

Will Information Questionnaire

Type of Will	Individual <input type="checkbox"/>	Couple <input type="checkbox"/>
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To be completed at Appointment:

Date Instructions received: _____

Who was in attendance? _____

Appointment to sign? _____

Person 1

Full Legal Name: _____

Also Known As: _____

Date of Birth: _____

Occupation: _____

Place of Birth: _____

Email Address: _____

Person 2

Full Legal Name: _____

Also Known As: _____

Date of Birth: _____

Occupation: _____

Place of Birth: _____

Email Address: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Marriage Particulars (Previous Marriages or Common Law Relationships, Separation Agreements, etc.)

Single

Previously separated but reconciled

Engaged

Divorced

Married

Widowed

Currently Separated

Cohabiting

Notes: _____



CHILDREN INFORMATION**Children from this relationship:**

Full Legal Name: _____ Date of Birth: _____

Address: _____

Full Legal Name: _____ Date of Birth: _____

Address: _____

Full Legal Name: _____ Date of Birth: _____

Address: _____

Children from previous relationships:

Full Legal Name: _____ Date of Birth: _____

Address: _____

Name of Parent: _____

Address of Parent: _____

Full Legal Name: _____ Date of Birth: _____

Address: _____

Name of Parent: _____

Address of Parent: _____

Full Legal Name: _____ Date of Birth: _____

Address: _____

Name of Parent: _____

Address of Parent: _____

Other Dependents:

Full Legal Name: _____ Date of Birth: _____

Address: _____

Full Legal Name: _____ Date of Birth: _____

Address: _____

Do any of your children have disabilities? Yes NoPredeceased children? Yes No

GUARDIAN INFORMATION

Primary Guardian

Full Legal Name: _____

Address: _____

Relationship: _____

Alternate Guardian

Full Legal Name: _____

Address: _____

Relationship: _____

EXECUTOR INFORMATION

Executor

Full Legal Name: _____

Address: _____

Relationship: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Alternate Executor

Full Legal Name: _____

Address: _____

Relationship: _____

GENERAL DISTRIBUTION OF ESTATE

Specific bequests of chattels/cash bequests to charities, relatives, friends:

Please be specific with descriptions. Ex: vehicle make, model, colour, and VIN number

Full Name of Recipient: _____

Description of Item: _____

Full Name of Recipient: _____

Description of Item: _____

Full Name of Recipient: _____

Description of Item: _____

Full Name of Recipient: _____

Description of Item: _____

DIVISION OF ESTATE

My spouse or partner is to receive 100% of the residue of my estate Yes No (*please specify*)

On the death of my spouse or partner, the remainder is to be distributed to my children or others as stated below Yes No (*please specify*)

My estate is to be divided equally among all my children, but they are not to receive their inheritance until they have reached the age of 19 Yes No (*please specify*)

My estate is to be divided equally among all my children. If a child predeceases me, his or her share of my estate is to be divided equally among:

His or her children **OR** My other children **OR** Other (*please specify*)

Alternate distribution if spouse and children predecease you, or have no spouse/children:

Full Legal Name: _____

Address: _____

Relationship: _____

Portion of Residue: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Portion of Residue: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Portion of Residue: _____

Full Legal Name: _____

Address: _____

Relationship: _____

Portion of Residue: _____

FUNERAL ARRANGEMENTS

Name: _____

Do you wish to be Buried Cremated

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes?
If yes, please describe below. *Please inform your family of your wishes and request that they honour them.* Yes No

Have any prepaid arrangements been made? (if yes, with whom?) Yes No

Would you like your Trustee to claim remuneration for acting as Trustee in addition to any gift or benefit you give them? Yes No

Name: _____

Do you wish to be Buried Cremated

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes?
If yes, please describe below. *Please inform your family of your wishes and request that they honour them.* Yes No

Have any prepaid arrangements been made? (if yes, with whom?) Yes No

Would you like your Trustee to claim remuneration for acting as Trustee in addition to any gift or benefit you give them? Yes No

GENERAL INFORMATION REGARDING ESTATE

Do you own a company? Yes No Is it incorporated? Yes No

Company info: _____

Property

Real Estate (principal residence, recreational, investment)

Address: _____

Legal description (if known): _____

Estimated value: _____

Address: _____

Legal description (if known): _____

Estimated value: _____

Do you own any property outside of British Columbia? Outside of Canada? If yes, specify below.

Bank Accounts & Term Deposits

Name on Account: _____

Financial Institution: _____

Account No.: _____

Amount: _____

Name on Account: _____

Financial Institution: _____

Account No.: _____

Amount: _____

RRSPs, Mutual Funds, Investment Portfolios:

Name on Account: _____

Plan Issuer: _____

Account No.: _____

Designated Beneficiary: _____

Amount: _____

Name on Account: _____

Plan Issuer: _____

Account No.: _____

Designated Beneficiary: _____

Amount: _____

Insurance Policies:

Insurance Company: _____
 Policy No.: _____
 Owner: _____
 Designated Beneficiary: _____
 Amount: _____

Digital and electronic information and online accounts

Name on Account: _____
 Description: _____
 Estimated Value: _____

Name on Account: _____
 Description: _____
 Estimated Value: _____

Does anyone owe you any money? (If yes, please specify below) Yes No

LIABILITIES**Mortgages**

Financial Institution: _____
 Amount: _____

Other

Description: _____
 Amount: _____

Description: _____
 Amount: _____

Approximate Net Worth: _____

Do you have a Safety Deposit Box? Yes No

Location: _____