Part 2 Your Person		EGN I	5/		-0R11			
Personal Informati	on	III C. Cikibara	III C. Citizana IV.a.a. Na					
Your Name:		U.S. Citizen	Yes	Yes No				
Address:		Date of Birth: Social Security N	Jumber:	15/10/11/				
City:	State:	Zip:	Marriber.					
Where do you presen	tly live, if different	than address above?						
Wys.			Λ.					
How long have you li								
How long did you live		, if applicable?						
Birth State and Coun			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l Nila	M_{\odot}			
Have you ever lived i	<u>n a community pro</u>	perty state?	Yes	No	.			
If yes, what state?	 	oddross2 Vos/No		24/2.				
Do you have a knowr If yes, list address:	i iuture residence a	duless? Tes/No						
Education level			ISLE	ar by				
Describe your								
physical condition								
and any health								
problems you may								
have. Describe any								
emotional								
problems you may								
have.								
Employment		Vien		15.				
Where are you emplo	yed?		. cOR	ieW.				
Position			EGAL OF	EA				
Address	City	State	FORM	Zip				
Phone		Fax	Fax					
How long employed a	nt present employe		_	U'	5 F			
Previous employer:		Position:						
Address	City	State		Zip				
Education	ORIV		MO					
Educational Level	orevie	Degrees	Degrees					

Part 3 Spo	use Personal Inforn	nation	CAL OF	$S_{A_{1,2}}$			oW.
Personal Information – Spouse			I Ea. Wh			<.0) L
Spouse Name:			U.S. Citizen	Yes	No	- NLT	- aVI
Address:			Date of Birth:				61
			Social Security N	umber:	121	· COLLI	
City:	State	Zip			0-	40	
Where does	spouse presently liv	/e, if differe	nt than address above	e?			
	12						