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**CHECKLIST OF INFORMATION NEEDED FOR APPRAISAL  
OF THE WRONGFUL DEATH OF A RETIRED ADULT**

**Part I. Information About the Case**

1. Full name of case
2. Provide a copy of the complaint filed by the plaintiff in this case, or provide a brief description of the circumstances giving rise to this matter if no complaint has yet been filed.
3. Court in which the case will be tried if it does not settle
4. Name of the judge that will hear the case
5. Name(s) of attorney(s) representing the defendant(s)
6. Expected date of trial
7. Date by which you wish to have my appraisal report in your hands

**Part II. Personal Information About the Decedent**

1. Full name, date of birth, sex and race of the decedent; address and phone of nearest relative
2. Date of accident or incident
3. Date of death
4. Education: name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
5. State of general health of the decedent prior to the accident (incident). Indicate whether the decedent had average health and life expectancy; if not average, please explain.
6. Did the decedent smoke? If so, how much?
7. Did the decedent drink alcohol? If so, how much?
8. What was the decedent's height and weight?
9. Had the decedent ever been convicted of a crime? If so, please explain.

**Part III. Family Longevity**

1. Dates of birth (and dates of death if applicable) of parents and grandparents
2. Dates of birth (and dates of death if applicable) of siblings

**Part IV. Employment and Retirement Pension Information**

1. Primary occupation and years employed, as well as the prospective occupation (if any).
2. Occupational training received (on-the-job, special training, etc.)
3. Provide information on any earnings from work of the decedent for 5 years immediately preceding the accident or incident. Give hard evidence of these earnings by providing copies of tax returns, W-2 forms, or other employer payroll records.
4. Provide information about any fringe benefits provided to the decedent arising out of decedent's

employment.

5. Provide information about pension income from Social Security, private employers, military, railroad, or any other source of pension income. For each type of pension income, indicate what happened to the amount received after the decedent's death, e.g., if the pension ceased at death, so state; if the decedent's spouse began receiving a reduced pension, so state.

### Part V. Information About Spouse, Children and Other Dependents

1. Name, date of birth, sex and race of spouse; date of marriage
2. Education of spouse (use Part II, #4 above)
3. Employment of spouse (use Part IV above)
4. State of general health of the spouse. Did the spouse smoke? If so, how much? Did the decedent drink alcohol? If so, how much?
5. Names and dates of birth of any children, or any other dependents
6. Pension income received by spouse and the way this changed when the decedent died
7. If any children lived with the decedent and his wife, did any of these children have any health problems? If so, please explain.
8. Did any of the dependents work to help support the household?

### Part VI. Household Services Performed

1. Please provide the information on the attached household services checklist
2. What is the prevailing cost (per hour or per day) of hiring someone in the local labor market to provide the services the decedent provided?

### Part VII. Decedent's Expenditures for Personal Maintenance

As deemed necessary under applicable law, please complete the attached decedent's expenditure checklist

### Part VIII. Information About the Person Completing This Questionnaire

1. Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Date Questionnaire Completed: \_\_\_\_\_