

LIFE ACTIVITY CALENDAR[®]

WRONGFUL DEATH CHECKLIST

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____

Firm: _____

Street: _____

City, State, Zip: _____

Telephone: (____) _____ Facsimile: (____) _____

Email: _____

Case Name: _____

CLIENT INFORMATION:

Subject (Decedent) Name: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ Gender: M F

Decedent's Occupation: _____ Yearly Salary (if known) \$ _____

Relationship of Plaintiff(s) to Decedent (check all that apply):

- Family Siblings Spouse (Name) _____
 Children Parent(s) Other (please explain) _____

PLEASE CHECK:

Plaintiff Defense Attorney needs LIFE ACTIVITY CALENDAR by ____/____/____

Standard 8 1/2" X 11" Settlement Size (3 copies) - **\$1,050.00** \$ _____

Extra copies: _____ copies @ \$75.00 each \$ _____

Special rush service available - call for details \$ _____

Trial Size calendar available - call for details \$ _____

TOTAL: \$ _____

Enclosed is a check payable to **Robert W. Johnson & Associates**
or

Please charge my: MC AMEX VISA Card # _____

Name as printed on card: _____ Expires: ____/____/____

Zip code of credit card billing address: _____

Signature: _____ Date: ____/____/____

Note: Processing time of 5 business days starts **after** fee and completed checklist are received.

All fees and rates are subject to change without notice.

Robert W. Johnson & Associates

4984 El Camino Real • Suite 210 • Los Altos, CA 94022

650/494-2413 • 800/541-7435 • FAX 650/968-4528

Website: www.rwja.com • Email: info@rwja.com

Wrongful Death Case

ATTORNEY SUGGESTIONS:

1. Your client's LIFE ACTIVITY CALENDAR will be developed based solely on the information completed in this checklist. This calendar will graphically illustrate those activities that the plaintiff(s) did with the decedent.

2. We urge that you, or a member of your staff, work with the plaintiff(s) to ensure that the information supplied is as accurate and complete as possible.

3. Please read through the entire checklist before completing the forms. Robert W. Johnson & Associates prefer to answer your questions before completion of the checklist. This will incur less additional expense for corrections or re-creation of the LIFE ACTIVITY CALENDAR at a later date.

Note: STANDARD PROCESSING TIME (5 business days) begins only **after** the completed checklist **and** fee are received by Robert W. Johnson & Associates.

INSTRUCTIONS FOR FILLING OUT CHECKLIST:

The information completed in this checklist should represent a **typical** or **average** year in the life of the family with the decedent. The checklist consists of three columns to be completed.

1. NAME OF ACTIVITY - List **only** activities in which **you (plaintiff(s)) and the decedent participated**. Since this checklist is general in nature, not all of the categories will apply to you directly. Cross out and change wording where necessary and add additional categories when appropriate. Take your time and list as many activities as you wish.

2. MONTHS - Indicate, by marking the appropriate circles, the actual months in which you and the decedent participated in the activity during a typical year.

3. FREQUENCY OF ACTIVITY -

(a) Indicate the total number of months per year during which you and the decedent participated in the activity.

(b) Indicate the average number of weeks per month (assume four weeks per month) you and the decedent did the activity.

(c) Complete the average number of days per week (not the specific week days) you and the decedent participated in the activity.

Note: There is a category called "Weekend Events." **However, if one or more of your listed weekday activities also happened on the weekend, please indicate by writing "Sat" or "Sun" or both after the name of this activity.**

EXAMPLE:

Suppose Ms. Brown (the plaintiff) and her husband (the decedent) used to go bicycling two days per week March through November.

Here is how Ms. Brown would record this on the LAC Checklist.

NAME OF ACTIVITY	MONTHS Mark those months in which the activity occurred	FREQUENCY OF ACTIVITY																																																
4. RECREATIONAL: (b) Bicycling	<table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>Before</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>After</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; text-align: center;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">MONTH(S) per YEAR</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">WEEK(S) per MONTH</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">DAY(S) per WEEK</td> </tr> <tr> <td>9</td> <td>4</td> <td>2</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	9	4	2	0	0	0
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NAME OF ACTIVITY DONE WITH DECEDENT	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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1. VACATIONS:
(if taken with decedent)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
(a) Winter	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M	Before <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J	Before <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S	Before <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D											
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(b) Summer	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M	Before <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J	Before <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S	Before <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D											
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(c) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M	Before <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J	Before <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S	Before <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D											
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2. BIRTHDAYS:
List birthdays, and indicate with a check mark those which the decedent actually celebrated with the plaintiff(s).

