

REVIEW, RESTATEMENT & AMENDMENT WORKBOOK



Matter Type

☐

Review

☐

Restatement

☐

Amendment

Client Name:

Address:



Estate Of

Trust Name:

Documents Provided

☐

Trust

☐

Will(s)

☐

Financial POA(s)

☐

Health Care Directive(s)

Objective

Note

Please note that for our Firm to Review, Restate or Amend your Plan as effectively as possible, we need the most up to date versions of your Estate Planning Documents. We are only responsible for Reviewing, Restating or Amending Documents we receive.



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