

ESTATE ANALYSIS CHECKLIST
General Information

HUSBAND

Full Name _____ Name you go by _____
How do you sign your name? _____
Home Telephone # _____ Work Telephone # _____
Social Security # _____ Covered Since _____
Mailing Address _____
Business Address _____
Business Telephone _____ Fax Telephone # _____
Date of Birth _____ E-mail address _____
Are you a U.S. citizen? ___ Yes ___ No If no, what country? _____
Occupation _____ Annual Income _____
State of Health _____ Insurable? _____
Armed Forces Serial Number _____ Branch _____
Were you married previously? _____ Divorced/Widowed? _____

WIFE

Full Name _____ Name you go by _____
How do you sign your name? _____
Home Telephone # _____ Work Telephone # _____
Social Security # _____ Covered Since _____
Mailing Address _____
Business Address _____
Business Telephone _____ Fax Telephone # _____
Date of Birth _____ E-mail address _____
Are you a U.S. citizen? ___ Yes ___ No If no, what country? _____
Occupation _____ Annual Income _____
State of Health _____ Insurable? _____
Armed Forces Serial Number _____ Branch _____
Were you married previously? _____ Divorced/Widowed? _____

Children

Is there a *physical* possibility of more children? _____ Yes _____ No
Are any children adopted? _____ Yes _____ No Who? _____
Are any children handicapped or in poor health? _____ Yes _____ No Who? _____

Child's Name _____
Address _____
Date of Birth _____ Social Security Number _____
Occupation _____ Annual Income _____ Net Worth _____
Child's Spouse's Name _____
Occupation _____ Annual Income _____
Child's Children (Grandchildren)

| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|-------------|----------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Child's Name _____
Address _____
Date of Birth _____ Social Security Number _____
Occupation _____ Annual Income _____ Net Worth _____
Child's Spouse's Name _____
Occupation _____ Annual Income _____
Child's Children (Grandchildren)

| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|-------------|----------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|----------------------------------|------------------------------|-------------------------------|
| Child's Name _____ | | |
| Address _____ | | |
| Date of Birth _____ | Social Security Number _____ | |
| Occupation _____ | Annual Income _____ | Net Worth _____ |
| Child's Spouse's Name _____ | | |
| Occupation _____ | Annual Income _____ | |
| Child's Children (Grandchildren) | | |
| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|----------------------------------|------------------------------|-------------------------------|
| Child's Name _____ | | |
| Address _____ | | |
| Date of Birth _____ | Social Security Number _____ | |
| Occupation _____ | Annual Income _____ | Net Worth _____ |
| Child's Spouse's Name _____ | | |
| Occupation _____ | Annual Income _____ | |
| Child's Children (Grandchildren) | | |
| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Extended Family

PARENTS:

| | |
|------------------------------|------------------------------|
| HUSBAND | |
| Father _____ | Mother _____ |
| Living/Deceased _____ | Living/Deceased _____ |
| <i>If living:</i> | <i>If living:</i> |
| Address _____ | Address _____ |
| Date of Birth _____ | Date of Birth _____ |
| State of Health _____ | State of Health _____ |
| Financially Dependent? _____ | Financially Dependent? _____ |

| | |
|------------------------------|------------------------------|
| WIFE | |
| Father _____ | Mother _____ |
| Living/Deceased _____ | Living/Deceased _____ |
| <i>If living:</i> | <i>If living:</i> |
| Address _____ | Address _____ |
| Date of Birth _____ | Date of Birth _____ |
| State of Health _____ | State of Health _____ |
| Financially Dependent? _____ | Financially Dependent? _____ |

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

SIBLINGS:

| | |
|--------------------------------|--------------------------|
| HUSBAND | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |

| | |
|--------------------------------|--------------------------|
| WIFE | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ Marital Status _____ | Number of Children _____ |
| | |
| Name _____ | Living/Deceased _____ |
| Age _____ 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 _____ | |
| Phone Number _____ | Fax Number _____ |
| Name of Financial Advisor _____ | |
| Address _____ | |
| Phone Number _____ | Fax Number _____ |
| Name of Insurance Agent _____ | |
| Address _____ | |
| Phone Number _____ | Fax Number _____ |