REVERSEMQ
P.O. Box 24606
West Palm Beach, FL 33416

Borrower Name(s): _____ **Loan SKEY #** _____

Property Address: _____

Estate Planning Questionnaire

1. Have you signed a Last Will and Testament? ____ **Yes** ____**No**
   If yes, please provide the name and address of the executor(s) you appointed in the will, and the attorney who assisted you with your Last Will and Testament or was named to represent your estate in your will.

   Executor name(s): _____

   Address: _____

   _____

   Attorney: _____

2. Have you signed a Living Trust or Living Trust Agreement that provides for transfer of ownership of the above referenced property? ____**Yes** ____ **No**

   If yes, please provide the name and address of the trustee(s), successor trustee(s), and the attorney who assisted you with your living trust.

   Trustee(s): _____

   Successor Trustee(s), if applicable: _____

   _____

   Address: _____

   _____

   Attorney: _____

If you responded **No** to question 1 and 2, continue to question 3.

If you responded **Yes** to question 1 or 2 and provided the requested names and addresses, skip question 3 and proceed to the **Certification** section.

Family History

3. Do you have a living spouse? ____ **Yes** ____ **No**

   If yes, please provide the following information for your living spouse.

   Spouse's name: _____

   Address: _____

   _____

   Phone number: _____

4. Do you have living children, including biological or adopted children of any age, but not including stepchildren? ____ **Yes** ____ **No**

   If **No**, proceed to question 5.

   If **Yes**, please provide the names, addresses and phone numbers of all living children who are 18 years or older. If younger than 18, please provide the initials of the first and last name of each child with the full name and address of the living parent or guardian other than yourself.

   _____

   _____

   _____

If you responded **No** to question 3 and 4, continue to question 5. If you responded **Yes** to question 3 or 4 and provided the applicable names, addresses and phone numbers, proceed to the **Certification** section.

5. Do you have any living siblings, including biological and adopted, but not stepsiblings? ____ **Yes** ____ **No**

   If yes, please provide the name, addresses and phone numbers of your living siblings.

   _____

   _____

   _____

Certification

After completing the questions above, please sign below.

Borrower Signature: _____

Printed Name: _____

Date: _____

Please complete all information, sign, date and return by email to Occupancy@OnityReverse.com.

If you are unable to return this form by email, please use one of the other methods below.

Mail: Onity Mortgage | PO Box 24606 | West Palm Beach, FL 33416 **Fax:** 1-561-682-8644