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*ADMITTED TO PRACTICE IN
NEW YORK, NEW JERSEY AND FLORIDA

**ADMITTED TO PRACTICE IN
NEW YORK AND NEW JERSEY

CRITICAL INFORMATION WORKSHEET

LAST UPDATED ON: _____

Name: _____

I. ASSETS

a. Real Estate

- Location _____
- Title _____
- Location of Deed _____
- Mortgage _____

- Location _____
- Title _____
- Location of Deed _____
- Mortgage _____

- Location _____
- Title _____
- Location of Deed _____
- Mortgage _____

b. Bank Accounts

- Bank Name: _____
- Account Title: _____
- Account Number: _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- Bank Name: _____
- Account Title: _____
- Account Number: _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

c. Location Safe Deposit Box(es)

- _____
- _____
- _____

d. Investment Accounts

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Is there a Designated Beneficiary? If so, who? If possible, attach a stamped Beneficiary Designation Form to this sheet*

e. Retirement /Pension Accounts

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Account Title:** _____
- **Account Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

f. Life Insurance

- **Bank Name:** _____
- **Policy Type:** _____
- **Policy Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Policy Type:** _____
- **Policy Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

- **Bank Name:** _____
- **Policy Type:** _____
- **Policy Number:** _____
- *Who is the Designated Beneficiary? If possible, attach a stamped Beneficiary Designation Form to this sheet*

g. Art, Fine Jewelry and Collectibles (Include contact information of who to go to for appraisal, insurance, and/or sales purposes)

h. Business Interests, Partnerships, LLC interests

i. Debts/Loans/Mortgages Owed to you

II. LIABILITIES

a. **Credit Cards (List name, account number, account holder)**

b.

III.

IV. ESTATE PLANNING DOCUMENTS