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BASIC ESTATE PLANNING FORM

DATE: _____

NAME: _____ DOB: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL: _____

EMPLOYER: _____ TITLE: _____

SPOUSE'S NAME: _____

CHILD 1: _____ Biological/Stepchild/Adopted? _____

CHILD 2: _____ Biological/Stepchild/Adopted? _____

CHILD 3: _____ Biological/Stepchild/Adopted? _____

CHILD 4: _____ Biological/Stepchild/Adopted? _____

DO YOU WISH TO BE BURIED OR CREMATED? _____

DO YOU WISH TO HAVE A FUNERAL AND/OR SERVICE: _____

IF YES, WHERE? _____

Appointments & Designations

Executor

(The person that will handle all of your affairs, file you Will with the Probate Court and distribute your gifts/property to your heirs (i.e. to your spouse, children, grandchildren, church, charity, etc.))

EXECUTOR: _____

SUCCESSOR EXECUTOR: _____

Guardian

(The person that will take care of and raise your minor child/children or incapacitated adult)

GUARDIAN: _____

SUCCESSOR GUARDIAN: _____

Trustee

(The person that will manage the money and assets in the Trust on behalf of your minor child/children or incapacitated adult)

TRUSTEE: _____

SUCCESSOR TRUSTEE: _____

Power of Attorney

(The person who will handle all of your personal and business affairs in the event that you become incapacitated. Cannot be used for Healthcare or Medical decisions.)

POWER OF ATTORNEY: _____ Phone Number: _____

Address: _____

SUCCESSOR POWER OF ATTORNEY: _____ Phone Number: _____

Address: _____

Healthcare Agent

(The person who makes healthcare decisions on your behalf in the event that you become incapacitated)

HEALTHCARE AGENT: _____ Phone Number: _____

Address: _____

SUCCESSOR HEALTHCARE AGENT: _____ Phone Number: _____

Address: _____

Signature _____

Date: _____