

## *Your Personal Estate Planning Record*

*A solid foundation to affirm your goals and dreams*





*live on*

**Let your legacy of caring live on by including  
Mayo Clinic in your retirement and estate planning.**

Mayo Clinic's Office of Gift Planning wants you to know about some unique financial tools you can use to plan your gift so that it also returns benefits to you. We can help make your gift work to your best advantage now, and help others benefit from your generosity long into the future. You've placed your trust in Mayo Clinic for your health care needs, and you can be assured of receiving that same level of attention with your personal and financial planning needs. Call us today at 1-800-297-1185 or visit our website [www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org) to learn more.



## PREPARING FOR YOUR FUTURE

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As you raise a family, pursue your career and stay abreast of your current financial commitments and investments, it is difficult – but vitally important – to make time to plan for your financial future and occasionally to review your plan to maximize your resources and accommodate changing family needs.

This personal estate planning record is designed to help you compile and review the components and issues necessary to formulate a comprehensive and effective estate plan. It can be used in preparation for a discussion with your professional advisors, but also is an excellent checklist for periodic review of your estate plan if one is already in place.

An estate plan is dynamic and may need to be changed based on many factors in your life, including family circumstances, new interests and financial investments. To ensure the accuracy of the information, it should be updated regularly. Many people review it annually.

If you are married, it is best to use one booklet for yourself and one for your spouse, unless you own everything jointly and have identical distribution plans. You may request additional copies of this record from the offices listed on the back cover or call us toll-free at 1-800-297-1185.

**By recording the requested information in this concise booklet, you will accomplish at least three objectives:**

- 1) Raise questions that have previously not been asked and develop an estate plan with your advisors.
- 2) Develop a single source for reference and review for you and your representative(s).
- 3) Provide valuable information to the persons ultimately responsible for the distribution of your estate.

By completing this financial planning record, you will be taking one of the most positive steps you can to prepare for the years ahead. At the same time, you will secure peace of mind for yourself, your family and loved ones.

<b>This record is organized into six parts:</b>	<i>page(s)</i>
Part 1 Quick reference guide .....	04-07
Part 2 Personal information .....	08-13
Part 3 Financial information — assets and liabilities .....	14-27
Part 4 Last will and testament, living trust and other documents .....	28-29
Part 5 Funeral and burial instructions .....	30-31
Part 6 Considerations when creating or reviewing your plan .....	32-33

You've placed your trust in Mayo Clinic for your health care needs, and you can be assured of receiving that same level of attention with your personal and financial planning needs.

**Call us today 1-800-297-1185 or visit our website [www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org) to learn more.**

**THIS DOCUMENT IS ALSO AVAILABLE ONLINE AT:  
[www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org)**

## QUESTIONS TO GET YOUR THINKING STARTED

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What values have been most important to you in your life? Consider values such as: integrity, honesty, generosity, responsibility, respect, etc.

---

How will you pass on those values to future generations?

---

What are your objectives? For example, to help children, avoid taxes, avoid probate, transmit values, make charitable gifts, etc.

---

Do you have any concerns about the ability of any of your heirs to manage the wealth they will receive from you? If so, please describe.

---

Is there any reason to treat the children other than equally?

---

How should your estate be distributed if you die before your spouse?

---

How should your estate be distributed if your spouse dies before you?

---

How should your estate be distributed if your spouse and children do not survive you?

---

Do you have children from a previous marriage?

---

Would you like to make gifts to children or others before your death?

---

Do you expect an inheritance, for yourself or spouse? Identify the source and the amount.

---

If you have minor children, do you want them to receive their entire inheritance when they reach the age of majority?

---

Would you like to make gifts to Mayo or other charities before your death?

## YOUR ESTATE PLANNING RECORD

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In the event of my death or disablement, please give this estate planning record to one of the following persons.

These persons are listed in order of my preference.

---

**Name**

---

Address

Phone

---

**Name**

---

Address

Phone

---

**Name**

---

Address

Phone

---

**Your name (please print)**

---

Signature

Date

---

Estate planning is an important process that determines how your assets will be used during and distributed after your lifetime. Your estate plan can provide ways for you to:

- Take advantage of tax-minimizing techniques.
- Minimize the difficult decisions family members must make.
- Provide an additional measure of security for your family.
- Fulfill your personal desires and objectives.
- Distribute your property to whom you wish.
- Incorporate values you want to pass to future generations.
- Support your favorite charitable institutions.

Be sure to consult with your attorney on all aspects of your plans and to draft all legal documents. Staff members from the Department of Development of Mayo Clinic are available to assist you as you work with this record and to answer any questions you may have about planning your philanthropy to Mayo.

