



JOHNSON LAW GROUP INTERNATIONAL *PLLC*

## ESTATE PLANNING INFORMATION FORM

*Confidential attorney-client information. Please fill out this form online, save it on your computer and email it to us as an attachment.*

Name of client:

Address:

Telephone number:

E-mail address:

Social Security Number:

Date of birth:

Name of client:

Address:

Telephone number:

E-mail address:

Social Security Number:

Date of birth:

Name(s) and date(s) of birth of minor children:

1. Name and contact information for personal representative

Name:

Address:

Telephone number:

Relationship to client:

2. Name and contact information for alternate personal representative

Name:

Address:

Telephone number:

Relationship to client:

3. Name and contact information for the person responsible for making health-care decisions

Name:

Address:

Telephone number:

Relationship to client:

4. Name and contact information for the alternate person responsible for making health-care decisions

Name:

Address:

Telephone number:

Relationship to client:

5. Name and contact information for the guardian of minor children

Name:

Address:

Telephone number:

Relationship to client:

6. Name and contact information for the alternate guardian of minor children

Name:

Address:

Telephone number:

Relationship to client:

7. Name and contact information for the estate trustee

Name:

Address:

Telephone number

Relationship to client:

8. Name and contact information for the alternate estate trustee

Name:

Address:

Telephone number

Relationship to client:

## 9. Itemization of specific bequests to specific individuals

Description of item 1:

Name of beneficiary:

Address:

Telephone number:

Relationship to client:

Description of item 2:

Name of beneficiary:

Address:

Telephone number:

Relationship to client:

Description of item 3:

Name of beneficiary:

Address:

Telephone number:

Relationship to client:

Description of item 4:

Name of beneficiary:

Address:

Telephone number:

Relationship to client:

Description of item 5:

Name of beneficiary:

Address:

Telephone number:

Relationship to client:

10. Statement by each person as to general thinking about the use of life-sustaining or life-prolonging interventions in the event of terminal illness, from less interventionist to more interventionist: