

**WILL INSTRUCTIONS QUESTIONNAIRE**

This Will Instructions Questionnaire was prepared to assist you when deciding your testamentary intentions. Please complete those sections that are applicable to you.

Date: \_\_\_\_\_

**A. PERSONAL AND FAMILY PARTICULARS**

1. Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Occupation: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Marital Status (including plans to marry): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Do you have a marriage contract?: \_\_\_\_\_

Support Obligations: Are you presently obliged to support any child or former partner? \_\_\_\_\_

2. Spouse's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

3. Children: Please provide the full names and dates of birth of all your children, both natural or adopted. Please note with "\*" any child of a former marriage of either you or your spouse; with "\*\*\*" any child who may be disabled; and with "\*\*\*\*" any child who has died.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **SUMMARY OF ASSETS** – please note if asset is not located in British Columbia

	Party <u>A</u>	Party <u>B</u>	Both <u>Names</u>
1. <u>Total Cash and Term Deposits:</u>	\$ _____	\$ _____	\$ _____

2. Life Insurance:

<u>Name of Insurance Company</u>	<u>Owner of Policy</u>	<u>Designated Beneficiary</u>	<u>Amount</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. RRSP or RRIF:

<u>Name of Institution</u>	<u>Owner of RRSP/RRIF</u>	<u>Designated Beneficiary</u>	<u>Amount</u>
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_____			
_____			
_____			

	<u>Her Name</u>	<u>His Name</u>	<u>Joint Names</u>
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4. Stocks and Bonds:      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

5. Pension Plans/Annuities:

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

6. Describe any interest you may have in any proprietorships, partnerships or private companies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Real Estate:

#1

#2

Address	_____	_____
Registered Owner(s)	_____	_____
Joint Tenancy or Tenancy in Common?	_____	_____
Estimated Value	\$ _____	\$ _____

Mortgage Balance (estimated)	\$ _____	\$ _____
Mortgage Life insured?	YES/NO	YES/NO
Approximate equity	\$ _____	\$ _____

8. Personal Effects:

Approximate value of household goods, furniture, jewellery, boats and automobiles: \$ \_\_\_\_\_

Are any of these articles owned jointly with someone else? YES/NO  
If so, what, and with whom? \_\_\_\_\_

\_\_\_\_\_

9. Do you have any real or personal property located outside of British Columbia other than property previously noted? If so, please specify below:

\_\_\_\_\_  
\_\_\_\_\_

10. Miscellaneous:

(a) Interests in any existing estates or trusts: \_\_\_\_\_

\_\_\_\_\_

(b) Other substantial assets: \_\_\_\_\_

\_\_\_\_\_

C. **SUMMARY OF DEBTS:** (other than mortgages previously noted)

<u>Creditor</u>	<u>Life insured?</u>	<u>Amount</u>
_____	Yes/No	\$ _____
_____	Yes/No	\$ _____
_____	Yes/No	\$ _____

D. **WILL PARTICULARS:**

1. Full name, address, occupation, and relationship to you (if any) of possible executor(s) and alternate executor(s), including your spouse.

Primary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Full name, address, and relationship to you of guardian(s) and alternate guardian(s) for infant children.

Primary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any specific articles you wish to gift to any particular person(s)? If so, please provide the full name, address, and relationship to you of any such beneficiary below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you wish to make any cash gifts to relatives, friends or charities? If so, please provide full name, address and relationship to you (if any) of any such beneficiary below:

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5. Do you wish to provide a trust fund for anyone? For instance, funds could be held in trust for a parent or a handicapped child during his/her lifetime after which the funds would, for example, form part of the residue of your estate.

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6. (a) Do you wish to leave the residue of your estate to your spouse if he/she survives you? \_\_\_\_\_

- (b) If your spouse fails to survive you, do you wish to leave your estate to your children? \_\_\_\_\_

- (c) If your children are minors:  
(i) at what age do you wish them to receive their share of your estate? \_\_\_\_\_

- (ii) if any child fails to survive to that age, do you wish his/her children, if any, to receive that share of your estate?  
\_\_\_\_\_

(d) If no spouse or child survives you, who do you wish to receive the residue of your estate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(e) If not your spouse or children, to whom do you wish to leave the residue of your estate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(f) If your instructions are other than as contemplated by 6 (a) to (e) above, please outline those instructions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you wish to limit the investment discretion of your trustee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you have funeral or burial wishes which you would like mentioned in your Will and, if so, what are those wishes?

\_\_\_\_\_  
\_\_\_\_\_

9. Do you have an existing Will and, if so, what is its date and location?

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\_\_\_\_\_

E. **OTHER COMMENTS OR INSTRUCTIONS**

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If there is some urgency to this matter or you have issues which you would like to discuss with us prior to returning this questionnaire to us, please do not hesitate to call us.

If you do not hear from us within a week of mailing this information sheet, please feel free to contact us.