

PRENUPTIAL AGREEMENT QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions.

| GENERAL CLIENT INFORMATION | | | | |
|--|---|-------------------------|------------------------|-------------------|
| CLIENT NAME (LAST) | FIRST | MI | SOCIAL SECURITY NUMBER | BIRTH DATE / / |
| PROSPECTIVE SPOUSE'S NAME (LAST) | FIRST | MI | SOCIAL SECURITY NUMBER | BIRTH DATE / / |
| CLIENT'S ADDRESS | | | | |
| HOME TELEPHONE | HOME FAX | | CELLULAR PHONE | |
| WORK TELEPHONE | WORK FAX | | EMAIL | |
| ANTICIPATED DATE OF MARRIAGE / / | | | | |
| I. PERSONAL AND FAMILY DATA | | | | |
| A | DOES EITHER PARTY HAVE ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES, THAT SHOULD BE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT ARE THEY? | | | |
| | | | | |
| B | DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)? † <input type="checkbox"/> YES † <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE DEATH OCCURRED, OR DISSOLUTION OF MARRIAGE WAS FINAL. | | | |
| | | | | |
| C | ARE BOTH PARTIES U.S. CITIZENS? † <input type="checkbox"/> YES † <input type="checkbox"/> NO IF NOT A U.S. CITIZEN, WHAT IS THE COUNTRY OF CITIZENSHIP? _____ FOR WHOM? _____ | | | |
| D | ARE THERE ANY CHILDREN FROM A PRIOR MARRIAGE OR PRIOR RELATIONSHIP FOR EITHER PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| NAME | BIRTH DATE / / | MOTHER'S NAME | FATHER'S NAME | |
| | / / | | | |
| | / / | | | |
| | / / | | | |
| | / / | | | |
| E | WE STRONGLY RECOMMEND THAT YOUR PROSPECTIVE SPOUSE IS REPRESENTED BY SEPARATE COUNSEL IN ORDER TO STRENGTHEN THE EFFECTIVENESS OF THE PRENUPTIAL AGREEMENT. IF YOUR PROSPECTIVE SPOUSE WILL RETAIN COUNSEL, PLEASE FURNISH SUCH COUNSEL'S NAME AND CONTACT INFORMATION. | | | |
| NAME OF COUNSEL | | ADDRESS | | |
| WORK TELEPHONE | | EMAIL ADDRESS | | |
| II. CLIENT'S ASSETS & OTHER FINANCIAL INFORMATION | | | | |
| A | REAL ESTATE. IF POSSIBLE, PLEASE PROVIDE COPIES OF THE DEEDS (NOT DEEDS OF TRUST). | | | |
| ADDRESS | TITLE IS HELD AS FOLLOWS: | FAIR MARKET VALUE \$ | AMOUNT OWED \$ | |

| | | | |
|--|--|----|----|
| | | \$ | \$ |
| | | \$ | \$ |

B IRAS (INDIVIDUAL RETIREMENT ACCOUNTS)

| NAME OF INSTITUTION AND OWNER | ACCOUNT NUMBER | VALUE | DESIGNATED BENEFICIARY |
|-------------------------------|----------------|-------|------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

C OTHER RETIREMENT PLANS (INCLUDING PENSIONS AND DEFERRED COMPENSATION)

| NAME OF PLAN | PARTICIPANT VALUE | DESIGNATED BENEFICIARY |
|--------------|-------------------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

D LIFE INSURANCE AND ANNUITIES

| NAME OF COMPANY | ACCOUNT NUMBER | FACE AMOUNT | DESIGNATED BENEFICIARY |
|-----------------|----------------|-------------|------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

E STOCKS AND BONDS. LIST BELOW OR PROVIDE COPIES OF RECENT STATEMENTS OR CERTIFICATES.

| NAME OF SECURITY OR BROKERAGE | TITLE OF ACCOUNT IS AS FOLLOWS: | NUMBER OF SHARES (IF APPLICABLE) | CURRENT VALUE |
|-------------------------------|---------------------------------|----------------------------------|---------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

F CASH

| NAME OF FINANCIAL INSTITUTION | TITLE OF ACCOUNT IS AS FOLLOWS: | ACCOUNT NUMBER | CURRENT BALANCE |
|-------------------------------|---------------------------------|----------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

G INCOME

| | |
|---|-------------------------------------|
| ANNUAL SALARY OF CLIENT | ANNUAL SALARY OF PROSPECTIVE SPOUSE |
| \$ | \$ |
| DO YOU HAVE INCOME FROM OTHER SOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST. | |
| SOURCE OF INCOME | ANNUAL AMOUNT |
| | \$ |

H OTHER ASSETS (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)

| ASSET | FAIR MARKET VALUE |
|---|-------------------|
| | \$ |
| | \$ |
| | \$ |
| I DOES EITHER PARTY EXPECT TO INHERIT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO? IF YES, PLEASE LIST THE ESTIMATED VALUE: \$ | |
| J ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DO YOU HAVE ANY DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST. | |
| | \$ |
| | \$ |
| K DO YOU HOLD ANY ASSETS IN JOINT TENANCY WITH YOUR PROSPECTIVE SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST. | |
| L DO YOU HOLD ANY ASSETS IN JOINT TENANCY WITH SOMEONE OTHER THAN YOUR SPOUSE OR JOINTLY WITH ANOTHER PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST. | |
| III. MISCELLANEOUS | |
| A PRIOR AGREEMENTS | |
| HAVE YOU AGREED TO LEAVE YOUR PROSPECTIVE SPOUSE ANY SPECIFIC PROPERTY IN YOUR ESTATE PLAN (I.E. WILL OR TRUST)? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU AGREED TO NAME YOUR PROSPECTIVE SPOUSE AS BENEFICIARY OF ANY LIFE INSURANCE PROCEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU AGREED TO LEAVE YOUR PROSPECTIVE SPOUSE ANY MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU AGREED TO NAME YOUR PROSPECTIVE SPOUSE AS BENEFICIARY OF ANY EMPLOYMENT BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU AGREED TO OWN ANY ASSETS JOINTLY WITH YOUR SPOUSE WITH RIGHT OF SURVIVORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU AGREED TO TRANSFER ANY OF YOUR PROPERTY TO YOUR PROSPECTIVE SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| B RIGHTS UPON DEATH OF PARTY | |
| IN FLORIDA, THERE ARE CERTAIN RIGHTS AND BENEFITS A SPOUSE IS ENTITLED TO ONCE THE OTHER SPOUSE DIES. THESE RIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE RIGHT TO A FAMILY ALLOWANCE, THE RIGHT TO AN INTEREST IN THE HOMESTEAD RESIDENCE, THE RIGHT TO EXEMPT PROPERTY, AND THE RIGHT TO AN ELECTIVE SHARE OF THE DECEASED SPOUSE'S ESTATE. | |
| DO YOU WANT YOUR PROSPECTIVE SPOUSE TO AGREE TO A COMPLETE WAIVER OF RIGHTS UPON YOUR DEATH UNLESS THERE IS A WRITING EXECUTED AFTER THE DATE OF THE MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |