Packer Thomas

QUESTIONNAIRE

Date: ___________________________

1. <u>Biographical Information</u>:

Name:	
Spouse's Name:	
Date of birth:	
Office telephone:	
Home address:	
Home telephone:	
U.S. Citizen?	
Married before?	

2. <u>Children</u>:

Name	Date of Birth	Sex	Marital Status
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

	Number	Ages
Grandchildren		

3. <u>Other dependents</u>:

Name	Date of Birth	Sex	Marital Status
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

	Number	Ages
Children		

4. Do any of your heirs have special needs:

________No

________Yes

Please describe person and need:

Person	Needs

5. Do you wish to make gifts to charitable or educational institutions?

________No

________Yes

To:____

6. Do you own property outside of the United States?

________No

________Yes

If yes, please describe:

____

7. Name of life insurance advisor:

____

8. Name of attorney who will prepare estate plan documents:

____

9. Do you have a safe deposit box?

________No

________Yes

If yes, where? ____

ASSET AND LIABILITY INFORMATION

(Enter current values according to ownership)

10. Cash accounts:

Type of Account	Taxpayer	Spouse	Joint and Survivor
Checking			
Savings & CD's			
Money market			

11. Publicly traded stocks and bonds:

Type of Investment	Taxpayer	Spouse	Joint and Survivor
Bonds and bond mutual funds			
U S Savings Bonds			
Stocks and stock mutual funds			
Single premium deferred annuities			

12. Mortgages, accounts and loans receivable:

Due from	Taxpayer	Spouse	Joint

13. Life insurance face amounts - summary:

Type of Life Insurance	Taxpayer is insured	Spouse is insured	Other (specify)	Beneficiary
Group term				
Ordinary -Insured as owner				
Term - Insured as owner				
Ordinary-Spouse as owner (list under insured's name)				

14. Life insurance data - detail:

Company	Policy Number	Ordinary or Term	Owner	Insured	Benefi- ciary	Face Amount	Cash Value

15. Retirement benefits - defined benefit plans or annuities:

(Enter current or anticipated annual benefit)

Name of plan	Taxpayer	Spouse	Joint	Beneficiary

16. Retirement Benefits - Individual account plans:

Type Plan	Taxpayer	Spouse	Joint	Beneficiary
Money purchase pension trust				
Profit sharing trust				
401(k) plan				
Tax sheltered annuity - 403(b)				
IRA/SEP				
Keogh account				
Other				

17. Closely held stock or partnership interests:

Name of Company	Taxpayer	Spouse	Joint	S or C Corp?

18. Real estate owned:

Location	Taxpayer	Spouse	Co-tenants	Joint tenants
Principal residence				
Seasonal residence				

19. Personal property:

Description	Taxpayer	Spouse	Joint
Automobiles			
Recreation vehicle & equipment			
Collections			
Household			
Jewelry/furs			
Antiques			

20. Other assets:

Description	Taxpayer	Spouse	Joint
Oil & gas wells			

21. Liabilities (include interest rates):

Nature of debt	**Taxpayer**	**Spouse**	**Joint**	**Monthly payment & due date**
Mortgage - principal residence				
Mortgage - other				
Notes to banks				
Insurance policy loans				
Notes payable - other				
Installment note - automobile				
Credit cards				
