

ESTATE ANALYSIS CHECKLIST
DUGGAN WYNN LAW FIRM, LLC

Date: _____

SECTION I: PERSONAL INFORMATION

1. CLIENT INFORMATION	
Full Name:	Date of Birth:
Place of Birth:	Social Security No.: Do Not Provide at this time
U.S. Citizen:	
Other Names Known by:	
Are you presently employed?	If Yes, for how long?
Occupation (former if retired):	
Contact Address:	
Office or Home Phone:	Email Address:
Mobile Phone:	Fax No.:

2. SPOUSE/PARTNER INFORMATION (if applicable)	
Full Name:	Date of Birth:
Place of Birth:	Social Security No.: Do Not Provide at this time
U.S. Citizen:	
Other Names Known by:	
Are you presently employed?	If Yes, for how long?
Occupation (former if retired):	
Contact Address:	
Office or Home Phone:	Email Address:
Mobile Phone:	Fax No.:

SECTION II: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary) Please provide details below if any of the below children do not have both of you as their legal parents.

1. Name of Child:	Date of Birth:	Phone:
Child of:	Address:	
Married?	If Yes, please provide name:	
Any children?	If Yes, please provide names and ages below:	
Names:	Ages:	

2. Name of Child:	Date of Birth:	Phone:
Child of:	Address:	
Married?	If Yes, please provide name:	
Any children?	If Yes, please provide names and ages below:	
Names:	Ages:	

3. Name of Child:	Date of Birth:	Phone:
Child of:	Address:	
Married?	If Yes, please provide name:	
Any children?	If Yes, please provide names and ages below:	
Names:	Ages:	

Do you have any children who have predeceased you?	
If Yes, please list information below:	
Name of deceased child:	Child of:
Married at death?	If Yes, please provide name:
Any children?	If Yes, please provide names and ages below:
Names:	Ages:
Do you have any children or grandchildren who are adopted:	
Is there a physical possibility of more children?	

SECTION III: FINANCIAL INFORMATION

Check the box if held in a Revocable Trust

*Please indicate if any accounts receive direct deposits.

<u>Assets</u> <u>(Estimate Current Fair Market Value)</u>	<u>Value</u> <u>In Client's Name</u>	<u>Value</u> <u>In Spouse/Partner's Name</u>	<u>Value</u> <u>Owned Jointly</u>
1. Principal Residence	\$ _____	\$ _____	\$ _____
Address:			
2. Other Real Estate	\$ _____	\$ _____	\$ _____
3. Annuity	\$ _____	\$ _____	\$ _____
4. Checking/Savings Account(s)	\$ _____	\$ _____	\$ _____
5. Certificates of Deposit(s)	\$ _____	\$ _____	\$ _____
6. Brokerage Account(s)	\$ _____	\$ _____	\$ _____
7. Other Securities	\$ _____	\$ _____	\$ _____
8. Business Interests	\$ _____	\$ _____	\$ _____
9. Notes Receivable	\$ _____	\$ _____	\$ _____
10. Personal Effects & Furnishings	\$ _____	\$ _____	\$ _____
11. Automobiles	\$ _____	\$ _____	\$ _____
12. Others	\$ _____	\$ _____	\$ _____
<i>Total Assets</i>	\$ _____	\$ _____	\$ _____

<u>Liabilities</u>	<u>Client's Name Only</u>	<u>Spouse/Partner's Name Only</u>	<u>Owned Jointly</u>
Home Mortgage	\$ _____	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____

NET ASSETS	\$ _____	\$ _____	\$ _____
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Profit Sharing, IRA, Pension Plans, 401K, Etc.

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE

Client's Total Retirement Benefits: _____ Spouse's Total Retirement Benefits: _____

Life Insurance

*Please bring policies to initial appointment

Type (e.g., term, group, whole life, accidental)	Face Amount of Death Benefit	Approximate Cash Value	Owner	Insured	Primary Beneficiary	Secondary Beneficiary
			Client Spouse Trust Other	Client Spouse Other		

Client's Total Insurance: _____ Spouse/Partner's Total Insurance: _____

COMBINED TOTAL INSURANCE: _____

_____ + _____ + _____ = _____
NET ASSETS COMBINED TOTAL COMBINED TOTAL TOTAL

RETIREMENT INSURANCE BENEFITS

SECTION IV: GENERAL QUESTIONS

1.	Do you have an existing Will/Trust/Power of Attorney? If yes, please provide a copy
2.	Date and place of current marriage: Date: _____ Place: _____
3.	Do you currently have a prenuptial agreement: If yes, please attach a copy.
4.	Have you previously been married? Client: _____ Spouse/Partner: _____ If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
5.	Please indicate your state of residence/domicile and the date established if you are not a resident of South Carolina. State: _____ Date: _____ If you spend more than a nominal amount of time in another state or country, please identify. _____
6.	Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? Yes/No (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002. Currently it is at \$17,000) If Yes, list amounts by years below or on the reverse side: Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____
7.	Are you receiving or will you receive an annuity? If Yes, to whom will the payments be made? How long will payments be made? _____ If Fixed Term, for how long? _____ Amount of each payment? \$ _____
8.	Have you ever filed a gift tax return (IRS Form 709)? (If Yes, please provide a copy of the last one filed with the IRS)
9.	Have either or you ever filed a corporate or partnership tax return? If Yes, please describe:
10.	Do either of you have any interest under a Will or Trust of another person, including a power of appointment? If Yes, please supply a copy of the document if available.
11.	Are either of you a Trustee of any Trust?
12.	Have you received, or do you expect to receive, any inheritances? Possible Amount:
13.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the U.S.?
14.	Do you have relatives dependent upon you for support? If Yes, give names and relationships: Name: _____ Relationship: _____ Name: _____ Relationship: _____

	Name: _____ Relationship: _____ Name: _____ Relationship: _____
15.	Please list any specific items or amounts that you wish to give to any individuals or <i>organizations at your death</i> : (Check here if attaching separate sheet <input type="checkbox"/>)
	Name: _____ Item or Amount: _____ Address: _____ Relation: _____
	Name: _____ Item or Amount: _____ Address: _____ Relation: _____
	Name: _____ Item or Amount: _____ Address: _____ Relation: _____
16.	Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? If Yes, please describe.
17.	Do either of you hold stock in a closely-held corporation? If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.
18.	Do either of you or children or lineal descendants have any medical issues we should be aware of for planning purposes?
19.	Do you have long term care insurance? Do you have disability insurance? Do you have liability insurance?
20.	Please check any of the following states in which you have lived or acquired property together (if applicable) <input type="checkbox"/> Arizona <input type="checkbox"/> Idaho <input type="checkbox"/> Nevada <input type="checkbox"/> Texas <input type="checkbox"/> Wisconsin <input type="checkbox"/> California <input type="checkbox"/> Louisiana <input type="checkbox"/> New Mexico <input type="checkbox"/> Washington <input type="checkbox"/> None
21.	Do either of you own any property in a foreign country? If Yes, which country?
22.	Do you own any real estate in joint names acquired before 1977?
23.	Do you have any children or grandchildren attending private school, college, or graduate school?
24.	Do you have any relative who regularly incurs significant medical bills?
25.	Is there any member of your family disabled or receiving medical benefits from State or Federal government?
26.	Who would you like to be guardian of your children if you and your spouse/partner are not living and your children are still minors? Name of Individual: _____
27.	Who would you like to be a backup financial power of attorney to your spouse/partner? Name of Individual: _____
28.	Who would you like to be a backup healthcare power of attorney to your spouse/partner? Name of Individual: _____
29.	How did you first learn about our firm?

We Look Forward to Working With You!