Relationship to Decedent	Name	Date of Birth	Celebrated Before Death
(a) _____	_____	___/___/___	<input type="checkbox"/>
(b) _____	_____	___/___/___	<input type="checkbox"/>
(c) _____	_____	___/___/___	<input type="checkbox"/>
(d) _____	_____	___/___/___	<input type="checkbox"/>
(e) _____	_____	___/___/___	<input type="checkbox"/>
(f) _____	_____	___/___/___	<input type="checkbox"/>
(g) _____	_____	___/___/___	<input type="checkbox"/>

3. ANNIVERSARIES:
List anniversaries, and indicate with a check mark those which the decedent actually celebrated with the plaintiff(s).

Name of Anniversary	Date of Anniversary	Celebrated Before Death
(a) _____	___/___/___	<input type="checkbox"/>
(b) _____	___/___/___	<input type="checkbox"/>
(c) _____	___/___/___	<input type="checkbox"/>

Mark only those activities which you (plaintiff) and the decedent did **together**.

NAME OF ACTIVITY DONE WITH DECEDENT	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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4. WORK: <i>(if done with decedent)</i> (a) _____	<table border="1"> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>Before</td> <td>J</td> <td>F</td> <td>M</td> <td>A</td> <td>M</td> <td>J</td> <td>J</td> <td>A</td> <td>S</td> <td>O</td> <td>N</td> <td>D</td> </tr> <tr> <td>After</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Before	J	F	M	A	M	J	J	A	S	O	N	D	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>MONTH(S) per YEAR</td> <td>WEEK(S) per MONTH</td> <td>DAY(S) per WEEK</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. HOME: <i>(if done with decedent)</i> (a) Yard Work (b) Gardening (c) Shopping (d) Laundry (e) Cleaning Floors (f) Washing Dishes (g) Car Maintenance (h) _____ (i) _____ (j) _____	<table border="1"> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>Before</td> <td>J</td> <td>F</td> <td>M</td> <td>A</td> <td>M</td> <td>J</td> <td>J</td> <td>A</td> <td>S</td> <td>O</td> <td>N</td> <td>D</td> </tr> <tr> <td>After</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Before	J	F	M	A	M	J	J	A	S	O	N	D	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>MONTH(S) per YEAR</td> <td>WEEK(S) per MONTH</td> <td>DAY(S) per WEEK</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. WEEKEND EVENTS: <i>(if done with decedent)</i> (a) Parties (b) Overnight Trips (c) _____	<table border="1"> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>Before</td> <td>J</td> <td>F</td> <td>M</td> <td>A</td> <td>M</td> <td>J</td> <td>J</td> <td>A</td> <td>S</td> <td>O</td> <td>N</td> <td>D</td> </tr> <tr> <td>After</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Before	J	F	M	A	M	J	J	A	S	O	N	D	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>MONTH(S) per YEAR</td> <td>WEEK(S) per MONTH</td> <td>DAY(S) per WEEK</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mark only those activities which you (plaintiff) and the decedent did **together**.

NAME OF ACTIVITY DONE WITH DECEDENT	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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7. RECREATIONAL: <i>(if done with decedent)</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	(a) Taking Walks	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(b) Bicycling	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(c) Aerobics/Workouts	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(d) Fishing	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(e) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(f) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(g) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(h) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

8. ENTERTAINMENT: <i>(if done with decedent)</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	(a) Dining Out	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(b) Attending Movies	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(c) Sporting Events	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(d) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(e) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(f) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(g) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M	Before <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J	Before <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S	Before <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Mark only those activities which you (plaintiff) and the decedent did **together**.

NAME OF ACTIVITY DONE WITH DECEDENT	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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9. PERSONAL ACTIVITIES: <i>(if done with decedent)</i>	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK	
(a) Conversation	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Uninterrupted Sleep	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(c) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

10. SPECIAL ACTIVITIES: <i>(if done with decedent)</i>	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK	
(a) Organizations (name)	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Church	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(c) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

11. ACTIVITIES W/ FAMILY, RELATIVES & FRIENDS: <i>(if done with decedent)</i>	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK	
(a) Reading to Children	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Playing w/ Children	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(c) Caring for Children	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(d) Visiting Parents	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(e) Visiting Grandparents	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(f) Visiting Friends	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(g) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(h) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Mark only those activities which you (plaintiff) and the decedent did **together**.