

**ESTATE ANALYSIS**

Date of Interview: \_\_\_\_\_

**Client Information**

Full Name: \_\_\_\_\_

Known by Any Other Names: \_\_\_\_\_

U.S. citizen (yes/no)?: \_\_\_\_\_

Address: \_\_\_\_\_

Domicile: \_\_\_\_\_

Location of Voter Registration: \_\_\_\_\_

State of Auto Registration: \_\_\_\_\_

State where Income Tax Paid: \_\_\_\_\_

Telephone Numbers:

Residence: \_\_\_\_\_

Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Status of Health: \_\_\_\_\_

Insurable?: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If married:

Date of Current Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Previous Marriages (note relevant details): \_\_\_\_\_

**Spouse Information**

Full Name: \_\_\_\_\_

Known by Any Other Names: \_\_\_\_\_

U.S. citizen (yes/no)?: \_\_\_\_\_

Address (if different from client's): \_\_\_\_\_

Domicile: \_\_\_\_\_

Location of Voter Registration: \_\_\_\_\_

State of Auto Registration: \_\_\_\_\_

State where Income Tax Paid: \_\_\_\_\_

Telephone Numbers:

Residence (if different from client's): \_\_\_\_\_

Spouse's Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Status of Health: \_\_\_\_\_

Insurable?: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Previous Marriages (note relevant details): \_\_\_\_\_

\_\_\_\_\_

**Children Information**

Is there a possibility there will be more children?: \_\_\_\_\_

Are any children adopted?: \_\_\_\_\_

Are any children disabled or in poor health?: \_\_\_\_\_

Are any children deceased?: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child of (circle): Joint / Client Only / Spouse Only

Name of Other Parent (If not Joint): \_\_\_\_\_

Address: \_\_\_\_\_

Education Level: \_\_\_\_\_

If not completed, Education Goal: \_\_\_\_\_

Business Ability: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Child's Spouse

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Child's Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child of (circle): Joint / Client Only / Spouse Only

Name of Other Parent (If not Joint): \_\_\_\_\_

Address: \_\_\_\_\_

Education Level: \_\_\_\_\_

If not completed, Education Goal: \_\_\_\_\_

Business Ability: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Child's Spouse

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Child's Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Child of (circle): Joint / Client Only / Spouse Only  
Name of Other Parent (If not Joint): \_\_\_\_\_  
Address: \_\_\_\_\_  
Education Level: \_\_\_\_\_  
If not completed, Education Goal: \_\_\_\_\_  
Business Ability: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Child's Spouse  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Child's Children:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Comments: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of (circle): Joint / Client Only / Spouse Only  
Name of Other Parent (If not Joint): \_\_\_\_\_  
Address: \_\_\_\_\_  
Education Level: \_\_\_\_\_  
If not completed, Education Goal: \_\_\_\_\_  
Business Ability: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Child's Spouse  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Child's Children:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Comments: \_\_\_\_\_

5. Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of (circle): Joint / Client Only / Spouse Only  
Name of Other Parent (If not Joint): \_\_\_\_\_  
Address: \_\_\_\_\_  
Education Level: \_\_\_\_\_  
If not completed, Education Goal: \_\_\_\_\_  
Business Ability: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Child's Spouse

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Child's Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Comments: \_\_\_\_\_

**Parent Information -- Client**

Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Dependent?: \_\_\_\_\_

Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Dependent?: \_\_\_\_\_

**Parent Information -- Spouse**

Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Dependent?: \_\_\_\_\_

Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Dependent?: \_\_\_\_\_

**Sibling Information -- Client**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_

Comments: \_\_\_\_\_

Living?: \_\_\_\_\_

Children?: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_

Comments: \_\_\_\_\_

Living?: \_\_\_\_\_

Children?: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_

Comments: \_\_\_\_\_

Living?: \_\_\_\_\_

Children?: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_

Comments: \_\_\_\_\_

Living?: \_\_\_\_\_

Children?: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_

Comments: \_\_\_\_\_

Living?: \_\_\_\_\_

Children?: \_\_\_\_\_

**Sibling Information -- Spouse**

Name: \_\_\_\_\_ Living?: \_\_\_\_\_  
Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Children?: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Living?: \_\_\_\_\_  
Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Children?: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Living?: \_\_\_\_\_  
Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Children?: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Living?: \_\_\_\_\_  
Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Children?: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Living?: \_\_\_\_\_  
Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Children?: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Other Relatives or Friends of Client and Spouse Who Would Be Immediate Beneficiaries or Ultimate Beneficiaries If Client, Client's Spouse, All Issue, and Parents are Deceased**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Relation: \_\_\_\_\_

**Charities who would be Immediate Beneficiaries or Ultimate Beneficiaries If All Individual Beneficiaries are Deceased**

Corporate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Special Purpose (if any): \_\_\_\_\_

