



## ESTATE PLANNING WORKSHEET

***Please return this Worksheet to us at least 5 business days prior to our meeting*** (this will ensure we have enough time to understand the specifics of your situation before our meeting).

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

**HIGHLIGHTED SECTIONS ARE REQUIRED FOR YOUR CONSULTATION.**

---

1551 N. Tustin Ave, Suite 1020, Santa Ana, California 92705

Phone: (714) 972-2333 | Fax: (714) 972-2296

[Kim.Lazaro@mrclawcorp.com](mailto:Kim.Lazaro@mrclawcorp.com)

[www.mrclawcorp.com](http://www.mrclawcorp.com)

## PERSONAL INFORMATION

Your Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_  
 (other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

Date of Marriage \_\_\_\_\_

Spouse's Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_  
 (other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

## SUMMARY OF VALUES

*In order to get a general idea of your assets please complete the information below. We will discuss this information further at your meeting.*

ASSETS	AMOUNT		
	You	Spouse	Total/Community
<b>Real Property</b>	\$ _____	\$ _____	\$ _____
<i>List all real property addresses (include separate page as needed)</i>	_____	_____	_____
_____	_____	_____	_____
<b>Furniture and Personal Effects</b>	\$ _____	\$ _____	\$ _____
<b>Bank and Savings Accounts</b>	\$ _____	\$ _____	\$ _____
<b>Stocks and Bonds</b>	\$ _____	\$ _____	\$ _____
<b>Life Insurance and Annuities</b>	\$ _____	\$ _____	\$ _____
<b>Retirement Plans</b>	\$ _____	\$ _____	\$ _____
<b>Business Interests</b>	\$ _____	\$ _____	\$ _____
<b>Money owed to you</b>	\$ _____	\$ _____	\$ _____
<b>Anticipated Inheritance, etc.</b>	\$ _____	\$ _____	\$ _____
<b>Other</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

## CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

*(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)*

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death
- By reducing estate administration costs through probate avoidance
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

## Protect Yourself and Your Spouse

- From malpractice or other creditor claims
  - From conservatorship proceedings if you or your partner become incapacitated
  - From probate delays and stress upon your death or the death of your partner
  - From hospital policies requiring life sustaining procedures when you would rather not endure them
  - From healthcare decisions made by people other than those you trust most

## Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
  - From claims of divorced spouses to take half of your child or beneficiary's inheritance
  - From malpractice claims, for beneficiaries in the professions
  - From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the average 18-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
  - From sharing assets with heirs you would rather disinherit
  - From litigation claims by disinherited heirs
    - For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
    - For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
    - For special needs beneficiary only:* from neglect in the government care system

## Achieve your Dreams

- Have clarity about your life purpose, goals and dreams
  - Benefit a charitable organization or activity
  - Support a common family goal through coordinated planning
    - For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
    - For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
    - For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

## IMPORTANT FAMILY QUESTIONS

### YOU

### SPOUSE

- |  |                          |     |                          |    |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|
| <p>Do you have a will, trust, or other estate planning document? <i>If yes, please furnish copies of <b>ALL</b> documents</i></p>                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i></p>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>If married have you and your spouse signed a pre- or post-marriage agreement? <i>Please furnish a copy</i></p>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i></p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Do you have any business interests, including LLCs, corporations, or partnerships? <i>If yes, please furnish copies of the operating agreements(s)</i></p>        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Do you own a long-term care (nursing home) insurance policy?</p>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Do you own any property that is not community property?</p>   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i></p>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i></p>           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i></p>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## DESIGN INFORMATION

The following items will be discussed at your meeting. We will discuss the pros and cons of naming a specific person or persons in each role. Please consider the following items but there is no need to make final decisions at this time.

### PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

#### 1. GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number

Relationship

---

---

---

---

---

---

---

---

#### 2. FINANCIAL DECISION MAKERS

**DEATH TRUSTEE:** After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

---

---

---

---

---

---

---

---

**3. HEALTH CARE DECISION MAKERS**

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**YOUR AGENT**

**Name, Address, and Phone Number**

**Relationship**

---

---

---

**SPOUSE'S AGENT**

**Name, Address, and Phone Number**

**Relationship**

---

---

---

**ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.**