

ESTATE ANALYSIS QUESTIONNAIRE
GENERAL INFORMATION

Husband

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?	

Wife

Full Name:	Name you go by:
Home Telephone # (if different)	Cellular Telephone #
Social Security #	Date of Birth:
Home Address: (if different)	
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 of (Circle One):	Both Husband Wife
Child's Spouse Name:	
Occupation:	
Child's Children (Grandchildren):	
Name	Date of Birth

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

Child of (Circle One):		Both	Husband	Wife
Child's Spouse Name:				
Occupation:				
Child's Children (Grandchildren):				
		Name	Date of Birth	

Child's Name:	
Address:	
Date of Birth:	Occupation
Child of (Circle One):	
	Both
	Husband
	Wife
Child's Spouse Name:	
Occupation:	
Child's Children (Grandchildren):	
	Name
	Date of Birth

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

Child of (Circle One):		Both	Husband	Wife
Child's Spouse Name:				
Occupation:				

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

Husband's 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?

Wife's Parents

Father's Name:	Mother's Name:
Living or Deceased?	Living or Deceased?
If Living:	If Living:

Address:	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?

Husband's Siblings

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
------------------------	----------------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
------------------------	----------------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
------------------------	----------------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
------------------------	----------------------------

--	--

Wife's Siblings

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
-----------------	---------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
-----------------	---------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
-----------------	---------------------

Name:	Age:
Living or Deceased?	

Marital Status:	Number of Children:
-----------------	---------------------

Any Expected Inheritances?

Husband

From Whom?	Approximate Value:
------------	--------------------

From Whom?	Approximate Value:
-------------------	---------------------------

Wife

From Whom?	Approximate Value:
From Whom?	Approximate Value:

Professional Advisors

Name of Accountant:	
Address:	
Telephone #	Facsimile #

Name of Accountant:	
Address:	
Telephone #	Facsimile #