Corporate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Special Purpose (if any): \_\_\_\_\_

Corporate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Special Purpose (if any): \_\_\_\_\_

**Liabilities**

**Client's Liabilities**

| Amount: | Owed to Whom: | Due Date: | Secured by What Asset: |
|---------|---------------|-----------|------------------------|
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |

**Spouse's Liabilities**

| Amount: | Owed to Whom: | Due Date: | Secured by What Asset: |
|---------|---------------|-----------|------------------------|
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |
| _____   | _____         | _____     | _____                  |

**Assets**

**Contact Names**

Name of Accountant: \_\_\_\_\_  
Name of Broker: \_\_\_\_\_  
Name of Casualty Insurance Agent: \_\_\_\_\_  
Name of Life Insurance Agent: \_\_\_\_\_  
Preference as to Bank: \_\_\_\_\_

**Gifting and Joint Assets**

Have there been any substantial gifts in the past or placement of property in joint names? \_\_\_\_\_  
\_\_\_\_\_

**Powers of Appointment**

Are there any existing powers of appointment?: \_\_\_\_\_  
Details: \_\_\_\_\_

**Beneficiaries of Trust**

Are you or your spouse the beneficiary under any trust?: \_\_\_\_\_  
Details: \_\_\_\_\_

**Any Expected Inheritances?**

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_  
From Whom: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

**Armed Forces Service**

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Serial No.: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

**Pension or Profit Sharing Plans**

Description of Benefits (Client): \_\_\_\_\_  
\_\_\_\_\_  
Description of Benefits (Spouse): \_\_\_\_\_  
\_\_\_\_\_

**Bank Accounts and Savings Accounts**

1. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
2. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
3. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
4. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
5. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_

**Stocks and Bonds (Client or Spouse)**

| Name of Company | Number of Shares or Amount | Description of Security | Name of Owner | Fair Market Value | Basis |
|-----------------|----------------------------|-------------------------|---------------|-------------------|-------|
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |
| _____           | _____                      | _____                   | _____         | _____             | _____ |

**Safety Deposit Box**

Location: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

Any Property of Others in the Box?: \_\_\_\_\_

Identifiable as Such? \_\_\_\_\_

Where are Other Valuable Papers Kept?: \_\_\_\_\_

**Real Estate (Client or Spouse)**

1. Primary Residence Address: \_\_\_\_\_

Brief Description \_\_\_\_\_

Legal Title in Whose Name?: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value (include date of assessment): \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_

2. Address: \_\_\_\_\_

Brief Description \_\_\_\_\_

Legal Title in Whose Name?: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_

3. Address: \_\_\_\_\_

Brief Description \_\_\_\_\_

Legal Title in Whose Name?: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_



4. Address: \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Legal Title in Whose Name?: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
 If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_  
 \_\_\_\_\_  
 Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
 \_\_\_\_\_

5. Address: \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Legal Title in Whose Name?: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
 If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_  
 \_\_\_\_\_  
 Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
 \_\_\_\_\_

**Life and Accidental Death Insurance -- Client**

| Type  | Face Amount | Policy Number | Name of Company | Beneficiaries on Policy | Amount of Loan | Cash Value |
|-------|-------------|---------------|-----------------|-------------------------|----------------|------------|
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |

Comments on Life Insurance: \_\_\_\_\_  
 \_\_\_\_\_

Is the insured the owner of the policies? If not, include details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Life and Accidental Death Insurance -- Spouse**

| Type  | Face Amount | Policy Number | Name of Company | Beneficiaries on Policy | Amount of Loan | Cash Value |
|-------|-------------|---------------|-----------------|-------------------------|----------------|------------|
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |
| _____ | _____       | _____         | _____           | _____                   | _____          | _____      |

Comments on Life Insurance: \_\_\_\_\_  
\_\_\_\_\_

Is the insured the owner of the policies? If not, include details:  
\_\_\_\_\_  
\_\_\_\_\_

**Business Interests (Client or Spouse)**

(If you have an interest in a partnership, joint venture, closely held corporation (S corporation), proprietorship, or other similar entity, list and/or bring complete information about its assets and liabilities, buy-sell agreements, and all other related information, including basis):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Property (Client or Spouse)**

Have you or your spouse ever lived in a state which has a community property law, i.e., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho? (Include details and status of assets brought into this state).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Assets (Client or Spouse)**

Automobiles (Include model, make, fair market value, lienholder, and title holder):

\_\_\_\_\_  
\_\_\_\_\_

Boats, Trailers, etc:

\_\_\_\_\_

Mortgages Owned, Land Contracts, or Other Receivables:

\_\_\_\_\_

Coin Collections, Guns, Family Heirlooms:

\_\_\_\_\_

Other Assets:

\_\_\_\_\_  
\_\_\_\_\_