

ESTATE ANALYSIS QUESTIONNAIRE
GENERAL INFORMATION

Full Name:	Name you go by:
Home Telephone #	Cellular Telephone #
Social Security #	Date of Birth:
Home Address:	
Name of Business or Employer:	
Business Address:	
Business Telephone #	Business Facsimile #
Home E-mail Address:	Work E-Mail Address:
Are you a U.S. Citizen:	If, no, what country?
Occupation:	Annual Income:
State of Health:	Insurable?
Armed Forces Serial Number:	
Branch:	
Were you married previously?	

Children

Is there a <i>physical</i> possibility of more children?	
Are any children adopted?	If yes, who?
Are any children handicapped or in poor health?	

Child's Name:	
Address:	
Date of Birth:	Occupation
Child's Spouse Name:	
Occupation:	
Child's Children (Grandchildren):	
Name	Date of Birth

Child's Name:	
Address:	
Date of Birth:	Occupation
Child's Spouse Name:	

Occupation:

Child's Children (Grandchildren):	
Name	Date of Birth

Child's Name:	
Address:	
Date of Birth:	Occupation:
Child's Spouse Name:	
Occupation:	
Child's Children (Grandchildren):	
Name	Date of Birth

Child's Name:
Address:

Date of Birth:	Occupation:
Child's Spouse Name:	
Occupation:	

Child's Children (Grandchildren):	
Name	Date of Birth

Parents

Father's Name:	Mother's Name:
Living or Deceased?	Living or Deceased?
If Living: Address:	If Living: Address:
Date of Birth:	Date of Birth:
State of Health:	State of Health:
Financially Independent?	Financially Independent?

Do you have any special circumstances or concerns about your extended family?
What types of concerns?

Siblings

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
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Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
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Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
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Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
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Any Expected Inheritances?

From Whom?	Approximate Value:
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From Whom?	Approximate Value:
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Professional Advisors

Name of Accountant:	
Address:	
Telephone #	Facsimile #

Name of Accountant:	
Address:	
Telephone #	Facsimile #