“Taking Care of Business”

The Cancer Legal Resource Center has designed this information sheet so that you can collect and keep personal and financial information in one place. Keep it in a safe place known to your spouse and other loved ones. Update it as needed. And, feel free to modify and/or change it to meet your particular and special needs.

1. **GENERAL INFORMATION**

Name: ______________________________________________________________________

Home Address: ______________________________________________________________________
___________________________________________________________________________

Phone: (Home) ____________________________ (Work) _____________________________

Employer/Work Address: ______________________________________________________________________
___________________________________________________________________________

Work Telephone: ____________________________

Date of Marriage: ____________________________

Date of Separation/Divorce (if applicable): ____________________________

Children of this Marriage:

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<tr>
<th>Name</th>
<th>Date of Birth</th>
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Other Children:

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2. INVENTORY OF ASSETS
(Assets include things like homes, real estate, investments, business interests, bank accounts, pensions, retirement benefits, life insurance policies, lines of credits, and personal property such as vehicles, jewelry and furniture.)

a. Real Property
i. Type of Property and Address: ________________________________________________

Lender (s) [Name and Address]: ________________________________________________

Account Number: __________________ Date of Purchase: ________________

Amount of Debt Owed: _________________________________________________________

Your estimate of the current selling price: _______________________________________

Your estimate of the equity in the property: ______________________________________

What is your plan for the use or sale of the property: _____________________________

Other issues regarding the property: _____________________________________________

ii. Type of Property and Address: ______________________________________________

Lender (s) [Name and Address]: ________________________________________________

Account Number: __________________ Date of Purchase: ________________

Amount of Debt Owed: _________________________________________________________

Your estimate of the current selling price: _______________________________________

Your estimate of the equity in the property: ______________________________________

What is your plan for the use or sale of the property: _____________________________

Other issues regarding the property: _____________________________________________

b. Financial Assets
i. Life Insurance

Name/Address of Insurance Co.: ________________________________________________

Phone: _____________________________ Policy Number: _____________________________

Face Value: ________________________ Cash Surrender Amount: ____________________
Insured Party: ________________________________________________________________

Beneficiaries: _________________________________________________________________

Discussion Issues Regarding Life Insurance: ________________________________________

Name/Address of Insurance Co.: __________________________________________________

Phone: _________________________ Policy Number: ________________________________

Face Value: _________________________ Cash Surrender Amount: ____________________

Insured Party: ________________________________________________________________

Beneficiaries: _________________________________________________________________

Discussion Issues Regarding Life Insurance: ________________________________________

ii. Pensions, Retirement Benefits, Profit Sharing

Type of Benefit: ______________________________________________________________

Name of Administrator: _________________________________________________________

Address: ____________________________________________________________________

Phone: ___________________________ Plan Number: _______________________________

Current Amount: ____________________ In the Name Of: _____________________________

Beneficiaries: _________________________________________________________________

Type of Benefit: ______________________________________________________________

Name of Administrator: _________________________________________________________

Address: ____________________________________________________________________

Phone: ___________________________ Plan Number: _______________________________

Current Amount: ____________________ In the Name Of: _____________________________

Beneficiaries: _________________________________________________________________


Type of Account/Name of Institution/Account Number: ______________________________
Balance: ___________________________ Maturity Date: _____________________________

Number of Shares (if applicable): _________________________________________________

Special Circumstances/Discussion Issues: __________________________________________

Type of Account/Name of Institution/Account Number: _______________________________

Balance: ___________________________ Maturity Date: _____________________________

Number of Shares (if applicable): _________________________________________________

Special Circumstances/Discussion Issues: __________________________________________

Type of Account/Name of Institution/Account Number: _______________________________

Balance: ___________________________ Maturity Date: _____________________________

Number of Shares (if applicable): _________________________________________________

Special Circumstances/Discussion Issues: __________________________________________

iv. Business Interests

Name and Nature of Business: ____________________________________________________

Ownership/Partnership/Name: ____________________________________________________

Date Acquired: ________________________ Salary: _________________________________

Buy/Sell Agreement: ____________________ Insurance Policies: _______________________

Special Circumstances/Discussion Issues: __________________________________________

Name and Nature of Business: ____________________________________________________

Ownership/Partnership/Name: ____________________________________________________

Date Acquired: ________________________ Salary: _________________________________

Buy/Sell Agreement: ____________________ Insurance Policies: _______________________

Special Circumstances/Discussion Issues: __________________________________________

c. Personal Property

(Personal property includes vehicles, jewelry, furniture, appliances, art work, etc.)
3. INVENTORY OF DEBTS, CREDIT CARDS, ETC.

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<th>Name of Creditor</th>
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