

STEPHEN M. JOHNSON  
ATTORNEY AT LAW  
JOHNSON LAW KC LLC  
*The KC Estate Planner*

Phone: (913) 707-9220  
P.O. Box 25281  
Shawnee Mission, KS 66225-5281

Email: [steve@johnsonlawkc.com](mailto:steve@johnsonlawkc.com)  
Web: [JohnsonLawKC.com](http://JohnsonLawKC.com)  
Practicing in Kansas and Missouri

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

No copying or transmission without the Attorney or the Client's authorization.  
All information in this questionnaire is protected by the attorney-client privilege  
and other state and/or federal law.

No information in this questionnaire will be released to any third party without  
Client's prior permission.

Please complete the following questions as specifically and honestly as possible  
to ensure the best estate plan for your unique needs. The Attorney needs to  
know about particular family dynamics or potential inheritance issues (e.g. a child  
with special needs, a child who is not good with money, or a child in a high risk  
profession). Financial figures can be approximate, but need to be accurate for  
the Attorney to determine whether estate or gift tax issues may exist.

The U.S. estate tax law applies in 2025 at a maximum rate of 40% for estates  
over \$13.99 million/spouse (\$27.98 million/married couple). For 2025, tax free  
gifts can be made, up to \$19,000/recipient/year. There is no state estate or gift  
tax.

If you have questions or need more questionnaires, please email  
[steve@johnsonlawkc.com](mailto:steve@johnsonlawkc.com) or call (913) 707-9220. Thank you very much for the  
opportunity to serve your estate planning needs.



## GENERAL INFORMATION

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_  
Your email: \_\_\_\_\_

Best way to contact you: Mail/Email/Home phone/Work phone/Cell phone  
Special instructions re days, times, if OK to leave voicemail: \_\_\_\_\_

Have you been married before: Yes/No  
If yes, married ended by: \_\_\_\_\_

(Please attach extra sheets as needed for additional children or grandchildren. If children or grandchildren are from a different marriage or relationship, or a family situation that would impact your estate plan, please indicate/explain that.)

## WILL INFORMATION

Have you executed a will or codicil (will revision) before? Yes/No  
If yes, when? \_\_\_\_\_

If you have executed a will or codicil before, please bring those documents to your appointment.

An Executor will handle your estate, pay your remaining bills, and distribute property to your heirs. Many people name a trusted family member or friend, or their bank as executor.

Your will:

Executor \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Alternate 1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Alternate 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

If you died leaving minor children, who would you want to care for your children (guardian) and their assets (conservator)?

Guardian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Guardian 1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Guardian 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

Conservator \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Conservator 1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Conservator 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to your children \_\_\_\_\_ Phone \_\_\_\_\_

#### PROPERTY DISTRIBUTION

(Please attach extra sheets as needed)

Who would you like to receive your personal property? You can designate different keepsakes or heirlooms for various family members or friends and change your list without an attorney. This list is usually separate from your will and should be written, signed, and dated. The list should be kept with your will and a copy given to your attorney to help your executor.

How would you like your estate distributed? Equal shares to each heir? Favor one person over another? Any special family considerations? Should surviving children take their parent's share?

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Do any of your children or grandchildren have special education or medical needs? If so, we can establish special needs trusts and/or ensure that their inheritance does not interfere with their care under various governmental programs.

Need

Person

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Is there any real estate, business interest, or other property that you would like to keep in the family?

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Would you like to make any cash or property gifts to a friend, your place of worship, your college, or a charity?

To \_\_\_\_\_ Address \_\_\_\_\_  
Property to be given \_\_\_\_\_ Value \_\_\_\_\_

To \_\_\_\_\_ Address \_\_\_\_\_  
Property to be given \_\_\_\_\_ Value \_\_\_\_\_

To \_\_\_\_\_ Address \_\_\_\_\_  
Property to be given \_\_\_\_\_ Value \_\_\_\_\_

To \_\_\_\_\_ Address \_\_\_\_\_  
Property to be given \_\_\_\_\_ Value \_\_\_\_\_

Property in your estate

Real property (house, real estate, farm land, vacation home, time share, etc.)

