



**ROBERT FORQUER**

**ATTORNEY AND COUNSELOR AT LAW**

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**ESTATE PLANNING QUESTIONNAIRE**

<b>NAME:</b>
<b>COUNTRY OF RESIDENCE.</b>
<b>(IF MARRIED) NAME OF SPOUSE:</b>

**ADMINISTRATION INFORMATION**

Information regarding the name of the person that you would like to administer your estate in accordance with your will.

<b>NAME OF PERSON APPOINTED TO ADMINISTER YOUR ESTATE:</b>
<b>ADDRESS OF ADMINISTRATOR:</b>
<b>ALTERNATE ADMINISTRATOR:</b>
<b>ADDRESS OF ALTERNATE:</b>

**HEIR INFORMATION**

If you have children, please provide the following for each child. Simply put N/A if not applicable. If Please provide any special circumstances or needs please provide that information in the "Special Needs" box. You may also use that space if you have additional children.

<b>NAME:</b>	<b>NAME:</b>	<b>NAME:</b>
<b>BIRTH DATE:</b>	<b>BIRTHDATE:</b>	<b>BIRTHDATE:</b>
<b>DECEASED:</b>	<b>DECEASED:</b>	<b>DECEASED:</b>
<b>SPECIAL NEEDS:</b>		

If you have under age children, please specify the name of the guardian you wish to appoint until the child is eighteen.

<b>NAME:</b>
<b>ADDRESS:</b>



List any personal or real property that you would love to go to a particular person.

ASSET	RECIPIENT

List the names of people or the organizations that you would like to receive all, or part, of your estate. Please include percentages.

RECIPIENT	PERCENTAGE

If you have any additional special requests, or you were unable to complete any of the forms above, please use the space provided to do so

**SPECIAL REQUESTS:**