



ADMITTED IN: FLORIDA MASSACHUSETTS NEW YORK

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ESTATE PLANNING QUESTIONNAIRE (Married)

Date _____

1. Husband's Full Name: _____

Date of Birth: _____ Place of Birth _____

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

Other Names Known By _____

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. Wife's Full Name: _____

Date of Birth: _____ Place of Birth _____

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

Other Names Known By: _____

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.: _____

3. Home Address: _____ Resident Since: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Telephone Number: _____

Other Residences: _____

4. Advisors:
 Accountant: _____
 Trust Officer: _____
 Insurance Agent: _____
 Investment Advisor: _____
5. Date of Marriage: _____ Where Living When Married: _____
6. Prior Marriages: Husband: Yes No Wife: Yes No
7. Names of Children of Present Marriage, Whether Natural or Adopted:
- A. _____ Phone No.: _____
 Date of Birth: _____ SSN: _____
 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 Spouse (if any): _____
 Address: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
- C. _____ Date of Birth: _____
 Name of Child's Spouse (if any): _____
 Address: _____
 Grandchildren: _____
8. Names of Children of Prior Marriage (indicate whether husband's or wife's):
- 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: _____

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

(If yes, give names and relationships): _____

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

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

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

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

- Spouse; if Spouse Predeceased, to Children Equally ____
- Children Equally ____
- Other (specify): _____

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

14. Have You Ever Created a Trust? Yes No

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

15. Do You Have a Prenuptial Agreement in Effect? Yes No (if yes, attach a copy)

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

(if yes, attach a copy)

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

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

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

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

19. Do You Anticipate Receiving an Inheritance? Yes No

If Yes, Give Approximate Amount: \$ _____

20. 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: \$ _____

21. 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? _____

22 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

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

Yes No

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

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

Each Spouse For The Other? Yes No Someone Else? _____

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

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

City and State of Residence: _____

Alternate(s): _____

City and State of Residence: _____

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

If Yes, Where is it Located? _____

Name(s) Deposit Box is Listed Under: _____

28. 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 | | |

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

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

31. Are Any of Your Children or Grandchildren Attending Private School, College, or Graduate School?
Yes No

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

33. Husband's primary physician info:

Name: _____

Address: _____

Telephone: _____

34. Wife's primary physician info:

Name: _____

Address: _____

Telephone: _____

LIST OF ASSETS

(Attach additional sheets if necessary)

	Approximate Values		
	Husband	Wife	Joint
REAL ESTATE			
Residence:			
(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		
	Husband	Wife	Joint
<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		
	Husband	Wife	Joint
RETIREMENT ACCOUNTS LIST BALANCES IRAS PENSION OR PROFIT SHARING OTHER (INDICATE TYPE)			
ANNUITIES (Value to be filled in by attorney) Please list debtor's name, date acquired, and approximate balance remaining:			
MISCELLANEOUS PROPERTY <u>Motor vehicles</u> (including boats, etc.) List total value:			
<u>Jewelry and Art:</u>			

	Approximate Values		
	Husband	Wife	Joint
<u>Other valuable items</u> (describe): 			
DEBTS List any mortgage 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.

Rev. 6/7/01