

Confidential Estate Plan Questionnaire - Married

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)				