

PEPPEL, GRICE & PALAZZOLO, P.C.

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

(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)

CLIENT INFORMATION WORKSHEET

PART 1: PERSONAL DATA

Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Are you a U.S. citizen? Yes: __ No: __
Ever been married before? If yes, how many times? ____

Spouse's Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Is spouse a U.S. citizen? Yes: __ No: __
Ever been married before? If yes, how many times? ____

CHILDREN'S INFORMATION:

Table with 6 columns: Name, Living?, Age, Birthdate, Married?, City/State of Residence. It contains six rows of blank lines for data entry.

For each child, state the name of the child's other parent if not your present spouse. _____

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OTHER DEPENDENTS, IF ANY:

| | | |
|-------|-------|------------|
| Name: | Age: | Residence: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

GRANDCHILDREN'S INFORMATION

| | | | |
|-------|-------|------------|-------------------|
| Name: | Age: | Birthdate: | Names of parents: |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

| | | | |
|-------|---------------|---------|------------|
| Name: | Relationship: | Living? | Residence: |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |

List, as well, the same information for your spouse's parents and siblings.

| | | | |
|-------|---------------|---------|------------|
| Name: | Relationship: | Living? | Residence: |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |

Please provide the following information regarding any former marriages:

| | | |
|-----------------------|---------|--------------------------|
| Name of former spouse | Living? | Date of Death or Divorce |
|-----------------------|---------|--------------------------|

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| | | |
|-------|--------|-------|
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |

Please provide the following information regarding your spouse's former marriages, if any:

| Name of former spouse | Living? | Date of Death or Divorce |
|-----------------------|---------|--------------------------|
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Tennessee? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Spouse presently has a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

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PART II-a
YOUR DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will: _____

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
 _____ remaining share at age ____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
 _____ remaining share at age ____

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PART II-b
SPOUSE'S DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will: _____

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
 _____ remaining share at age ____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age _____
 _____ percent at age _____
 _____ percent at age _____
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PART III-a - YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____

1st Alternate Executor: _____

2nd Alternate Executor: _____

3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

Alternate Power of Attorney: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____

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Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

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PART III-b - SPOUSE'S DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____

1st Alternate Executor: _____

2nd Alternate Executor: _____

3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

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Name of Guardian: _____

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3rd Alternate Guardian: _____

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Name of Power of Attorney: _____

Address: _____

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Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

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PART IV - ASSETS

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____
Traveler's checks: _____
Money orders: _____

ACCOUNTS

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

REAL ESTATE: (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____

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Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

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Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____) \$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification

Location

Value

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RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

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LIFE INSURANCE:

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

ANNUITIES:

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face Amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

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Vehicle identification number: _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

Year: ____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

**PART V
YOUR ADVISORS**

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Name of Accountant: _____
Address: _____
Phone No.: _____

Name of Insurance Agent: _____
Address: _____
Phone No.: _____

Name of Investment Advisor: _____
Address: _____
Phone No.: _____

Other: _____

Other: _____

**YOUR SPOUSE'S ADVISORS
IF DIFFERENT FROM ABOVE**

Name of Accountant: _____
Address: _____
Phone No.: _____

Name of Insurance Agent: _____
Address: _____
Phone No.: _____

Name of Investment Advisor: _____
Address: _____
Phone No.: _____

Other: _____

Other: _____