

7. Fringe Benefits
Specify amount paid by employer (annually) on behalf of decedent.

	Pre-Death
1. Group Health/Hospitalization Insurance	\$ _____
2. Life Insurance	\$ _____
3. Retirement Plan (401K, IRA, or other)	\$ _____
4. Stock Options	\$ _____
5. Vacation	\$ _____
6. Sick Pay	\$ _____
7. Social Security	\$ _____
8. Workman's Compensation	\$ _____
9. Other(explain)	\$ _____

8. Household Services: Please specify number of hours services performed per week:

	Pre-Death	
1. Cleaning	_____	hrs.
2. Laundry	_____	hrs.
3. Cooking	_____	hrs.
4. Shopping	_____	hrs.
5. Auto Maintenance	_____	hrs.
6. Painting/Decorating	_____	hrs.
7. Household Repairs	_____	hrs.
8. Family Bookkeeping	_____	hrs.
9. Babysitting	_____	hrs.
10. Driving Services	_____	hrs.
11. Lawn/Yard Care	_____	hrs.
12. Other – ADL's (specify)	_____	hrs.

9. Past Medical Expenses – Burial and Death Expenses - \$ _____

10. If deceased was not employed or was a minor, please attach school records and information regarding education and/or work experience of parents (years of schooling and degrees/certificates).

11. Other Considerations:

Please include any of the following records (if possible).

1. Interrogatories
2. Deposition transcripts of parties
3. Fringe benefit booklets
4. Retirement booklets
5. Other relevant documents as needed/specified
6. Savings / Assets – Ex: Mortgage Information of Property Owned, Money Market Accounts, Interest Bearing Checking and/or Savings Accounts, etc.