



# The Law Office

OF DANA L. WHITE, PLLC

## CLIENT INFORMATION WORKSHEET

Return to [legal@danawhitefamilylaw.com](mailto:legal@danawhitefamilylaw.com)

### PART I - PERSONAL DATA

**YOUR NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name you preferred to be called: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Preferred time/method of contact: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ DL # and State: \_\_\_\_\_

SSN: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Ever been convicted of a felony? \_\_\_\_\_

**NAME of DECEDENT:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Was Decedent a U.S. citizen? \_\_\_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Did Decedent have a Will? \_\_\_\_\_ Date of Will: \_\_\_\_\_

Location of Will, if any: \_\_\_\_\_

Location of Codicils, if any: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ DL # and State: \_\_\_\_\_

SSN: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Ever been convicted of a felony? \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_



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Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ DL # and State: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Ever been convicted of a felony? \_\_\_\_\_

## PART II – DECEDENT’S BENEFICIARIES or HEIRS AT LAW

**NAME OF SPOUSE:** \_\_\_\_\_  
Status of Spouse: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Under Conservatorship  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_

## CHILDREN'S INFORMATION:

- 1. Name:** \_\_\_\_\_  
Male or female \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_
- 2. Name:** \_\_\_\_\_  
Male or female \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_
- 3. Name:** \_\_\_\_\_  
Male or female \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_



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**4. Name:** \_\_\_\_\_  
Male or female \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_

**5. Name:** \_\_\_\_\_  
Male or female \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_

**6. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

**1. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Male or female: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**2. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Male or female: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**3. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Male or female: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_



**GRANDCHILDREN'S INFORMATION:**

- 1. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of parent who is a child of decedent: \_\_\_\_\_
- 2. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of parent who is a child of decedent: \_\_\_\_\_
- 3. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of parent who is a child of decedent: \_\_\_\_\_
- 4. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of parent who is a child of decedent: \_\_\_\_\_
- 5. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of parent who is a child of decedent: \_\_\_\_\_
- 6. Name:** \_\_\_\_\_  
Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_  
Complete address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_



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Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of parent who is a child of decedent: \_\_\_\_\_

**7. Name:** \_\_\_\_\_

Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_

Complete address: \_\_\_\_\_

County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of parent who is a child of decedent: \_\_\_\_\_

**8. Name:** \_\_\_\_\_

Male or female: \_\_\_\_\_ Age: \_\_\_\_\_ Living? \_\_\_\_\_

Complete address: \_\_\_\_\_

County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of parent who is a child of decedent: \_\_\_\_\_

**OTHER RELATIVES:** Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____



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List, as well, the same information for the surviving spouse's/partner's parents and siblings:

Name:	Relationship:	Living	Residence:
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____
_____	_____	Yes/No _____	_____

Please provide the following information regarding decedent's former marriages, if any:

1. Name: \_\_\_\_\_ Living? \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_  
Marriage ended by: ☐ divorce ☐ death of that spouse  
Date of divorce: \_\_\_\_\_ Date of death: \_\_\_\_\_
2. Name: \_\_\_\_\_ Living? \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_  
Marriage ended by: ☐ divorce ☐ death of that spouse  
Date of divorce: \_\_\_\_\_ Date of death: \_\_\_\_\_
3. Name: \_\_\_\_\_ Living? \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_  
Marriage ended by: ☐ divorce ☐ death of that spouse  
Date of divorce: \_\_\_\_\_ Date of death: \_\_\_\_\_



### PART III - DECEDENT'S DESIGNEES

**TRUSTEE** (i.e., the person designated in the Will to be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries)

Name of Trustee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person designated in the Will to take physical care of any minor children should both parents die)

Name of Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

3rd Alternate Guardian: \_\_\_\_\_

### PART IV - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

#### CASH:

Cash on hand: \_\_\_\_\_

Traveler's checks: \_\_\_\_\_

Money orders: \_\_\_\_\_



**ACCOUNTS:**

**1. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**2. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**3. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**4. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**5. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**6. Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_





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**REAL ESTATE:** (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**1. Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**2. Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**3. Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

\_\_\_\_\_



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Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**MINERAL INTERESTS:** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

**1. Name of mineral interest/lease/well:** \_\_\_\_\_

Type of interest: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**2. Name of mineral interest/lease/well:** \_\_\_\_\_

Type of interest: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**3. Name of mineral interest/lease/well:** \_\_\_\_\_

Type of interest: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

## **BROKERAGE /MUTUAL FUND ACCOUNTS:**

**1. Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_



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Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**2. Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**3. Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**4. Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**5. Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_



**STOCKS, BONDS & OTHER SECURITIES:** (include securities not in a brokerage account, mutual fund, or retirement fund)

**1. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**2. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**3. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**4. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**5. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_



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Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

**Item Identification**

**Location**

**Value**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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\_\_\_\_\_  
\_\_\_\_\_  
**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

**Name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

## LIFE INSURANCE:

**Name of insurance company:** \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_



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Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES:**

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_



**MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.** (including mobile homes, trailers, and recreational vehicles)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_





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Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY:** (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_



**SAFE DEPOSIT BOXES:**

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

\_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

\_\_\_\_\_

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

\_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

\_\_\_\_\_

**PART V - DEBTS**

**MEDICAL BILLS:**

1. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

2. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

3. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

4. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

5. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

6. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

7. Name of doctor or institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Amount Owed: \_\_\_\_\_



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**CREDIT CARDS:**

1. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
2. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
3. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
4. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
5. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
6. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
7. Creditor: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

**OTHER DEBTS NOT OTHERWISE LISTED HEREIN**

1. Name of Creditor: \_\_\_\_\_  
Description of debt: \_\_\_\_\_  
Account or Loan #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
2. Name of Creditor: \_\_\_\_\_  
Description of debt: \_\_\_\_\_  
Account or Loan #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
3. Name of Creditor: \_\_\_\_\_  
Description of debt: \_\_\_\_\_  
Account or Loan #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
4. Name of Creditor: \_\_\_\_\_  
Description of debt: \_\_\_\_\_  
Account or Loan #: \_\_\_\_\_ Amount Owed: \_\_\_\_\_



Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.