

QUESTIONNAIRE FOR ECONOMIC ELEMENTS OF LOSS
DECEASED INDIVIDUAL

If possible, this form should be completed by the deceased's next of kin or an individual who is familiar with the deceased's living circumstances at the time of death.

Please answer all appropriate questions. If you do not understand a question do not hesitate to contact Dr. Albrecht.

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A. General Information

1) Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

Marital Status: S M W D

Gender: M F

Race: _____

Address: _____

2) Name of Individual Completing Questionnaire:

May Dr. Albrecht contact the above individual? Y N

If yes, provide appropriate phone number(s).

Home: _____ Work: _____

Cell: _____

3) Name, date of birth and relationship to deceased of individuals who lived in the same household as deceased at the time of death:

| Name | Relationship | D/O/B |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 4) Name, date of birth and relationship to deceased of individuals who did not live in the same household as deceased but who received assistance from the deceased:

| Name | Relationship | D/O/B |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 5) Educational Attainment of the Deceased:

- 6) Training, Special Skills or Licenses of the Deceased:

B. Employment and Earnings

- 1) Employer when Died: _____

Date when Employment Began: _____

Nature of Work: _____

- 2) Method of Wages (Hourly or Salary): _____

Rate at Time of Death: _____

Raises Received (Include Dates): _____

Was Overtime Work Common?: _____

Was Work Steady?: _____

3) Annual Wages and Salary Received:

| Year | Income | Portion of Year Employed |
|-------|--------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Attach earnings documentation (W-2s, tax forms, pay-stubs, etc.).

4) List Promotions (with dates):

5) Employer Provided Benefits:

Life Insurance: _____

Individual Health Insurance: _____

Family Health Insurance: _____

Retirement Plan: _____

Investment Plan: _____

Bonus: _____

Stock Options: _____

Other: _____

Please attach a copy of the I.R.A., 401K or Profit Sharing plan or attach a copy of the statement of benefits if available.

6) Out of the Ordinary Expenses Associated with Job:

7) Previous Employer(s)(if relevant):

8) Health Problems Prior to Death:

9) Missed Work Prior to Death Due to Health:

10) To what age did the deceased plan to work (if known)? _____

11) Employment Expectations Prior to Death (promotions, new job, etc.):

C. Household Services Performed by Deceased

| Activities | Hours (per week) |
|------------------|------------------|
| meal preparation | _____ |
| child care | _____ |
| cleaning | _____ |
| laundry | _____ |
| yard work | _____ |
| gardening | _____ |

shopping _____

auto maintenance _____

home repair _____

other _____

D. Other

If information exists which has not been asked for but may have some bearing on past or future earnings or expenses, please present the information.
