resources:

Name \_\_\_\_\_

Address \_\_\_\_\_

Nature of Power \_\_\_\_\_

(Attach additional sheet if necessary)