



Deborah L. Barron

B a r r i s t e r & S o l i c i t o r

Will Questionnaire

The following questionnaire will provide us with information that I will use to draft a will that will reflect your decisions regarding the distribution of your estate and regarding the people who will be responsible for dealing with your estate

REFERRED BY: _____

I. FAMILY INFORMATION

Personal Information

Full Name:

Spouse Name:

List any other names you and/or your spouse are know by including previous surname(s)

Date of Birth ____/____/____
DD/MM/YYYY

Date of Birth ____/____/____
DD/MM/YYYY

Place of Birth
Town/City_____

Place of Birth
Town/City_____

Province _____

Province _____

Country _____

Country _____

Citizenship _____

Citizenship _____

Present Address

Present Address

Home Phone _____

Bus. Phone _____

Cell Phone _____

E-Mail _____

Occupation (as you would like it stated in your Will)

Employer _____

Employer's Address _____

Home Phone No _____

Bus. Phone _____

Cell Phone _____

E-Mail _____

Occupation _____

Employer _____

Employer's Address _____

Marriage Information

Marital Status _____

Marital Status _____

Date and Place of Marriage _____

Previous Marriages Yes No

Previous Marriages Yes No

*If yes, name of previous spouse(s) and date of death/divorce/separation

Obligation pursuant to previous marriage (e.g. spousal and child maintenance):

If you are single, separated or divorced

(a) Are you planning on marrying in the near future? Yes No
If yes, to whom _____

(b) Are you cohabiting with anyone? Yes No
If yes, with whom: _____

Children

-Number of children _____ (please include stepchildren)

-Are all of the following children from your present marriage? Yes No

-If no, indicate with the appropriate letter beside each child:

P - from previous marriage (husband/wife)

A - adopted

O - born outside of present marriage

1. _____ Name _____ DOB _____ / _____ / _____
MM DD YYYY

Address _____ Marital Status _____

Grandchildren (Names / Ages) _____

2. _____ Name _____ DOB _____ / _____ / _____
MM DD YYYY

Address _____ Marital Status _____

Grandchildren (Names / Ages) _____

3. _____ Name _____ DOB _____ / _____ / _____
MM DD YYYY

Address _____ Marital Status _____

Grandchildren (Names / Ages) _____

Are any of the children or grandchildren mentally or physically incapacitated?

Yes No If yes, please explain.

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? Yes No If yes, please explain.

Have any of your children predeceased you? Yes No

If yes, please give the name and date of death of the deceased child and the names of their children, if any:

II. EXECUTOR(S)

An Executor is the person named in the Will who will administer your estate. The Executor's powers begin immediately upon your death. Fundamentally, the Executor is responsible for gathering in your assets and distributing them according to the terms of your Will, and for paying your legally enforceable debts. The Executor should be someone you trust absolutely.

You may designate one or two or more Executors to act together in administering your estate. As well, an alternate Executor or Executors should also be named in the Will to protect your estate should the initial Executor or Executors be unable or unwilling to act. To avoid the possibility of an Executor or Executors being unwilling to act you should consult with the person you will be naming as Executor and Alternate Executor before executing your Will.

Name of Executor _____

Relationship of Executor to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the named Executor been consulted? Yes No

Name alternate Executor _____

Relationship of alternate Executor to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the alternate Executor been consulted? Yes No

III. DISPOSITION OF ESTATE

You may dispose of your estate to individuals or organizations in amounts or percentages as you see fit.

1. All to your spouse Yes No Other _____

2. If spouse predeceases me _____

 -equally to all children? Yes No

 -different percentages to particular children? Yes No

Details _____

If no children and spouse predeceased me:

 -entire estate to other person _____

 -equal shares of estate to other persons _____

 -% shares to persons as specified _____

 -other _____

3. At what age are your children to receive their share of your estate?

entire estate at (eg. 21) _____ years of age.
____% at _____ years, and the rest at age _____ years.
other _____

The Trustee also has the power to encroach on the residue of the estate for the education, support and maintenance of any minor children, and usually does so in consultation with the named Guardian.

4. If one child dies before you do, or before attaining the age at which he is entitled to his or her share, who will receive that share or the amount thereof remaining?

The children of the deceased child (your grandchildren)
the surviving children only
other _____

5. If no children and my spouse predeceased me:

entire estate to other person _____
equal shares of estate to other specified persons

_____ % shares to persons as specified _____

if one beneficiary predeceases me:

other surviving beneficiaries share equally Yes No
predeceased beneficiary's share to (e.g. children) _____

6. Specific Gifts, Bequests or Legacies: List the items or amounts. (We suggest that you do not list an item unless it is extremely valuable or of great sentimental value, the reason being that if an item is lost or stolen, or otherwise disposed of, a codicil will have to be drawn up to alter the will.)

IV. GUARDIANS

In choosing a Guardian or Guardians for your children, you should keep in mind that age of the intended Guardian. For example, your parents may not be an appropriate choice for the role of Guardian should be someone you trust absolutely.

Your Will should provide for an Alternate Guardian or Guardians in case the intended Guardians not able or not willing to act, or in the event of their untimely death. As well, to avoid the possibility of the named Guardian(s) or Alternate Guardian(s) being unwilling to act, you should consult with the person(s) you will be naming before executing your Will.

Name of Guardian(s) _____

Relationship of Guardian to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the named Guardian been consulted? Yes No

Name of alternate Guardian(s) _____

Relationship of alternate Guardian to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the alternate Guardian(s) been consulted? Yes No

V. **FUNERAL AND BURIAL INSTRUCTIONS**

The named Executor of your estate is the person who is responsible for your funeral arrangements. If you have a special interest in how you would like to see this matter handled (e.g. donation of body or parts thereof, cremation or burial, etc.), a clause can be inserted into your Will to reflect this. Please describe any special wishes you may have in this regard.

ENDURING POWER OF ATTORNEY (EPA)

The EPA is a legal document which allows you to select a person whom you trust to manage your financial matters in the event of your incapacity (mental or physical). The Attorney's powers can begin immediately or upon the happening of a specified event (e.g. you are deemed by a physician to be mentally unable to manage your own financial matter.). The EPA may be revoked by you in writing at any time while you have mental capacity and it ends upon your death or the death of the Attorney. You may designate two or more Attorneys to act on your behalf and it is prudent to appoint an alternative Attorney should your first choice be unable or unwilling to act.

Name of Attorney(s) _____

Relationship of Attorney to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the named Attorney(s) been consulted? Yes No

Name alternate Attorney(s) _____

Relationship of alternate Attorney to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the alternate Attorney(s) been consulted? Yes No

PERSONAL DIRECTIVE (PD)

The PD is a legal document which allows you to make certain health care decisions in advance of your mental incapacity. Through the PD you may select a person whom you trust to manage your personal health care matters in the event of your incapacity. Also, through a PD you may provide information about your personal beliefs and values regarding these personal health matters to guide your Agent. The PD may be revoked in writing at any time you have mental capacity. You may designate two or more Agents to act on your behalf and it is prudent to appoint an alternative Agent should your first choice be unable or unwilling to act.

Name of Agent(s) _____

Relationship of Agent to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the named Agent(s) been consulted? Yes No

Name alternate Agent(s) _____

Relationship of alternate Attorney to you _____

Address _____ City _____

Prov _____ PC _____

Occupation _____ Tel _____

Has the alternate Agent(s) been consulted? Yes No

Do you want to include a **Living Will**? _____ (To answer this question, please refer to the Wills & Estates section of this website (4th paragraph from the bottom of the page)).