

# TAMIKA M. JOHNSON

ATTORNEY AT LAW

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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? \_\_\_\_\_

CHILD 5: \_\_\_\_\_ Biological/Stepchild/Adopted? \_\_\_\_\_

CHILD 6: \_\_\_\_\_ Biological/Stepchild/Adopted? \_\_\_\_\_

DO YOU WISH TO BE BURIED OR CREMATED? \_\_\_\_\_

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

IF YES, WHERE? \_\_\_\_\_

\_\_\_\_ Initials

[www.JohnsonLawPractice.com](http://www.JohnsonLawPractice.com)

## Appointments & Designations

### Executor

*(The person that will handle all of your affairs, file your 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: \_\_\_\_\_

**ASSEST DESCRIPTIONS & LOCATIONS**

**FINANCIAL**

BANK ACCOUNT: \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

BANK ACCOUNT: \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

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BANK ACCOUNT: \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

LIFE INSURANCE POLICY 1: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

LIFE INSURANCE POLICY 2: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

STOCKS, BONDS, ANNUITIES: \_\_\_\_\_ VALUE: \_\_\_\_\_

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SAFE DEPOSIT BOX LOCATION: \_\_\_\_\_

**REAL ESTATE/PROPERTY:**

REAL ESTATE/HOUSE ADDRESS 1: \_\_\_\_\_

REAL ESTATE/HOUSE ADDRESS 2: \_\_\_\_\_

REAL ESTATE/HOUSE ADDRESS 3: \_\_\_\_\_

**VEHICLES:**

VEHICLE DESCRIPTION: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **OTHER DISTRIBUTIONS**

*\*Do not use this page for a "Basic Will Package"  
\*This form should only used for an "Enhanced Wills Package" and/or "Trusts"*

<u><b>GIFT</b></u>	<u><b>LOCATION</b></u>	<u><b>BENEFICIARY</b></u>	<u><b>RELATIONSHIP</b></u>

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