



JOHNSON LEGAL, PLLC

1213 CULBRETH DR., STE 448  
WILMINGTON, NC 28411  
910/319-7373  
JOHNSONLEGAL.US

**COUPLES EP WORKSHEET<sup>®</sup> FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Directions:** Complete as much information as possible but skip over areas that do not apply. If you need more room, please write on the back of the corresponding sheet (or on the fillable form there will be room at the end). Upon completion, please fax to 910-256-0630 (ATTN: Shane Johnson), or email it via secure portal to [Shane@JohnsonLegal.us](mailto:Shane@JohnsonLegal.us), or deliver in sealed envelope ATTN: Shane Johnson to 1213 Culbreth Drive, Ste. 448, Wilmington, NC 28405. Call 910-319-7373 with Q's.

What are the top four priorities you have that your estate plan will address? (*circle/select only 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 name*)

Name: \_\_\_\_\_ Sex: M/F Birth Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M/F Birth Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M/F Birth Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M/F Birth Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Email: \_\_\_\_\_



**3. Current Situation (select either Yes or No)**

- 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
- D. Have you ever filed federal or state gift tax returns? Yes No
- E. Have you completed previous will, trust, or estate planning? Yes No
- F. Do you support any charities for which you would like to make provisions for? Yes No
- G. Are you currently the beneficiary of anyone else's trust? If so, for whom: \_\_\_\_\_
- H. Do any of your children have special educational, medical, or physical needs? Yes No
- I. Do any of your children receive governmental support or benefits? Yes No
- J. Do you provide primary financial support to adult children or others? Yes No
- K. Do you own any guns? Yes/No If so, are any of them Title II weapons? Yes No
- L. 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 (Types: single-family, commercial, open land, other) Any Reverse Mortgages? Yes No

Property Address: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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

- B. Furniture and Person Effects (only items of significant value)

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

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

- C. Cars, Trucks, Vehicles, Boats, & RV's

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

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

- D. Bank and/or Investment Accounts [Approximate Total on deposit: \$ \_\_\_\_\_]

Institution Name: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Institution Name: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Institution Name: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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

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

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

- F. Retirement Plans (Types: pension, profit sharing, 401K, IRA, other)

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

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



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**G. Business Interests (Types: corporation, LLC, partnership, other)**

Company: \_\_\_\_\_ Ownership Interest %: \_\_\_\_\_

Type of Company: \_\_\_\_\_ S Election? Yes No 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 (name, type, and age of each pet): \_\_\_\_\_**

**5. Design Information (Note: If you select even-numbered co-trustees you risk deadlock.)**

**A.** Who do you trust to serve as the executor of your will or trustee of your trust? If this individual is not available, who would you select—in the following order? (E.g., write “Co-trustee John Foy” to identify a co-trustees)

1<sup>st</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

2<sup>nd</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

For Spouse: 1<sup>st</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

2<sup>nd</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

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

1<sup>st</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

2<sup>nd</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

For Spouse: 1<sup>st</sup> Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

2<sup>nd</sup> 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 (all your relatives are dead), is there a charity 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, add in additional space/page.



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**Additional Space**