



**ESTATE ANALYSIS CHECKLIST
MP MORRIS LAW FIRM, LLC**

3600 Forest Drive
Suite 201
Columbia, SC 29204
Tel: (803) 851-1076
Fax: (803) 851-1798

PART I - PERSONAL DATA

Client 1 Information

Full Name _____ U.S. citizen (Y/N)? _____

Known by Any Other Names? _____

Address _____

County of Residence _____ Social Security No. _____

Date of Birth _____ Occupation _____

Previous Marriages (add details below). Name(s), date(s) and how marriage(s) terminated.

Client 2 Information (Spouse – complete if applicable)

Full Name _____ U.S. citizen (Y/N)? _____

Known by Any Other Names? _____

Address _____

County of Residence _____ Social Security No. _____

Date of Birth _____ Occupation _____

Previous Marriages (add details below). Name(s), date(s) and how marriage(s) terminated.



Children

Is there a physical possibility of more children? _____

Are any children/grandchildren adopted? If yes, please specify. _____

Do any children/grandchildren have a disability? _____

1. **Child's Name** _____ **Date of Birth** _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Comments: _____

2. **Child's Name** _____ **Date of Birth** _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Comments: _____



3. **Child's Name** _____ **Date of Birth** _____
 Child's Parents (If From a Prior Marriage): _____
 Address _____
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

4. **Child's Name** _____ **Date of Birth** _____
 Child's Parents (If From a Prior Marriage): _____
 Address _____
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Any Inheritances (Expected or received within last 10 years)?

	Husband	Wife
From Whom?	_____	_____
Approximate Value	_____	_____
Date Received	_____	_____



Other Information:

Location of Lock Box _____

In Whose Name(s) _____

Any Property of Others in the Box? _____

Where are Other Valuable Papers Kept? _____

Name of Broker _____

Name of Accountant _____

Name of Life Insurance Agent _____

PART II - MISCELLANEOUS PERSONAL INFORMATION.

1. Have you or your spouse made any substantial gifts (in excess of \$10,000.00 to any one person during any calendar year) in the past or placed property in joint names with someone other than your spouse? _____

Did you or your spouse file a gift tax return for the above gift(s)? _____

2. Do you or your spouse have any powers of appointment granted under someone else's will or trust?

3. Are you or your spouse the beneficiary under any trust?

4. Do you and your spouse have a pre-nuptial or post-nuptial agreement of any kind concerning the disposition of assets in the event of death or divorce? YES _____ NO _____

** Please attach a copy if any.

5. Are there any existing conflicts in your marriage or family that will affect your estate planning?

If yes, please describe: _____



PART II - FINANCIAL DATA

(Please provide copies of financial statements)

A. ASSETS (Not Including Life Insurance) Use additional sheets if necessary.

	<u>Estimated Market Value</u>		
	(Husband)	(Wife)	(Joint)
Cash.....	\$ _____	\$ _____	\$ _____
Checking Account.....	\$ _____	\$ _____	\$ _____
Savings Account.....	\$ _____	\$ _____	\$ _____
Tangible Personal Property.....	\$ _____	\$ _____	\$ _____
Investment/Brokerage Account.....	\$ _____	\$ _____	\$ _____
Stocks.....	\$ _____	\$ _____	\$ _____
Bonds.....	\$ _____	\$ _____	\$ _____
Notes & Mortgages Receivable.....	\$ _____	\$ _____	\$ _____
Real Estate in This State.....	\$ _____	\$ _____	\$ _____
Real Estate in Other States.....	\$ _____	\$ _____	\$ _____
Business Interests.....	\$ _____	\$ _____	\$ _____
Pension, Profit Sharing, IRA, Etc.....	\$ _____	\$ _____	\$ _____
Other Property.....	\$ _____	\$ _____	\$ _____
TOTAL ASSETS (less life insurance)	\$ _____	\$ _____	\$ _____

B. LIFE INSURANCE: *(Include Face Value of Policy in Policy Owner's Assets)*

<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Cash Value</u>	<u>Face Amount</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____



C. LIABILITIES:

	(Husband)	(Wife)	(Joint)
Notes and Mortgages Payable.....	\$ _____	\$ _____	\$ _____
Life Insurance Loans.....	\$ _____	\$ _____	\$ _____
Other Debts.....	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____

**** Please provide copies of bank/brokerage statements, IRA statements, insurance policies, etc.**

REAL ESTATE (Please provide copies of deeds if you have them)

Primary Residence

1. Residence Address: _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

Other Property

2. Address: _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

3. Address _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____



PART III - TESTAMENTARY INSTRUCTIONS

1. Testamentary wishes for Client 1:

Desired disposition of assets if you are survived by your spouse:

Desired disposition if you are **not** survived by your spouse:

Desired disposition if no immediate family survive you:

Any specific bequests to individuals or charities (please provide detail):



2. **Testamentary Wishes for Client 2:**

Desired disposition of assets if survived by your spouse:

Desired disposition if you are **not** survived by your spouse:

Desired disposition if no immediate family survive you:

Any specific bequests to individuals or charities (please provide detail):



3. PERSONAL REPRESENTATIVE (also known as “Executor”)

List below the person(s) or corporation whom you wish to serve as personal representative(s).

Name of Primary Personal Representative(s) **Address**
(For Husband) _____

(For Wife) _____

List below alternate personal representative(s) in order of priority

Name of Alternate Personal Representative(s) **Address**
(For Husband) _____

(For Wife) _____

4. Guardians for Minor Children

Please list the name(s) of the individuals you would want to serve as guardians for your children if both parents were deceased or unable to properly care for the children.

	Name	Address
Primary Guardian	_____	_____
	_____	_____

Alternate Guardian	_____	_____
	_____	_____

5. Trusts for Minor Children

a. Do you wish to establish a trust for minor children to hold and manage their assets until they reach an age designated by you? Yes No

b. When should the trust terminate? When the child reaches the age of _____ years.

Please list the name(s) of the individuals you would want to serve as Trustee:

Primary Trustee: _____

Alternate Trustee: _____
