

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

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

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“Taking Care of Business”

The Cancer Legal Resource Center has designed this information sheet so that you can collect and keep personal and financial information in one place. 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 things like homes, real estate, investments, business interests, bank accounts, pensions, retirement benefits, life insurance policies, lines of credits, and personal property such as vehicles, jewelry and furniture.)

a. Real Property

i. **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: _____

ii. **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

i. Life Insurance

Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

ii. Pensions, Retirement Benefits, Profit Sharing

Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In the Name Of: _____

Beneficiaries: _____

Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In the Name Of: _____

Beneficiaries: _____

iii. Bank Accounts, Investment Accounts, Lines of Credit, Stock Certificates, Etc.

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

iv. Business Interests

Name and Nature of Business: _____

Ownership/Partnership/Name: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

Name and Nature of Business: _____

Ownership/Partnership/Name: _____

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.)

Item:

Location of Item:

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

9.

9.

10.

10.

3. INVENTORY OF DEBTS, CREDIT CARDS, ETC.

Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed	
_____	_____	

Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed	
_____	_____	

Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed	
_____	_____	

Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed	
_____	_____	

Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed	
_____	_____	

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