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**Confidential Estate Plan Questionnaire - Married**

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Husband's Full Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

Wife's Full Legal Name: \_\_\_\_\_

How you would like your names to appear in your documents:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Who referred you: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Husband's E-mail Address: \_\_\_\_\_

Husband's Cell Phone: \_\_\_\_\_

Husband's Work Phone: \_\_\_\_\_

Wife's E-mail Address: \_\_\_\_\_

Wife's Cell Phone: \_\_\_\_\_

Wife's Work Phone: \_\_\_\_\_

Husband's Occupation: \_\_\_\_\_

Husband's Employer: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Wife's Occupation: \_\_\_\_\_

Wife's Employer: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

**Family Information**

Relationship	Full Legal Name	Birthdate	Birthplace
Husband			
Wife			
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			

(For Additional Children, please list on reverse)

Other Dependents? (specify) \_\_\_\_\_

Are any of your children adopted? (specify) \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Where? \_\_\_\_\_

Previous marriages for either spouse? ( ) Yes ( ) No If yes, please list:

H/W Prior Spouse Name	Term. Date	Nature of Termination (e.g., death/divorce)
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\_\_\_\_\_

\_\_\_\_\_

(If more space needed, use reverse)

Please provide copy of Marital Settlement Agreement

Has Husband or Wife ever created a will or trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Does Husband or Wife expect an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

Has Husband and Wife ever entered into an agreement (oral or written) regarding marital property rights? Yes \_\_\_\_\_ No \_\_\_\_\_

Does Husband or Wife have a child who is now deceased, but who left a descendant now living? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to remain residents of California? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have assets located in a state other than California? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have assets in another country including bank accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Husband a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Wife a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently involved in any lawsuit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you aware of any potential lawsuit against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you plan to name any non-family member a beneficiary in your estate plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are they currently providing care services for you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you deposited any genetic material or other human tissue at a tissue bank, sperm bank, or reproductive clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

**Professional Advisors**

Accountant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Advisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do you want to act as trustee/executor of any trust/will you may create?

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who do you want to make medical/healthcare decisions for you when you cannot?

Husband

Wife

First Choice: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Relationship: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Relationship: \_\_\_\_\_

If your children are minors (under age 18), who do you want to take care of them as guardian if you cannot?:

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide contact information for all persons named above:

Name	Address	Primary Phone Number

**Asset Information**

Asset Description	Current Fair Market Value	How Title is Held
Checking, Savings, Market Accounts:		
Investment Accounts:		
Retirement Accounts:		
Business Interests (including employer stock options and restricted stock):		
Personal Property:		
Promissory Notes:		

**Real Estate**

Asset Description	Current Fair Market Value	Mortgage Balance	Cost (Basis)	How Title is Held
Principal Residence:				
Real Estate (Other):				

**Life Insurance**

1. Company/Policy Number				
2. Death Benefit				
3. Person Insured				
4. Policy Owner				
5. Beneficiaries	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
6. Type of Policy (Term/Perm)				