***ESTATE ANALYSIS CHECKLIST***

**DUGGAN LAW FIRM, LLC**

Date:

**SECTION I: PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **1. CLIENT INFORMATION** | |
| Full Name: | Date of Birth: |
| Place of Birth: | Social Security No.: |
| U.S. Citizen: Yes/No? | |
| Other Names Known by: | |
| Are you presently employed? Yes/No? 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: Yes/No? | |
| Other Names Known by: | |
| Are you presently employed? Yes/No? If Yes, for how long? | |
| Occupation (former if retired): | |
| Contact Address: | |
| Office or Home Phone: | Email Address: |
| Mobile Phone: | Fax No.: |

**SECTION Il: 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:   Child of: | Date of Birth: Phone:  Address: |
| Married? Yes/No If Yes, please provide name: | |
| Any children? Yes/No If Yes, please provide names and ages below: | |
| Names: | Ages: |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 1. Name of Child:   Child of: | Date of Birth: Phone:  Address: |
| Married? Yes/No If Yes, please provide name: | |
| Any children? Yes/No If Yes, please provide names and ages below: | |
| Names: | Ages: |
|  |  |
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|  |  |
| --- | --- |
| 1. Name of Child:   Child of: | Date of Birth: Phone:  Address: |
| Married? Yes/No If Yes, please provide name: | |
| Any children? Yes/No If Yes, please provide names and ages below: | |
| Names: | Ages: |
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|  |  |
| --- | --- |
| **Do you have any children who have predeceased you?** Yes/No  If Yes, please list information below: | |
| Name of deceased child: Child of: | |
| Married at death? Yes/No If Yes, please provide name: | |
| Any children? Yes/No If Yes, please provide names and ages below: | |
| Names: | Ages: |
|  | Ages: |
|  | Ages: |
| **Do you have any children or grandchildren who are adopted:** Yes/No | |
| **Is there a physical possibility of more children?** Yes/No | |

**SECTION III: FINANCIAL INFORMATION**

**Check the box if held in a Revocable Trust**

**\***Please indicate if any accounts receive direct deposits.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets**  **(Estimate Current Fair Market Value)** | **Value**  **In Client’s Name** | **Value**  **In Spouse/Partner’s Name** | **Value**  **Owned Jointly** |
| 1. Principal Residence | **□** | **□** |  |
| Address: |  |  |  |
| 1. Other Real Estate | **□** | **□** |  |
|  | **□** | **□** |  |
|  | **□** | **□** |  |
| 1. Annuity | **□** | **□** |  |
| 1. Checking/Savings Account(s) | **□** | **□** |  |
|  |  |  |  |
|  |  |  |  |
| 1. Certificates of Deposit(s) | **□** | **□** |  |
| 1. Brokerage Account(s) |  | **□** |  |
|  | **□** | **□** |  |
|  | **□** | **□** |  |
| 1. Other Securities | **□** | **□** |  |
| 1. Business Interests | **□** | **□** |  |
|  |  |  |  |
| 1. Notes Receivable | **□** | **□** |  |
| 1. Personal Effects & Furnishings | **□** | **□** |  |
| 1. Automobiles | **□** | **□** |  |
| 1. Others | **□** | **□** |  |
| ***Total Assets*** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Client’s Name Only** | **Spouse/Partner’s Name Only** | **Owned Jointly** |
| Home Mortgage |  |  |  |
| Other Mortgages |  |  |  |
| Other Loans |  |  |  |
| ***Total Liabilities*** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NET ASSETS** |  |  |  |

**Profit Sharing, IRA, Pension Plans, 401K, Etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER** | **DESCRIPTION** | **BENEFICIARY** | **CURRENT VALUE** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

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**  **Client**  **Spouse**  **Trust**  **Other** | **Insured**  **Client**  **Spouse**  **Other** | **Primary Beneficiary** | **Secondary Beneficiary** |
|  |  |  |  |  |  |  |
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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**

|  |  |  |
| --- | --- | --- |
|  | Do you have an existing Will/Trust/Power of Attorney? Yes/No  If yes, please provide a copy | |
|  | Date and place of current marriage: Date: Place: | |
|  | Do you currently have a prenuptial agreement: Yes/No  If yes, please attach a copy. | |
|  | Have you previously been married? **Client**: Yes/No **Spouse/Partner**: Yes/No  If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available. | |
|  | Please indicate your state of residence/domicile                  and the date established if you are not a resident of South Carolina.  If you spend more than a nominal amount of time in another state or country, please identify. | |
|  | 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 $14,000)  If Yes, list amounts by years below or on the reverse side: | |
|  | Are you receiving or will you receive an annuity? Yes/No  If Yes, to whom will the payments be made?  How long will payments be made? Duration: If Fixed Term, for how long?  Amount of each payment? $ | |
|  | Have you ever filed a gift tax return (IRS Form 709)? Yes/No  (If Yes, please provide a copy of the last one filed with the IRS) | |
|  | Have either or you ever filed a corporate or partnership tax return? Yes/No  If Yes, please describe: | |
|  | Do either of you have any interest under a Will or Trust of another person, including a power of appointment? Yes/No  If Yes, please supply a copy of the document if available. | |
|  | Are either of you a Trustee of any Trust? Yes/No | |
|  | Have you received, or do you expect to receive, any inheritances? Yes/No  Possible Amount: | |
|  | Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the U.S.? Yes/No | |
|  | Do you have relatives dependent upon you for support? Yes/No  If Yes, give names and relationships: | |
|  | Please list any specific items or amounts that you wish to give to any individuals or *organizations at your death:* (Check here if attaching separate sheet □) | |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? Yes/No  If Yes, please describe. | |
|  | Do either of you hold stock in a closely-held corporation? Yes/No  If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable. | |
|  | Do either or you or children or lineal descendants have any medical issues we should be aware of for planning purposes? Yes/No | |
|  | Do you have long term care insurance? Yes/No  Do you have disability insurance? Yes/No  Do you have liability insurance? Yes/No | |
|  | Please check any of the following states in which you have lived or acquired property together (if applicable)  □ Arizona □ Idaho □ Nevada □ Texas □ Wisconsin  □ California □ Louisiana □ New Mexico □ Washington □ None | |
|  | Do either or you own any property in a foreign country? Yes/No  If Yes, which country? | |
|  | Do you own any real estate in joint names acquired before 1977?  Yes/No | |
|  | Do you have any children or grandchildren attending private school, college, or graduate school? Yes/ No | |
|  | Do you have any relative who regularly incurs significant medical bills?  Yes/No | |
|  | Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes/No | |
|  | 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? | |
|  | Who would you like to be a back up financial power of attorney to your spouse/partner? | |
|  | Who would you like to be a back up healthcare power of attorney to your spouse/partner? | |
|  | How did you first learn about our firm? | |

**We Look Forward to Working With You!**