Description/Address      Ownership (joint, individual)      Value

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Additional information re property managers, rental companies, crop harvests, special arrangements with caretakers or other individuals?

Personal property (special collections, stamps, electronics, books, keepsakes, family heirlooms, art collections, furniture, etc.)

Description      Ownership (joint, individual)      Value

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|  |                             |             |
|--|-----------------------------|-------------|
| <b>LIFE INSURANCE</b>  |                             |             |
| (1) Company _____  | Insured _____               | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| (2) Company _____  | Insured _____               | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| (3) Company _____  | Insured _____               | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| <b>RETIREMENT PLANS, PENSIONS, IRAs, 401(k)s, etc.</b>                       |                             |             |
| (1) Company _____  | Type (IRA, Roth, etc) _____ | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| Inherited? Yes/No  | RMD started? Yes/No         |             |
| (2) Company _____  | Type (IRA, Roth, etc) _____ | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| Inherited? Yes/No  | RMD started? Yes/No         |             |
| (3) Company _____  | Type (IRA, Roth, etc) _____ | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| Inherited? Yes/No  | RMD started? Yes/No         |             |
| (4) Company _____  | Type (IRA, Roth, etc) _____ | Owner _____ |
| Beneficiary _____<br>value _____   | Death benefits _____        | Cash _____  |
| Inherited? Yes/No  | RMD started? Yes/No         |             |
| <b>BANK ACCOUNTS (checking, savings, money market funds, CDs, HSAs, etc)</b> |                             |             |
| (1) Company _____  | Type _____                  | Owner _____ |

Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

(2) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?

(3) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

(4) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

SECURITIES (brokerage accounts, stocks, bonds, mutual funds, other investments)

(1) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

(2) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

(3) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

(4) Company \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_  
Cash value \_\_\_\_\_ POD? Yes/No \_\_\_\_\_ To Whom?  
\_\_\_\_\_

VEHICLES (cars, trucks, motorcycles, boats, RVs, helicopters, aircraft, ATVs)

(1) Make/model/year \_\_\_\_\_ Type \_\_\_\_\_ Owner

Value \_\_\_\_\_ Location (if not home) \_\_\_\_\_

(2) Make/model/year \_\_\_\_\_ Type \_\_\_\_\_ Owner

Value \_\_\_\_\_ Location (if not home) \_\_\_\_\_

(3) Make/model/year \_\_\_\_\_ Type \_\_\_\_\_ Owner

Value \_\_\_\_\_ Location (if not home) \_\_\_\_\_

Private businesses (private companies, family businesses, small businesses, etc.)

| Name/location | % held/ # shares | Entity types | Value of holdings |
|---------------|------------------|--------------|-------------------|
|---------------|------------------|--------------|-------------------|

## OTHER INCOME

Do you receive income or principal distributions from a trust? Yes/No

If yes, please explain

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Do you anticipate receiving an inheritance? Yes/No

If yes, please explain from whom, when, and what amount

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Do you receive royalties from patents, copyrights, trademarks, or other intellectual property? Yes/No

If yes, please explain

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## TAXES:

Have you given (or plan to give) gifts in excess of \$17,000 in 2023? Yes/No

If yes, please state to whom, the amount, and whether you filed a gift tax return (if so, please provide Attorney with a copy)

Did you give gifts to children or friends in excess of \$16,000 in 2022? Yes/No

If yes, please state to whom, the amount, and whether you filed a gift tax return (if so, please provide Attorney with a copy)

## TRUSTS:

Have you executed a living trust before? Yes/No

If yes, when?

If you have executed a living trust before, please bring those documents to your appointment

A trustee manages your trust's assets for the beneficiaries. Many people name a trusted family member or friend, or their bank as a trustee or co-trustee.

Your trust:

Trustee \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Successor 1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Successor 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for taking the time to complete this form. It will help our law firm to prepare your estate planning documents. Please bring this completed form and related documents to your appointment or mail them to the firm. We look forward to working with you.