



JOHNSON LEGAL, PLLC

123 N. CARDINAL EXTENSION
DRIVE, SUITE 100
WILMINGTON, NC 28405
P 910/319-7373 F 910/821-0001
JOHNSONLEGAL.US

INDIVIDUAL EP WORKSHEET[®] 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, or deliver in sealed envelope ATTN: Shane Johnson to 123 N. Cardinal Extension Drive, Suite 100, 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

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

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

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: _____



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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): _____

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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: _____ Amount: \$ _____ Collectable? Yes No

Debtor: _____ 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 (*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*)

1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

3rd Name(s): _____ Relation: _____

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

1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

C. If you become incapacitated, who would you trust to make health care decisions on your behalf?

1st Name(s): _____ Relation: _____

2nd Name(s): _____ Relation: _____

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

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

F. If all your descendants and heirs predecease you (all your relatives are dead), is there a charity or group you would like to name as remote contingent beneficiary? _____

G. 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