

## **ESTATE ANALYSIS CHECKLIST**

### General Information

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 <i>physical</i> possibility of more children? _____ Yes _____ No
Are any children adopted? ___ Yes ___ No
If so, list names: _____
Are any children handicapped or in poor health? ___ Yes ___ No
If so, list names: _____

**CHILD #1**

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 #2**

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 #3**

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 #4**

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:**

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? _____

**SIBLINGS:**

Name _____	Living/Deceased _____
Age _____ Marital Status _____	Number of Children _____
Comments _____	

Name _____	Living/Deceased _____
Age _____ Marital Status _____	Number of Children _____
Comments _____	

Name _____	Living/Deceased _____
Age _____ Marital Status _____	Number of Children _____
Comments _____	

Name _____	Living/Deceased _____	
Age _____	Marital Status _____	Number of Children _____
Comments _____		

**ANY EXPECTED INHERITANCES?**

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 _____