



ADMITTED IN: FLORIDA MASSACHUSETTS NEW YORK

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ESTATE PLANNING QUESTIONNAIRE (Single)

Date _____

1. Full Name: _____

Date of Birth: _____ Place of Birth _____

Social Security No.: _____ U.S. Citizen: Yes No

Other Names Known By: _____

Are You a Widow or Widower? Yes No

If 'Yes,' Do You Wish to be Referred to as a Widow or Widower in the Documents? Yes No

Name of deceased spouse: _____

Are You Presently Employed? Yes No For How Long? _____

Occupation (former if retired): _____

Employer: _____

Business Address: _____

Office Telephone No.: _____ Email Address: _____

Mobile Phone No.: _____ Fax No.: _____

2. Home Address: _____ Resident Since: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Telephone Number: _____

Other Residences: _____

3. Advisors:

Accountant: _____

Trust Officer: _____

Insurance Agent: _____

Investment Advisor: _____

4. Prior Marriages: Yes No

5. Names of Children, Whether Natural or Adopted:

A. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

B. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

C. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

6. Do You Have Any Other Relative Dependent Upon You For Support? Yes No

(If yes, give names and relationships): _____

7. Names and Addresses of Other or Alternate Persons to Receive Property: _____

8. Please List Any Specific Items or Amounts That You Wish to Give to Any Individuals or Organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

9. All Other Tangible Personal Property (automobiles, clothing, furniture, pictures, etc.) to be Distributed to:
(check one)

Children Equally ___

Other (specify): _____

10. Do You Have a Present Will? Yes No (if yes, attach a copy)

11. Have You Ever Created a Trust? Yes No

If yes, attach a copy and list approximate value: \$ _____

12. Do You Have Any Obligations Under a Divorce Decree from a Prior Marriage? Yes No

(if yes, attach a copy)

13. Have You Ever Received a Substantial Amount by Inheritance? Yes No

If Yes, When? _____ Approximate Amount: \$ _____

14. Are You a Beneficiary of a Trust That Was Created by Someone Else? Yes No

If Yes, Attach a Copy and List Approximate Amount: \$ _____

15. Do You Anticipate Receiving an Inheritance? Yes No

If Yes, Give Approximate Amount: \$ _____

16. Have You Given Away More Than \$3,000 in Money or Property to Any Person in Any Single Year After 1976

(or \$10,000 in 1982 or later)? Yes No (If yes, list amounts by years below or on the reverse side)

Year: _____ Amount: \$ _____

Year: _____ Amount: \$ _____

17. Are You Receiving or Will You Receive an Annuity? Yes No

If Yes, to Who Will the Payments be Made? _____

Is This a Life Annuity? Yes No

Will the Amounts Continue After Your Death? Yes No

For How Long? _____ What Will the Amount of Each Payment Be? _____

18 a. Do You Now or Have You Ever Participated in a Plan Maintained by an Employer That Will Provide Benefits in the Event of Your Retirement and/or Death? Yes No Not Sure

b. If Yes, Have You Made any Elections With Respect to Beneficiary Designations, Survivor Benefits, Spousal Rights, Waivers, or Forms of Payment Under Your Employer's Plan(s)? Yes No

19. Do You Presently Have, or Were You Ever a Participant in a Qualified Plan or an IRA?

Yes No

20. Please Attach Copies of Your Designation of Beneficiary Form and Your Most Recent IRA and/or Retirement Plan Benefit Statements.

21. Who Will Serve as Your Personal Representative? (Indicate relationship to you.)

Alternate (if above person(s) unable to serve): _____

22. Your Choice to Act as Guardian of Your Minor Children (if applicable): _____

City and State of Residence: _____

Alternate(s): _____

City and State of Residence: _____

23. Do You Have a Safe Deposit Box? Yes No

If Yes, Where is it Located? _____

Name(s) Deposit Box is Listed Under: _____

24. Please Circle Any of The Following States in Which You Have Lived or Acquired Property While Married:

- | | | |
|------------|------------|------------|
| Arizona | Louisiana | Texas |
| California | Nevada | Washington |
| Idaho | New Mexico | Wisconsin |
| None | | |

25. Do You Own Any Property in a Foreign Country? Yes No

26. Are You Concerned That One or More of Your Children or Grandchildren Will Not Behave Responsibly with Money That You Give Them? Yes No

27. Are Any of Your Children or Grandchildren Attending Private School, College, or Graduate School?

Yes No

28. Do You Have Any Relative Who Regularly Incurs Significant Medical Bills? Yes No

29. Your primary physician info:

Name: _____

Address: _____

Telephone: _____

LIST OF ASSETS

(Attach additional sheets if necessary)

	Approximate Values
REAL ESTATE	
<u>Residence:</u>	
(Approximate mortgage balance):	
Estimated Value of furnishings:	
<u>Other real estate</u> (give location or briefly describe):	
STOCKS	
<u>Publicly traded stock.</u> Name of corporation and type of shares and exchange on which traded:	
<u>Closely-held stock.</u> Name of corporation, number of shares, and shareholders:	

	Approximate Values
<p>BONDS AND MUTUAL FUNDS</p> <p><u>Bonds</u>: issuer, face value, interest rate, and maturity date.</p> <p><u>Mutual Funds</u>: name of fund, fund group, and number of units.</p>	
<p>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.</p> <p>Please give name of bank or institution, type of account, and approximate balance or value:</p>	
<p>MORTGAGES, NOTES, OR DEBTS (owed to you by someone else)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p>OTHER BUSINESS INTERESTS (NON-CORPORATE) Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members of business.</p>	

	Approximate Values
<p>RETIREMENT ACCOUNTS List Balances</p> <p><u>IRAs</u></p> <p><u>Pension or Profit Sharing</u></p> <p><u>Other</u> (indicate type)</p>	
<p>ANNUITIES (Value to be filled in by attorney)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p>MISCELLANEOUS PROPERTY</p> <p><u>Motor vehicles</u> (including boats, etc.) List total value:</p>	
<p><u>Jewelry and Art:</u></p>	

	Approximate Values
<u>Other valuable items</u> (describe):	
DEBTS List any mortgages or other substantial debts owed by you that are not shown above:	

LIFE INSURANCE

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

* Type means: Individual, Group, etc.

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