

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- TRUSTEE SERVICES

PART I - PERSONAL DATA

NAME of DISABLED PERSON/BENEFICIARY: _____

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 TRUSTEE: _____

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 Disabled Person? Yes No

Convicted of any felonies or crimes involving
dishonesty? Yes No

Filed bankruptcy? If so, when? _____

NAME of GUARDIAN/CONSERVATOR OF DISABLED PERSON (if not trustee):

Street Address: _____

City and State: _____ Zip Code: _____

Home #: _____ Cell #: _____

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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 Disabled Person? Yes No

Convicted of any felonies or crimes involving
dishonesty? Yes No

Filed bankruptcy? If so, when? _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER of DISABLED PERSON: _____

Street Address: _____

City and State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Date of Birth: _____

Social Security Number: _____

Date and place of marriage/domestic partnership: _____

Status of Spouse: ___ Living ___ Deceased ___ Under Conservatorship

DISABLED PERSON'S CHILDREN INFORMATION:

Table with 6 columns: Name, Living, Minor, Disabled, Address, Date of Birth. It contains 5 rows for child information.

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	Yes/No	Yes/No	Yes/No		
	Yes/No	Yes/No	Yes/No		
	Yes/No	Yes/No	Yes/No		

PART III: KNOWN ASSETS OF THE DISABLED PERSON:

Please list the values of the assets, if known.

	Address/Account Number/Name of Holding Institution	Value	Is Asset Co-Owned
Real Estate: Home			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
Life insurance			Yes No
Prepaid burial and funeral plans			Yes No
TOTAL VALUE			

PART IV: INCOME OF THE DISABLED PERSON:

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