**Call us today 1-800-297-1185 or visit our website [www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org) to learn more.**

## **PART 1. QUICK REFERENCE GUIDE**

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*See also Part 5, pages 30-31, "Funeral and Burial Instructions"*

---

The date this record was prepared

---

Dates reviewed

---

Location of records, certificates and documents

---

Last will and testament

---

Living will or medical directive

---

Birth and/or citizenship certificates

---

Marriage certificate

---

Social Security information

---

Military records

---

Passports

---

Deeds to property

---

Divorce decrees

---

Titles to automobiles

---

Other titles, abstracts, leases

---

Tax receipts

---

Life insurance policies

---

Income tax records

---

Trusts

---

Bank books and records

---

Bonds and securities

---

Automobile insurance policies

---

Homeowner's insurance policies

---

Health insurance policies

---

Prenuptial agreement

---

Business agreements

---

Other

---

**PERSONAL ADVISORS****Mayo physician or key Mayo Clinic contact(s)**

Address

Phone

My Mayo Clinic number is

**Primary physician (if other than above)**

Address

Phone

**My local primary physician is**

Address

Phone

**Clergy/religious official**

Address

Phone

**Attorney**

Address

Phone

**Insurance agent**

Address

Phone

**Banker or trust officer**

Address

Phone

**Tax advisor or accountant**

Address

Phone

**Financial planner**

Address

Phone

**Investment broker**

Address

Phone

**SAFE DEPOSIT BOX**

---

Bank

---

Address

---

City

State

Zip

---

Phone

Fax

---

Who else has access?

---

Key is located

Box number

---

Box contents:

---

**Bank**

---

Address

---

City

State

Zip

---

Phone

Fax

---

Who else has access?

---

Key is located

Box number

---

Box contents:

---



**PART 2. PERSONAL INFORMATION**

---

Name

---

How do you sign your name?

---

Are you known by any other name?

---

Permanent address

---

City

State

Zip

---

Phone number

---

Summer/winter address

---

City

State

Zip

---

Phone number

---

Date of birth

Place of birth

---

Social Security number

---

Citizenship (name of country)

---

Veteran  Yes  No

Branch of service

---

Discharge papers located at

---

Military benefits

---

Father's name

Date of birth

---

Mother's maiden name

Date of birth

---



**CHILDREN**

---

Name

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**GRANDCHILDREN**

---

Name

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone

Date of birth

---

**Name**

---

Address

---

City

State

Zip

---

Phone Date of birth

---



**INSURANCE**

*Note: Life insurance is listed in Part 3.*

**(Health/Accident) Company****Agent**

Policy number

Coverage

**(Disability) Company****Agent**

Policy number

Coverage

**(Accidental Death/Dismemberment - ADD) Company****Agent**

Policy number

Coverage

**(Automobile) Company****Agent**

Policy number

Coverage

**(Homeowner) Company****Agent**

Policy number

Coverage

**(Umbrella) Company** *(Insurance above and beyond standard coverages)***Agent**

Policy number

Coverage

**(Other) Company****Agent**

Policy number

Coverage

**(Other) Company****Agent**

Policy number

Coverage

## **PART 3. FINANCIAL INFORMATION – ASSETS AND LIABILITIES**

---

The information needed for planning your estate is more encompassing than a list of assets. By completing the following pages, you will calculate your estimated net worth and be able to help your advisors construct a plan that achieves your goals.

The following definitions of terms will serve as the Clinic from which you may properly complete the worksheets.

### **Sole or joint ownership**

Sole property is that which you hold in your name alone. Joint property is held in your name along with one or more other persons.

There are four ways in which property can be jointly owned. To determine how such assets are included in your estate, you must know the type of joint ownership. Be sure to discuss with your advisors how you own property.

1. **Tenancy by the entirety:** Describes property owned by legally married couples only. It is treated as belonging equally, 50 percent to each spouse, no matter which spouse furnished the original consideration. The survivor is the sole owner.
2. **Joint tenancy with right of survivorship:** Each of the parties has an undivided interest in the entire property. When one dies, the survivor(s) own the property.
3. **Tenancy in common:** Each owner has a specified interest in the property. Upon death of the owner, this interest passes through the estate rather than to the survivor(s).
4. **Community property:** In a community property state the members of a married couple generally own their property equally. The portion of the couple's community property owned by one spouse passes under his or her will. There are, however, a number of exceptions, which depend on the law of the community property state where the couple reside, when they moved there, when they left (if they did), when they were married and when they acquired various items of property. The community property law states are currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas and Washington. Wisconsin has a marital property law, which shares some characteristics with community property laws.

