



ESTATE PLAN REVIEW 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.

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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.

SUMMARY OF VALUES

Please provide us a current, updated summary of your assets. This will help us determine if any new tax laws may affect you or the changes you wish to make to your trust.

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

**If you have any new business interests, including LLCs, corporations, or partnerships, please furnish copies of the operating agreement(s)*

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

Use full legal name

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

ADVISORS

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

DESIGN INFORMATION

If you plan to update or remove agents from your trust, these are some items to think about for our 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

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