

110 MATTHEWS STATION ST., STE 1E MATTHEWS, NC 20105. TELEPHONE 704.360.5175

## **ESTATE PLANNING QUESTIONNAIRE**

NAME:		
COUNTRY OF RESIDENCE.		
(IF MARRIED) NAME OF SPOUSE:		
Information regarding the name of th	ADMINSIATRATION INFORMATION e person that you would like to administer your est	ate in accordance with your will.
NAME OF PERSON APPOINTED TO ADMINSITRATE Y	OUR ESTATE:	
ADDRESS OF ADMINISTRATOR:		
ALTERNATE ADMINISTRATOR:		
ADDRESS OF ALTERNATE:		
needs please provide that information in	HEIR INFORMATION I for each child. Simply put N/A if not applicable. If I In the "Special Needs" box. You may also use that sp	ace if you have additional children.
NAME:	NAME:	NAME:
BIRTH DATE:	BIRTHDATE:	BIRTHDATE:
DECEASED:	DECEASED:	DECEASED:
SPECIAL NEEDS:		
If you have under age children, please specify the name of the guardian you wish to appoint until the child is eighteen.		
NAME:		
ADDRESS:		

## **HEALTH CARE**

List the name and address of a person you wish to make health care decisions on your behalf should you be unable.

FIRST CHOICE NAME:

ALTERNATE NAME:

ADDRESS:

ALTERNATE ADDRESS:	
List the name and addres	POWER OF ATTORNEY s of a person you wish to designate as your power of attorney should you be unable.
FIRST CHOICE NAME:	
ADDRESS:	
ALTERNATE NAME:	
ALTERNATE ADDRESS:	
you may own (individu	ESTATE CONTENTS: ding bank accounts, stocks, IRA's, real estate, motor vehicles, life insurance, and any other asset that ually or shared with another person) and each asset's estimated monetary worth. state is less than 5 million dollars, you may leave this section blank.
ASSET TYPE	ESTIMATED WORTH

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

ASSET	RECIPIENT
List the names of peop	e or the organizations that you would like to receive all, or part, of your estate. Please include percentages.
RECIPIENT	PERCENTAGE
NEON IEM	
If you have any additional a	
ii you nave any additional s	pecial requests, or you were unable to complete any of the forms above, please use the space provided to do so
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SPECIAL REQUESTS:	