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## Client Information Form - Conservatorship

**Proposed Conservator Legal Name:** \_\_\_\_\_

Single     Married     Not Married     Widowed

**Spouse's Full Legal Name:** \_\_\_\_\_

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

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**Email:** \_\_\_\_\_

**Does Conservatee Have a Living Trust?**     Yes     No

**If yes, Name of Trust:**

\_\_\_\_\_

**Date of Trust:** \_\_\_\_\_

**Trust Type:**     Revocable     Irrevocable

**Power of Attorney if Incapacitated?**     Yes     No

If yes, please provide: \_\_\_\_\_

**Health Care Directive Agent;**     Yes     No

If yes, please provide: \_\_\_\_\_

**Conservator's Children's Names, Address & Phone #:**

- |          |                   |
|----------|-------------------|
| 1. _____ | DOB or Age: _____ |
| 2. _____ | DOB or Age: _____ |
| 3. _____ | DOB or Age: _____ |
| 4. _____ | DOB or Age: _____ |

**Conservator's Grandchildren's Names, Address & Phone #:**

- |          |                   |
|----------|-------------------|
| 1. _____ | DOB or Age: _____ |
| 2. _____ | DOB or Age: _____ |
| 3. _____ | DOB or Age: _____ |

4. \_\_\_\_\_ DOB or Age: \_\_\_\_\_

**Asset List:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Financial Information**

Bank Accounts: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

Stocks, Bonds, Mutual Funds, Securities: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

**Approx. \$**

IRA's, TSA's, 401k, Other Retirement Plans: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 2. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 3. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 4. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Approx. \$**

Partnerships, Corporations, Business Interests: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

**Approx. \$**

Life Insurance: (Please list Co. name, acct# & beneficiary name below)

- 1. \_\_\_\_\_ Acct#: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 2. \_\_\_\_\_ Acct#: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Personal Property: (Please address & net value below)

- 1. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

- 3. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

Real Estate: (Please address & net value below)

- 1. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

**Proposed Conservatee's Full Legal Name:** \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Bond Application?**  Yes  No

**Reasons why a Conservator is needed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Deficiencies?**  Yes  No

**If yes, Please Explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Activities of Daily Living:</b>	<b>Severe</b>	<b>Moderate</b>	<b>Mild</b>	<b>None</b>
Bathing and showering (washing the body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel and bladder management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating (including chewing and swallowing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

