

**BERNARD F. PETTINGILL JR., PH.D.**

**CONSULTING ECONOMIST**

93 Sandbourne Lane z PGA National z Palm Beach Gardens, FL 33418

(561) 622-0330 z (561) 346-7828 z Fax (561) 624-2854

E-mail: [biffpett@comcast.net](mailto:biffpett@comcast.net)

Website: [www.bpettingill.com](http://www.bpettingill.com)

**CHECKLIST FOR ECONOMIC EVALUATION -- DEATH<sup>®</sup>**

**Please return completed form.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Contact: Attorney / Paralegal \_\_\_\_\_

Client or Family Representative: \_\_\_\_\_

**Report due date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name of Decedent: \_\_\_\_\_

A. Male Female      B. White Black Hispanic

Cause of Death: \_\_\_\_\_

Did the client have a prior major medical issue? (Yes) (No)

If yes, please list \_\_\_\_\_

Did the client have a terminal disease? (Yes) (No)

If yes, enter projected death date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. A. Client Birth Date                                      \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Client Injury/Accident Date                                      \_\_\_\_/\_\_\_\_/\_\_\_\_

C. Client Mediation/Arbitration Date                                      \_\_\_\_/\_\_\_\_/\_\_\_\_

D. Client Trial Date                                                              \_\_\_\_/\_\_\_\_/\_\_\_\_

E. Personal Representative Phone #(s)                                      \_\_\_\_\_(H)                                      \_\_\_\_\_(C)

3. Spouse: \_\_\_\_\_ Male / Female                                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children: \_\_\_\_\_ Male / Female                                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children: \_\_\_\_\_ Male / Female                                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children: \_\_\_\_\_ Male / Female                                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Dependents: \_\_\_\_\_ Male / Female                                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. A. Educational Attainment (years completed)  
Elementary \_\_\_\_ High School \_\_\_\_ 2Yr-College \_\_\_\_ 4Yr-College \_\_\_\_ Post College \_\_\_\_

B. Diploma, Certificate and/or Degrees Completed: \_\_\_\_\_

5. A. Job Title at Death \_\_\_\_\_

B. Employer's Name at Death \_\_\_\_\_

C. Nature of Work (briefly describe) \_\_\_\_\_

D. Opportunity for Advancement/Promotion

(Normal)                                      (Special-Explain) \_\_\_\_\_

E. Self Employed? (Yes) (No)

F. Company Retirement Age \_\_\_\_\_

6. Earning History and Records:

**Please provide earnings records for five (5) years, and attach income tax records 1040, wage statements-W2's.**

A. Pre-Accident/Injury  
Employer Annual Earnings Dates (From/To) \_\_\_\_\_

B. Post-Accident/Injury  
Employer Annual Earnings Dates (From/To) \_\_\_\_\_

C. If working today in pre-accident/injury position  
Provide current rate of pay \_\_\_\_\_

D. If union contract employee, please supply copies of contracts pre and post injury/accident.

7. Fringe Benefits  
Specify amount in dollars paid by employer (annually) on behalf of injured employee:
- Pre-Death
- |                                           |          |
|-------------------------------------------|----------|
| 1. Group Health/Hospitalization Insurance | \$ _____ |
| 2. Life Insurance                         | \$ _____ |
| 3. Retirement Plan (401K, IRA, or other)  | \$ _____ |
| 4. Stock Options                          | \$ _____ |
| 5. Social Security                        | \$ _____ |
| 6. Workman's Compensation                 | \$ _____ |
| 7. Vacation                               | \$ _____ |
| 8. Sick Pay                               | \$ _____ |
| 9. Other (explain)                        | \$ _____ |
8. Household Services: Kindly specify number of hours 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 (provided receipts)  
Burial and Death Expenses \$ \_\_\_\_\_
10. If deceased was not employed or a minor, please attach the 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.