It is common for persons not to be sure how they own some assets and how those assets will be valued at death. If you know how you own the assets you will list in the following pages, it will be helpful if you note the form of ownership using the following code:

- S** = solely owned property
- TE** = tenancy by the entirety
- JT** = joint tenancy
- TC** = tenancy in common
- CP** = community property

Be sure to consult with your advisors about the way you should own assets to accomplish your goals.





**4. Individual retirement plans (IRAs, Keogh, 403(b), 401(k) and others)**

Description	Date	Current value
-------------	------	---------------

Plan beneficiary

Plan administrator

Representative Phone

Description	Date	Current value
-------------	------	---------------

Plan beneficiary

Plan administrator

Representative Phone

Description	Date	Current value
-------------	------	---------------

Plan beneficiary

Plan administrator

Representative Phone

Description	Date	Current value
-------------	------	---------------

Plan beneficiary

Plan administrator

Representative Phone

**Total individual retirement plans \$ \_\_\_\_\_**

---

**5. Employee benefits** (List all pension, profit sharing, deferred compensation, stock options, face amounts of company-provided life insurance plans, tax-deferred annuities, ESOPs, etc.)

Description	Beneficiary	Value of vested interests
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total \$</b> _____

---

Comments and other information:

---

**6. Debts due me** (mortgages held or notes receivable)

Name of debtor	Address	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total \$</b> _____

---

Comments and other information:



---

**9. Life insurance**

---

**Company/Agent**

---

Beneficiary	Policy number
-------------	---------------

---

Date purchased	Face value* \$	Cash value \$
----------------	----------------	---------------

---

**Company/Agent**

---

Beneficiary	Policy number
-------------	---------------

---

Date purchased	Face value* \$	Cash value \$
----------------	----------------	---------------

---

**Company/Agent**

---

Beneficiary	Policy number
-------------	---------------

---

Date purchased	Face value* \$	Cash value \$
----------------	----------------	---------------

---

**Company/Agent**

---

Beneficiary	Policy number
-------------	---------------

---

Date purchased	Face value* \$	Cash value \$
----------------	----------------	---------------

---

**Total life insurance**

---

\*This amount may be includable in owner's estate. Be sure to check with your advisors.

---

**10. Annuities**

Name of company	Date of beneficiary	Purchase price	Present value
-----------------	---------------------	----------------	---------------

---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

**Total \$** \_\_\_\_\_

---

**11. Trusts**

**Type and name of trust**

The document is located

My trustee is (name)

Address

City

State

Zip

Phone

**Successor trustee (name)**

Address

City

State

Zip

Phone

This trust is:  revocable  irrevocable

**Beneficiary (name)**

Address

City

State

Zip

Phone

This trust is in effect as of (date) or This trust begins at my death  Yes  No

**The attorney who prepared the trust is (name)**

Address

City

State

Zip

Phone

Annual trust income \$

Current market value \$

---

**Trusts (continued)**

---

**Type and name of trust**

The document is located

---

My trustee is (name)

---

Address

---

City

State

Zip

---

Phone

---

**Successor trustee (name)**

---

Address

---

City

State

Zip

---

Phone

---

This trust is:  revocable  irrevocable

---

**Beneficiary (name)**

---

Address

---

City

State

Zip

---

Phone

---

This trust is in effect as of (date)

or This trust begins at my death  Yes  No

---

**The attorney who prepared the trust is (name)**

---

Address

---

City

State

Zip

---

Phone

---

Annual trust income \$

Current market value \$

---

**12. Business interests owned**

---

**Name of business**

---

Type of business    sole proprietorship    partnership    corporation

---

Cost basis

Value of interest \$

---

**Name of business**

---

Type of business    sole proprietorship    partnership    corporation

---

Cost basis

Value of interest \$

---

**Name of business**

---

Type of business    sole proprietorship    partnership    corporation

---

Cost basis

Value of interest \$

---

**Name of business**

---

Type of business    sole proprietorship    partnership    corporation

---

Cost basis

Value of interest \$

---

---

**Total value of business interests \$**

---

**Comments:**

---

---

**13. Other assets (estate royalties, patents, oil or gas interests, copyrights, trademarks, farming interests, etc.)**

Description	Approximate amount
_____	_____
_____	_____
_____	_____
_____	_____
Total value of other assets \$	_____

---

**Long-term liabilities**

**1. Mortgages**

Description of property	Name of creditor/loan number	Balance owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total \$		_____

---

**2. Loans, installment debt (bank, auto and personal loans, insurance loans, etc.)**

Description of property	Name of creditor/loan number	Balance owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total \$		_____

---

**3. Business-related liabilities (limited partnership interest, co-signed notes, etc.)**

Description	Approximate amount
_____	_____
_____	_____
_____	_____
_____	_____
Total value of other assets \$	_____

---

**4. All other long-term liabilities**

Description	Approximate amount
_____	_____
_____	_____
_____	_____
_____	_____
Total value of other assets \$	_____

**Short-term liabilities**

As you prepare your estate plan, your short-term liabilities will not likely be a significant issue. However, it will be helpful to have in this record a listing of credit cards and other short-term liabilities.

