

PEPPEL, GRICE & PALAZZOLO, P.C.

ATTORNEYS AND COUNSELLORS  
SUITE 205  
474 PERKINS EXTENDED  
MEMPHIS, TENNESSEE 38117

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(901) 761-3140 FAX (800) 929-6550

HOWARD R. PEPPEL  
CHASITY SHARP GRICE  
PAOLA PALAZZOLO-WEST

TOM P. MITCHELL  
1913 - 2003  
BARBARA D. MacINTOSH  
(Retired)

July 23, 2019

CLIENT INFORMATION WORKSHEET- CONSERVATORSHIP

PART I - PERSONAL DATA

NAME of DISABLED PERSON: \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent a U.S. citizen? Yes: \_\_\_ No: \_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Medical history/Diagnosis: \_\_\_\_\_

Physician Name, Address, and Telephone Number: \_\_\_\_\_

NAME of PROPOSED CONSERVATOR: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Can we e-mail you all pertinent documents about your case? Yes No

Date of Birth: \_\_\_\_\_

Relationship to Disabled Person: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Owe debt to Proposed Ward? Yes No

Convicted of any felonies or crimes involving  
dishonesty? Yes No

Filed bankruptcy? If so, when? \_\_\_\_\_

Is the Disabled Person in agreement with you serving as Conservator? Yes No

Are all of the next of kin agreement with you serving as Conservator? Yes No

NAME of ALTERNATE PROPOSED CONSERVATOR: \_\_\_\_\_

Street Address: \_\_\_\_\_



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**PART III: KNOWN ASSETS OF THE DISABLED PERSON:**

**Please list the values of the decedent's assets, if known.**

	<b>Address/Account Number/Name of Holding Institution</b>	<b>Value</b>	<b>Is Asset Co-Owned</b>
Real Estate: Home			Yes No
Real Estate: Other			Yes No
Stocks/Bonds/Mutual Funds			Yes No
Checking Account			Yes No
Savings Account			Yes No
CDs/Money Market			Yes No
IRAs and 401k/403(b)			Yes No
Vehicles			Yes No
Household furniture			Yes No
Life insurance			Yes No
Prepaid burial and funeral plans			Yes No
Firearms/Art/Gold			Yes No
<b>TOTAL VALUE</b>			

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**PART IV: INCOME OF THE DISABLED PERSON:**

**Please list the values of the disabled person's income, if known.**

	<b>Address/Account Number/Name of Holding Institution</b>	<b>Amount</b>
Social Security		
Other Income		
Dividend Income		
Interest Income		
<b>TOTAL INCOME</b>		

**PART V- DEBTS OR EXPENSES OF THE DISABLED PERSON**

<b>Name of Creditor</b>	<b>Contact Person (Address/Telephone #)</b>	<b>Account No.</b>	<b>Amount Due</b>	<b>When Bill Due</b>
				Monthly Annually Quarterly
				Monthly Annually Quarterly
				Monthly Annually Quarterly
				Monthly Annually Quarterly

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