

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

For each task below please indicate on a scale of 0 to 3 the extent of the decedent's performance of each task.

0 = did not do this activity;

1 = infrequently did this activity;

2 = regularly did this activity;

3 = was very active in this activity;

Inside housework (vacuuming, sweeping, mopping, dusting, making beds, cleaning, handling trash, washing clothes, ironing, folding laundry, putting away laundry, putting away groceries)

Food cooking and cleanup (food preparation, serving a meal, setting a table, clearing the table, loading the dishwasher, washing dishes, putting away leftovers, cleaning us the kitchen)

_____.

Home, vehicle and pet maintenance (painting, repairing house, gardening, mowing, trimming, edging, planting, weeding, feeding and caring for household pets, maintenance and cleaning of vehicles)

_____.

Household management (paying bills, balancing the checkbook, filing receipts, filling out tax forms)

_____.

Shopping and obtaining services (grocery shopping, all other shopping, researching items and prices, hiring repair workers for home and vehicles)

_____.

Travel for household activity (travel associated with any household activity listed above, does not include commuting to and from work or driving for children's events (below))

_____.

Caring, helping or assisting family members (dressing, bathing and feeding family members, transporting to sporting events or other activities, supervising or watching children)

_____.

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.