**1. Credit cards**

Credit card number	Current balance	Balance owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total \$</b>		_____

**2. Other short-term liabilities**

Description	Name of creditor	Current balance owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total \$</b>		_____

**Comments:**

---

**Summary of assets and liabilities**

You can determine your approximate net worth by taking the information in this section and adding all your assets and subtracting all your liabilities. Remember that how you own assets will be one determining factor.

Your life insurance may be included in your gross estate for federal estate tax purposes. Charitable trusts normally would not be included in your gross estate. Check with your tax advisors on these and other questions to obtain a more accurate and complete estimate.

**Assets**

1. Cash .....	\$ _____
2. Real estate .....	\$ _____
3. Stocks and bonds .....	\$ _____
4. Individual retirement plans.....	\$ _____
5. Employee benefits .....	\$ _____
6. Debts due me.....	\$ _____
7. Special and personal assets.....	\$ _____
8. Titled properties.....	\$ _____
9. Life insurance.....	\$ _____
10. Annuities.....	\$ _____
11. Trusts.....	\$ _____
12. Business interests owned .....	\$ _____
13. Other assets .....	\$ _____
<b>Total assets</b> .....	<b>\$ _____</b>

**Long-term liabilities**

1. Mortgages .....	\$ _____
2. Loans, etc.....	\$ _____
3. Business-related .....	\$ _____
4. Other .....	\$ _____

**Short-term**

1. Credit cards.....	\$ _____
2. Other. ....	\$ _____
<b>Total liabilities</b> .....	<b>\$ _____</b>

**Approximate net worth (total assets minus total liabilities)** ..... \$ \_\_\_\_\_



**PART 4. LAST WILL AND TESTAMENT, LIVING TRUST AND OTHER DOCUMENTS**

---

My will is located

Will is dated

---

My personal representative (executor/trix) is (name)

---

Address

---

City

State

Zip

---

Phone

---

**Attorney who prepared the will is (name)**

---

Address

---

City

State

Zip

---

Phone

---

**Guardian for my minor children is (name)**

---

Address

---

City

State

Zip

---

Phone

---

**Special instructions concerning pets:**

Many states allow individuals to distribute their personal property by attaching a list to their will indicating the items and to whom they are to be distributed. Check with your advisors. Your will must contain a specific reference to this list.

I have with my will a list providing for the distribution of PERSONAL PROPERTY:  Yes  No

In addition to my will, I also have a Living Trust:  Yes  No

Location of trust document

Trust is dated

Trustee (name)

Phone

Address

City

State

Zip

Successor trustee (name)

Phone

Address

City

State

Zip

I have a Living Will or Health Care Directive:  Yes  No

If yes, location of Living Will or Health Care Directive

Person appointed (name)

Phone

Address

City

State

Zip

I have a Durable Power of Attorney:  Yes  No

If yes, location of Living Will or Health Care Directive

Person appointed (name)

Phone

Address

City

State

Zip

**PART 5. FUNERAL AND BURIAL INSTRUCTIONS**

Arrangements to be made by (name)

Address

Phone

I have pre-arranged my funeral:  Yes  No

Religious institution

Contact person

Phone

Address

I have made arrangements for my funeral service:  Yes  No

If yes, name of contact person

Phone

Fraternal orders, sororities, lodges, etc.

Address

Phone

I would like this organization to participate in my funeral service:  Yes  No

If yes, name of contact person

Phone

I am entitled to military honors at my funeral service:  Yes  No

If yes, I desire to have military honors at my funeral service:  Yes  No

Cemetery plot or mausoleum space located

Section number

Plot number

Deed of Ownership located

I have made arrangements for my body to be used for medical purposes:  Yes  No

If yes, contact (name of institution)

Phone

Papers are located at

I have made arrangements to be an organ donor:  Yes  No

If yes, papers are located at

---

Signed driver's license (if state permits):  Yes  No

---

I wish a memorial service with:  open casket  closed casket

---

It is my desire that my remains be cremated.:  Yes  No

---

Arrangements for cremation have been made with (name)

---

Address

Phone

---

I request memorial gifts be given to the following charitable institution(s):

---

Name

---

Address

Phone

---

Name

---

Address

Phone

---

Name

---

Address

Phone

---

Name

---

Address

Phone

---

Name

---

Address

Phone

---

Name

---

Address

Phone

---

**Other items for consideration or instructions:**

**PART 6. CONSIDERATIONS WHEN CREATING OR REVIEWING YOUR PLAN**

---

The following questions are designed to help you consider the many issues that impact the creation of an estate plan. By asking these questions now, you will have already determined the basis upon which the details of your estate plan will be developed, with review by your advisors.

