



## 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.

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

*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	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>	\$ _____	\$ _____	\$ _____

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

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**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.)*

<b>Name</b>	<b>Birth date</b>	<b>Parent or Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADVISORS**

<b>Name</b>	<b>Telephone</b>
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

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### 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

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### 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**

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#### SPOUSE'S AGENT

**Name, Address, and Phone Number**

**Relationship**

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