



JOHNSON LEGAL, PLLC

123 N. CARDINAL EXTENSION DRIVE, STE. 100

WILMINGTON, NC 28405

P 910/319-7373 F 910/821-0001

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ESTATE PLANNING WORKSHEET[®] FOR: _____

Directions: Not every section will apply to you and your situation. Leave these areas blank or write "N/A". If you are unsure of an answer, or would rather discuss it in person, leave the section blank. If you need more room, please write on the back of the corresponding sheet. Upon completion, please deliver it to Johnson Legal, PLLC, 123 N. Cardinal Extension Drive, STE. 100 Wilmington, NC 28405, or scan/email it via secure portal to Shane@JohnsonLegal.us. Call 910-319-7373 if you have any questions.

What are the top four priorities you have that your estate plan will address? (circle four)

Avoiding probate | Reducing attorney/court fees | Maintaining privacy | Deciding who gets what | Providing for my incapacity | Protecting assets from creditors | Having one plan for consistency | Providing for my spouse | Avoiding estate taxes | Providing for my children | Transfer of family business | Providing for disabled or problematic child | Reducing estate size through gifts | Providing for grandchildren | Protecting children's inheritance from failed marriage | Providing for minor children | Avoiding will contests | Disinheriting someone

1. Children & Family Members (use full legal names)

Name: _____ Sex: M/F Birth Date: _____

Relationship: _____ City/State/Zip: _____

Name: _____ Sex: M/F Birth Date: _____

Relationship: _____ City/State/Zip: _____

Name: _____ Sex: M/F Birth Date: _____

Relationship: _____ City/State/Zip: _____

Name: _____ Sex: M/F Birth Date: _____

Relationship: _____ City/State/Zip: _____

2. Advisors (Roles: CPA, financial advisor, life insurance agent, attorney)

Name: _____ Role: _____

Company: _____ Phone: _____

Account #: _____ Email: _____

Name: _____ Role: _____

Company: _____ Phone: _____

Account #: _____ Email: _____

Name: _____ Role: _____

Company: _____ Phone: _____

Account #: _____ Email: _____

Name: _____ Role: _____

Company: _____ Phone: _____

Account #: _____ Email: _____



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3. Current Situation (*circle either Yes or No if this applies to one or both spouses*)

- A. Are you receiving Social Security, disability, or other government benefits? Yes/No
B. Are you making any payment because of divorce, property settlement, or court order? Yes/No
C. Have you been widowed? Yes/No C1. Have you ever filed federal or state gift tax returns? Yes/No
D. Have you completed previous will, trust, or estate planning? Yes/No
E. Do you support any charities for which you would like to make provisions for? Yes/No
F. Are you currently the beneficiary of anyone else's trust? If so, for whom: _____
G. Do any of your children have special educational, medical, or physical needs? Yes/No
H. Do any of your children receive governmental support or benefits? Yes/No
I. Do you provide primary financial support to adult children or others? Yes/No
J. Do you own any guns? Yes/No If so, are any of them Title II weapons? Yes/No
K. Do you have a safety deposit box? Yes/No Do you own any gold or crypto currencies? Yes/No

4. Property Information

A. Real Property

Property Address: _____ Owner(s): _____

Property Type: _____ Value: \$ _____ Mortgage Balance: \$ _____

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Property Type: _____ Value: \$ _____ Mortgage Balance: \$ _____

B. Furniture and Person Effects (*List separately only personal effects of large value*)

Description: _____ Value: \$ _____ Owner(s): _____

Description: _____ Value: \$ _____ Owner(s): _____

Description: _____ Value: \$ _____ Owner(s): _____

C. Vehicles, Boats, & RV's

Description/Year: _____ Value: \$ _____ Owner(s): _____

Description/Year: _____ Value: \$ _____ Owner(s): _____

D. Bank and/or Investment Accounts [Overall Amount Total: \$ _____]

Institution Name: _____ Type: _____ Owner(s): _____

Institution Name: _____ Type: _____ Owner(s): _____

Institution Name: _____ Type: _____ Owner(s): _____

E. Life Insurance Policies (*Types: life, whole life, term, universal life, variable life*)

Insurer: _____ Type: _____ Amount: \$ _____ Owner(s): _____

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F. Retirement Plans (*Types: Pension, Profit Sharing, IRA SEP, 401K*)

Employer: _____ Type: _____ Value: \$ _____ Owner(s): _____



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Employer: _____ Type: _____ Value: \$ _____ Owner(s): _____

G. Business Interests (Types: LLC, Corp, Partnership, with S-Election)

Company: _____ Ownership Interest % or \$: _____

Type of Company: _____ Overall Value of Company: \$ _____

H. Money Owed to You

Debtor/Debt: _____ Amount: \$ _____ Collectable? Yes/No

Debtor/Debt: _____ Amount: \$ _____ Collectable? Yes/No

I. Anticipated Inheritance, Gift, or Lawsuit Judgement

Description: _____ Amount: \$ _____ Expected Date: _____

J. Pets (Describe the name, type of animal, and age of each pet): _____

5. Design Information (Remember: If you select co-trustees, etc. you risk the possibility of indecision.)

A. Who do you trust to serve as the executor of your estate or trustee of your trust? If this individual is not available, who would you select—in the following order? (You may select co-executors or co-trustees)

1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

For Spouse: 1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

B. If you became incapacitated, who would you trust to make financial decisions on your behalf?

1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

For Spouse: 1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

C. Please list any specific bequests you would like to make (E.g., “I would like to give my car to my son.”)

D. Generally, how would you like your property distributed? (E.g., “Equally to my children or their heirs.”)

E. If all your descendants and heirs predecease you, is there a charity or group you would like to name as remote contingent beneficiary? _____

F. Do you have any other concerns or issues that need to be addressed? If so, please write on the back.