

Disability Rights Legal Center



Cancer Legal Resource Center

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The CLRC is a joint program of the Disability Rights Legal Center & Loyola Law School

“TAKING CARE OF BUSINESS”

The Cancer Legal Resource Center has designed this information sheet so that you can collect and keep a lot of personal and financial information in one place. In this way, you, your spouse and other loved ones can “take care of business” and then go on to other things. 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

2. INVENTORY OF ASSETS

(Assets include such things as homes, real estate, investments, business interests, bank accounts, pensions, retirement benefits, life insurance policies, lines of credit, and personal property such as vehicles, jewelry and furniture).

A. Real Property

1. 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: _____

2. 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: _____

3. 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

1. Life Insurance

a. Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

b Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

2. Pensions, Retirement Benefits, Profit Sharing

(1) Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In The Name Of: _____

Beneficiaries: _____

(3) Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In The Name Of: _____

Beneficiaries: _____

(3) Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In The Name Of: _____

Beneficiaries: _____

3. Bank Accounts, Investment Accounts, Lines of Credit, Stock Certificates, etc:

(1) Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

(2) Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

(3) Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

4. Business Interests

(1) Name and Nature of Business: _____

Ownership/Partnership/Names: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

(2) Name and Nature of Business: _____

Ownership/Partnership/Names: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

(3) Name and Nature of Business: _____

Ownership/Partnership/Names: _____

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.)

<u>Item:</u>	<u>Location of the Item:</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

