

CONFIDENTIAL
ESTATE ANALYSIS CHECKLIST
HULL BARRETT, PC
ATTORNEYS

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Augusta, Georgia
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Aiken, South Carolina 29801
(803) 648-4213
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7004 Evans Town Center Blvd, 3rd Floor
Augusta, Georgia 30903
(706) 722-4481
Fax: (706) 650-0925

Date of Interview: _____
Residence Telephone: _____ Work Telephone: _____
Cell: _____ Spouse's Work: _____
Spouse's Cell: _____ Email: _____

Your Personal Data

Full Name: _____
Known by Any Other Name: _____
Address: _____
County: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Are you a U.S. Citizen? _____ If not, Country: _____
Occupation: _____ Annual Income: _____
Previous Marriages (give details): _____

State of Health: _____ Insurable: _____

Spouse's Personal Data

Full Name: _____
Known by Any Other Name: _____
Address: _____
County: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Are you a U.S. Citizen? _____ If not, Country: _____
Occupation: _____ Annual Income: _____
Date of Marriage: _____ Place of Marriage: _____
Previous Marriages (give details): _____

State of Health: _____ Insurable: _____

Children

Is there a physical possibility of more children? _____

Are any children adopted? If so, which? _____

Are any children handicapped or in poor health? _____

1. Child's Name: _____ Date of Birth: _____
Child's Parents (if from prior marriage: _____
Address: _____
Education Complete: _____ Education Goal: _____
Business Ability: _____
Occupation: _____
Net Worth: _____ Annual Income: _____
Name of Child's Spouse: _____
Occupation: _____ Annual Income: _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Comments: _____

2. Child's Name: _____ Date of Birth: _____
Child's Parents (if from prior marriage: _____
Address: _____
Education Complete: _____ Education Goal: _____
Business Ability: _____
Occupation: _____
Net Worth: _____ Annual Income: _____
Name of Child's Spouse: _____
Occupation: _____ Annual Income: _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Comments: _____

3. Child's Name: _____ Date of Birth: _____
Child's Parents (if from prior marriage: _____
Address: _____
Education Complete: _____ Education Goal: _____
Business Ability: _____
Occupation: _____
Net Worth: _____ Annual Income: _____
Name of Child's Spouse: _____
Occupation: _____ Annual Income: _____
Child's Children (Name/Age): _____

Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Comments: _____

4. Child's Name: _____ Date of Birth: _____
Child's Parents (if from prior marriage): _____
Address: _____
Education Complete: _____ Education Goal: _____
Business Ability: _____
Occupation: _____
Net Worth: _____ Annual Income: _____
Name of Child's Spouse: _____
Occupation: _____ Annual Income: _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Comments: _____

5. Child's Name: _____ Date of Birth: _____
Child's Parents (if from prior marriage): _____
Address: _____
Education Complete: _____ Education Goal: _____
Business Ability: _____
Occupation: _____
Net Worth: _____ Annual Income: _____
Name of Child's Spouse: _____
Occupation: _____ Annual Income: _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Child's Children (Name/Age): _____
Comments: _____

Your Parents

Father
Name: _____
Address: _____

Age: _____ State of Health: _____
Financially Dependent on You? _____

Mother
Name: _____
Address: _____

Age: _____ State of Health: _____
Financially Dependent on You? _____

Spouse's Parents

Father

Name: _____

Address: _____

Age: _____ State of Health: _____

Financially Dependent on You? _____

Mother

Name: _____

Address: _____

Age: _____ State of Health: _____

Financially Dependent on You? _____

Any Expected Inheritances (within 5 years)

You

From Whom: _____

Approx Value: _____

From Whom: _____

Approx Value: _____

Spouse

From Whom: _____

Approx Value: _____

From Whom: _____

Approx Value: _____

Your Brothers and Sisters

Name: _____ Living/Age: _____

Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____

Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____

Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____

Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Spouse's Brothers and Sisters

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

Name: _____ Living/Age: _____
Married/Spouse Name: _____ Children/Names: _____

Comments: _____

**Other Relatives or Friends of Yours or Your Spouse Who
Would be Immediate Beneficiaries or Ultimate Beneficiaries
If You, Your Spouse, and All Issue are Dead**

Name: _____ Age/Relation: _____
Address: _____

Name: _____ Age/Relation: _____
Address: _____

Name: _____ Age/Relation: _____
Address: _____

**Charities as Immediate Beneficiaries or Ultimate
Beneficiaries if All Individual Beneficiaries are Dead**

Correct Corporate Name: _____
Address: _____
Special Purpose, if Any: _____

Correct Corporate Name: _____
Address: _____
Special Purpose, if Any: _____

Correct Corporate Name: _____
Address: _____
Special Purpose, if Any: _____

Your Armed Forces Service

Serial Number: _____ Branch of Service: _____
Dates of Service: _____