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Confidential Estate Plan Questionnaire - Single

Full Legal Name: _____ Date: _____

How you would like your name to appear in your documents: _____

Who referred you to our office? _____

Home Address: _____

Home Phone Number: _____ Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Occupation: _____

Employer: _____

Annual Salary: _____

Have you ever created a will or trust? Yes _____ No _____

Do you expect an inheritance? Yes _____ No _____

Do you have a child who is now deceased, but who left a descendant now living? Yes _____ No _____

Do you intend to remain a resident 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 _____

Are you 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 _____

Family Information

Relationship	Full Legal Name	Birthdate	Birthplace
Client			
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) _____

Were you previously married? () Yes () No

Prior Spouse Name Term. Date Nature of Termination (e.g., death divorce)

(If more space needed, use reverse)

Please provide copy of Marital Settlement Agreement

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?

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)				