



## “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:

Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Children:

Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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: \_\_\_\_\_

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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: \_\_\_\_\_

**iii. Bank Accounts, Investment Accounts, Lines of Credit, Stock Certificates, Etc.**

**Type of Account/Name of Institution/Account Number:** \_\_\_\_\_

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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.)

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<u>Item:</u>	<u>Location of Item:</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

**3. INVENTORY OF DEBTS, CREDIT CARDS, ETC.**

<b>Type of Account</b>	<b>Number</b>	<b>Name of Creditor</b>
------------------------	---------------	-------------------------

_____	_____	_____
Monthly Payment	Amount Owed	
_____	_____	

<b>Type of Account</b>	<b>Number</b>	<b>Name of Creditor</b>
------------------------	---------------	-------------------------

_____	_____	_____
Monthly Payment	Amount Owed	
_____	_____	

<b>Type of Account</b>	<b>Number</b>	<b>Name of Creditor</b>
------------------------	---------------	-------------------------

_____	_____	_____
Monthly Payment	Amount Owed	
_____	_____	

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<b>Type of Account</b>	<b>Number</b>	<b>Name of Creditor</b>
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_____	_____	_____
Monthly Payment	Amount Owed	

<b>Type of Account</b>	<b>Number</b>	<b>Name of Creditor</b>
------------------------	---------------	-------------------------

_____	_____	_____
Monthly Payment	Amount Owed	

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