

Will Questionnaire

Name:

Address:

Phone:

Email:

Date Will is Required by (Please confirm this date with our office if you require your will in less than 2 weeks):

Basic Immediate Family Information:

- a. Are you married or have you been living in a spousal relationship with someone for 2 years? If yes, please include their full legal name

- b. Do you have any children? Please list full legal names and ages of children

_____ - Spouse is to be Guardian, Executor and Sole Beneficiary (full name):

Alternate Executor(s) should spouse be unable - (usually the same as your spouse, if married):

Name -
Relation -
City/Town -

Name -
Relation -
City/Town -

*If the above was selected, please move down to Distribution of Estate if you have any specific gifts to list or to II. Children

If Spouse is not Guardian, Executor and Sole Beneficiary:

Executor(s) - the person(s) who will manage your estate (usually your spouse, if married):

Name –

Relation –
City/Town –

Name -
Relation -
City/Town -

Alternate Executor(s) - (usually the same as your spouse, if married):

Name -
Relation -
City/Town -

Name -
Relation -
City/Town -

Guardian(s) of Children - In the event your spouse or the child's parent is not alive at the time of your death:

Name -
Relation -
City/Town -

Name -
Relation -
City/Town -

Distribution of Estate:

Note: If you wish to leave specific gifts of property, cash, etc. to beneficiaries you need to specify these gifts in your will.

(a) Specific Gifts of Personal Property or Cash (ie. cars, jewelry, etc.):

____ - I have no directions

____ - To distribute my personal property as follows (are you leaving to the executor to decide, leaving a list, are personal items to be divided equally):

Please give the following gifts to the persons named below:

(b) Disposition of Residue - the balance remaining following the Disposition of Personal Property and Cash listed above:

I. Spouse

____ - Not applicable as I have no spouse (please check and proceed to II below)

or

____ - Spouse is to receive:

Note: If you are not leaving everything to your spouse we need details of your proposed distribution.

II. Children

____ - Not Applicable (if you do not have any children and do not expect to have any children, please check this box and proceed to III below)

Children:

____ - If spouse predeceases, everything to children in equal shares

____ - Everything to children, in equal shares

____ - To children, in unequal shares, as follows:

Please check one of the following, if applicable:

If child does not survive, his/her share of your estate is to be distributed as follows:–

____ - Deceased child's children (your grandchildren) or if none, to deceased child's brothers and/or sisters alive at your death

____ - Deceased child's brothers and/or sisters alive at your death

____ - Deceased child's estate (this could include the spouse of a deceased child - your daughter-in-law or son-in-law)

One of the following should also be checked:

If a minor (someone who is not 18 years of age) is entitled to share in your estate:

____ - Age at which a beneficiary becomes entitled to receive inheritance (prior to that it is most common that gifts for a minor will be held in trust for the education, well being and maintenance of the minor)

If there is a disabled child:

Does the beneficiary qualify for the Disability Tax Credit? Yes or No

This is required to qualify as a Qualified Disability Trust to maintain being taxed at lowest bracket

Does the beneficiary have mental capacity to sign annual declarations for CRA purposes?

Yes or No

One requirement will be for the disabled child to sign an annual declaration. If the child lacks capacity a legal guardian will be required and declarations can't be filed late so it may be worthwhile considering guardianship application immediately.

III. The following clause should also be considered, but is optional unless you have no spouse or children:

_____ - If spouse and ALL children do not survive (entire family dies in common disaster) or you have no spouse or children, the residue of your estate is to be distributed as follows:

Miscellaneous Matters -Use this space to list any other matters you wish to deal with in your Will:

Family Property Act Clause:

_____ - You may want to consider such a clause if your intentions are that your beneficiaries enjoy their inheritance without their share becoming divisible property in accordance with the terms of the Family Property Act.

Power of Attorney

1. _____ - You would you like to appoint the same person/people named as Executor(s) above to be your personal and property attorney

Or

I would like to appoint the following person/people to act as my personal and property attorney:

Name -

Relation -

City/Town -

Name -
Relation -
City/Town -

2. ____ - You would like either or any one of the people named to be able to act (you do not want every person named to have to approve each act);

____ - You would like the people named to act jointly (act together)
 3. ____ - You would like your personal and property attorney to be able to do anything you are able to do with your personal and financial affairs (most common)

____ - You would like your personal and property attorney to have the following authorization:

____ - You would like your personal and property attorney to have the following restrictions:
 4. ____ - Should you become unable to communicate your health care wishes you would like the person/people named as personal and property attorney to make health care decisions for you
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