

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.

Gary R. Albrecht, Ph.D.  
Albrecht Economics, Inc.  
P.O. Box 15685  
Winston-Salem, NC 27113

Telephone:(336)727-9435  
Email: [Albrecht@AlbrechtEconomics.com](mailto:Albrecht@AlbrechtEconomics.com)  
Fax: (336) 722-9452

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.

---

---

---