History of gifts. List all gifts you have made to individuals in excess of the current annual exclusion (\$13,000 in 2009); list all gifts of life insurance; state the reason for making the gift.

Date of gift	Donor	Recipient	Value	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____





**NOTES**

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**TODAY, MAYO CLINIC SERVES AS A PREMIER EDUCATION, RESEARCH AND MEDICAL CARE ORGANIZATION** with an exciting and challenging future. In Rochester, Minn., Jacksonville, Fla., and Scottsdale/Phoenix Ariz., there are the vivid reminders of the generosity of thousands of persons from the Mayo Family to benefactors of today.

Mayo recognizes benefactors in a variety of ways – named scholarships and professorships, named research endowments, buildings or areas of buildings, personal testimonies and other recognition in the Hall of Benefactors, just to name a few. In addition, The Mayo Legacy is for all benefactors who have made a planned gift commitment to Mayo Clinic during lifetime and/or at death.

**THE MAYO LEGACY**

Established in 1990, The Mayo Legacy is an organization of patients, staff and friends who provide a bequest in their will or other type of planned gift to support our work. There are no membership fees or required gift amounts to join the Legacy. The size of gift is entirely your choice and is kept confidential. Members of the Legacy enjoy special publications, invitations to events and updates on medical progress from senior leaders at Mayo. Each Mayo Clinic campus features benefactors who are part of The Mayo Legacy; these gifts ensure that we can continue to offer quality, affordable health care in the future.

By becoming a benefactor of Mayo Clinic you will be part of advancing healthcare for generations to come; we would enjoy talking with you about your plans, explain benefits of making gifts to Mayo Clinic and recognize your commitment to the values of Mayo Clinic.

You've placed your trust in Mayo Clinic for your health care needs, and you can be assured of receiving that same level of attention with your personal and financial planning needs.

**Call us today 1-800-297-1185 or visit our website at [www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org).**

**MAYO CLINIC IN ROCHESTER, MINN.**

200 First Street S.W., Rochester, MN 55905

General information..... 507-284-2511  
Hearing impaired ..... 507-284-9786  
Appointments ..... 507-284-2111  
Department of Development..... 507-284-8540

**MAYO CLINIC IN JACKSONVILLE, FLA.**

4500 San Pablo Road, Jacksonville, FL 32224

General information..... 904-953-2000  
Hearing impaired ..... 904-953-2300  
Appointments ..... 904-953-2272  
Department of Development..... 904-953-7200

**MAYO CLINIC IN SCOTTSDALE, ARIZ.**

13400 East Shea Boulevard, Scottsdale, AZ 85259

General information..... 480-302-8000  
Hearing impaired ..... 480-301-7683  
Appointments ..... 480-301-1735  
Department of Development..... 408-301-8326

Neither the author nor Mayo Clinic is engaged in rendering legal or tax advisory service. For advice and assistance in specific cases, the services of an attorney or other professional advisor should be obtained. The purpose of this publication is to provide a guide and framework from which to develop an estate plan. State and federal laws govern wills, trusts and charitable gifts that are made in contractual agreement. Advice from legal counsel should be sought when considering these types of contracts.



*live on*

## Your legacy has just begun.

A bequest is a simple and convenient way to provide you peace of mind. You understand the freedom and security that comes with good planning. A bequest enables you to designate a gift to Mayo Clinic that carries on your legacy of support for generations to come. We encourage you to share your final will or estate plan provision with Mayo Clinic to ensure that your wishes are properly followed and recognized. Call us today at 1-800-297-1185 or visit our website [www.mayoclinic.plannedgifts.org](http://www.mayoclinic.plannedgifts.org) to learn more.



**For more information, please contact:**

**Department of Development**

Mayo Clinic

Toll-free telephone: 1-800-297-1185

[www.mayoclinic.org/development](http://www.mayoclinic.org/development)



4500 San Pablo Road  
Jacksonville, FL 32224

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Rochester, MN 55905

13400 East Shea Boulevard  
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