

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)

July 23, 2019

CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

NAME of CHILD (party in need of guardianship): _____

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: _____

School _____

Physician: _____

Name and Address of Parents: _____

Does the child have any children? If so, please list the name and age of each child:

NAME of PROPOSED GUARDIAN: _____

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 Proposed Ward: _____

Owe debt to Proposed Ward? ___ Convicted of any felonies or crimes involving
dishonesty? _____

Filed bankruptcy? If so, when? _____

If you are not the biological parent, are all of the next of kin agreement with you serving as
Conservator? Yes No

NAME of ALTERNATE PROPOSED GUARDIAN: _____

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Street Address: _____

City and State: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____

Can we contact via email if needed? Yes No

Relationship to Decedent: _____

PART II – INTERESTED PARTIES

PARENTS OR NEXT OF KIN TO THE CHILD:

Name	Living	Relationship	Disabled	Address	Date of Birth
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		
	Yes/No		Yes/No		

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PART III: ASSETS OF THE CHILD:

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			

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PART IV: INCOME OF THE CHILD:

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

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

PART IV- DEBTS OR EXPENSES OF THE CHILD:

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
				Monthly Annually Quarterly

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				Monthly Annually Quarterly
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