

ESTATE ANALYSIS CHECKLIST

Client's Telephone Numbers:
Residence ____
Business ____

Date Checklist Completed

PERSONAL DATA

Client:

Full Name:

Address:

Date of Birth:

US Citizenship:

Occupation:

Annual Income:

Previous Marriages:

Client's Spouse:

Full Name:

Address:

Date of Birth:

US Citizenship:

Occupation:

Annual Income:

Previous Marriages:

Children (Client or Spouse):

Is there a physical possibility of more children?

Are any children adopted?

Are any children handicapped or in poor health?

Are any children from a previous marriage?

1. Child's Name

Date of Birth:

Address:

Education Completed:

If Not, Educational Goal:

Child's Children:

Ages:

2. Child's Name

Date of Birth:

Address:

Education Completed:

If Not, Educational Goal:

Child's Children:

Ages:

3. Child's Name

Date of Birth:

Address:

Education Completed:

If Not, Educational Goal:

Child's Children:

Ages:

Any Expected Inheritances?

Client

Client's Spouse

From Whom?

Approximate Value

Client's Social Security No.:

Client's Pension or Profit Sharing Plans:

Spouse's Social Security No. _

Spouse's Pension or Profit Sharing Plans:

Client Liabilities:

Amount	Owed to Whom	Due Date	Secured by What
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Spouse's Liabilities:

Amount	Owed to Whom	Due Date	Secured by What
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Have you or your spouse made any substantial gifts in the past or placed property in joint names?

Details

Do you or your spouse have any powers of appointment?

Are you or your spouse the beneficiary under any trust?

Bank Accounts and Savings Accounts (Client and Spouse)

1. Name of Bank, Savings and Loan, or Credit Union:

Average Balance: _____ Type Account (checking-savings)

In Whose Name: _____

2. Name of Bank, Savings and Loan, or Credit Union _____

Average Balance: _____ Type Account (checking-savings)

In Whose Name: _____

3. Name of Bank, Savings and Loan, or Credit Union _____

Average Balance: _____ Type Account (checking-savings)

In Whose Name: _____

4. Name of Bank, Savings and Loan, or Credit Union _____

Average Balance: _____ Type Account (checking-savings)

In Whose Name: _____

Stocks and Bonds (Client or Spouse)

Number of Shares or Amount	Name of Company Of Security	Description	In whose Name Value	Fair Market	Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Real Estate (Client or Spouse)

1. Residence Address _____

Brief Description _____

Legal Title in Whose Name _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

2. Address _____

Brief Description _____

Legal Title in Whose Name _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

3. Address _____

Brief Description _____

Legal Title in Whose Name _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

Client's Life and Accidental Death Insurance

Face Amount	Type	Policy No.	Name of Company	Amount of Loan	Cash Value On Policy
_____	_____	_____	_____	_____	_____

Is the Insured the Owner of the policies? If not, who is the Owner? _____

Spouse's Life and Accidental Death Insurance

Face Amount	Type	Policy No.	Name of Company	Amount of Loan	Cash Value On Policy
_____	_____	_____	_____	_____	_____

Is the Insured the Owner of the policies? If not, who is the owner: _____

Business Interests (Client or Spouse)

(If the client has an interest in a partnership, joint venture, closely held corporation, proprietorship, or other similar entity, please provide information about its assets and liabilities, buy-sell agreements, and all other related information, including basis.)

Other Assets (Client or Spouse)

Automobiles (State: model, make, fair market value, in whose name and mortgage)

Boats, Trailers, etc. _____

___ Mortgages Owned, Land Contracts or other Receivables _____

Coin Collections, Guns, Family Heirlooms _____

Other Assets or Liabilities Not Disclosed Above _____

Please list the person you wish to appoint as your Personal Representative:

Full Name: _____

Address: _____

Please list the person you wish to appoint as your alternate Personal Representative:

Full Name: _____

Address: _____
