

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)

September 28, 2017

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: _____

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)

PART III: KNOWN ASSETS OF THE DISABLED PERSON:

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

	Address/Account Number/Name of Holding Institution	Value	Is Asset Co-Owned
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
TOTAL VALUE			

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)

PART IV: INCOME OF THE DISABLED PERSON:

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

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

PART V- DEBTS OR EXPENSES OF THE DISABLED PERSON

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

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)

				Monthly Annually Quarterly
				Monthly Annually Quarterly