



BRITANNIA LAW

Business Law, Redesigned.

Will Questionnaire

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Please complete this questionnaire as thoroughly as possible before we meet. This questionnaire will provide us with essential information and help us identify the items that we should discuss with you.

This questionnaire is divided into three parts. Part 1 asks for information about you and your family. Part 2 is intended to highlight some of the decisions that you will need to make before your Will can be finalized. Finally, Part 3 asks you about your assets and finances. Not all questions will apply to your situation. Please call or email us if you have any questions about completing the questionnaire.

PART 1 – PERSONAL INFORMATION

Full name: _____

List any other names you are known by: _____

Date of birth: _____

Address (including postal code) : _____

Home phone: _____

Cell phone: _____

Business phone: _____

Email: _____

Occupation: _____

Employer: _____

Employer's address (including postal code): _____

Citizenship other than Canadian? _____

If yes, where? _____

Do you have a US Green Card? _____

Do you holiday in the US for extended periods each year? _____

Spouse full name: _____

List any other names spouse is known by: _____

Date of birth: _____

Spouse address (including postal code): _____

Spouse home phone: _____

Spouse cell phone: _____

Spouse business phone: _____

Spouse email: _____

Spouse occupation: _____

Spouse employer: _____

Spouse employer's address (including postal code): _____

Spouse citizenship other than Canadian? _____

If yes, where? _____

Does spouse have a US Green Card? _____

MARITAL STATUS

Relationship status: _____

Current spouse name: _____

Date and place of marriage (if applicable): _____

Have you signed a Marriage Agreement? _____

Are you planning to marry in the near future? _____

Are you now cohabiting with anyone? _____

If so, for how long? _____

Cohabitation Agreement? _____

PREVIOUS MARRIAGE

Previous marriage? _____

If yes, name of previous spouse and date of death/divorce/separation: _____

Date and place of marriage: _____

Obligations pursuant to previous marriages/Separation Agreements (IE. spousal/child support)? _____

CHILDREN

Number of children: _____

Are all the children listed below from your present marriage? _____

Are you planning to have more children? _____

<u>Full Name</u>	<u>Female/Male</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Is child is born outside of current marriage or adopted?</u>	<u>Marital Status</u>	<u>Name & Age of Children</u>

Do you or spouse have: any stepchildren, adopted children, or children born outside of marriage?

Are any of your grandchildren: stepchildren, adopted children, or children born outside of wedlock?

Are any of the children or grandchildren physically incapacitated?

Have any of your children predeceased you? _____
If yes, please provide the name and date of the deceased child and name of their children, if any:

If no children, please provide us with information about your next of kin:

Full name: _____
Address: _____
Age: _____
Relationship to you: _____

Full name: _____
Address: _____
Age: _____
Relationship to you: _____

PART 2 – INSTRUCTIONS FOR WILL
EXECUTOR

Full name: _____
Relationship: _____
Date of birth: _____
Address (including postal code): _____

Phone: _____
Email: _____

If you want more than one Executor to act together as Joint Executors, name the other Joint Executor here:

Full name: _____
Relationship: _____
Date of birth: _____

Address (including postal code):

Phone: _____
Email: _____

If you are naming more than two Joint Executors, do they make decisions on a majority bases or do they all have to agree? _____

Alternate Executor:

If you are not naming Joint Executors, and your primary Executor cannot or will not act, name your Alternate Executor here:

Full name: _____
Relationship: _____
Date of birth: _____
Address (including postal code): _____

Phone: _____
Email: _____

GUARDIAN(S) FOR MINOR CHILDREN

Primary Guardian:

Full name: _____
Relationship: _____
Date of birth: _____
Address (including postal code): _____

Phone: _____
Email: _____

If you want more than one Guardian to act together as Joint Guardians, name the other Joint Guardian here:

Full name: _____
Relationship: _____
Date of birth: _____
Address (including postal code): _____

Phone: _____
Email: _____

Alternate Guardian

If you are not naming Joint Guardians and your Primary Guardian cannot or will not act, name your Alternate Guardian here:

Full name: _____

Relationship: _____

Date of birth: _____

Address (including postal code): _____

Phone: _____

Email: _____

If your Alternate Guardian cannot or will not act, name your Second Alternate Guardian(s) here:

Full name: _____

Relationship: _____

Date of birth: _____

Address (including postal code): _____

Phone: _____

Email: _____

BENEFICIARIES

The following choices as to the distribution of your estate are intended to get you thinking about the issues to be discussed with your lawyer.

How do you intend to distribute your estate (IE. all to spouse, in accordance with a customized distribution scheme)?

How do you intend to distribute your estate if your spouse predeceases you (IE. equally to all your children or in accordance with a customized distribution scheme)?

At what age are you children to receive their share of your estate (IE. all at 19, or in incremental percentages until a particular age)?

If one of your children predeceases you, who shall be entitled to their share of your estate (IE. the children of the deceased child, your surviving children only)?

How is your estate to be divided should you, your spouse, all your children, and grandchildren all die in a common accident (IE. split among your and your spouse's parents, your siblings, friends?)

Specified gifts or charitable donations (describe gift and recipient), if any:

Money for Guardians:

If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require:

A lump sum of money to be paid to buy them a larger house, to renovate their current house, to buy a larger vehicle (and so on), to accommodate your children?

If yes, then how much would like to give them for this purpose? \$_____

A monthly amount to be paid to them to assist with the additional monthly expenses they will incur as a result of raising your children?

If yes, then how much would like to give them for this purpose? \$_____

Executor Remuneration

Please advise if you wish to remunerate your Executor. Executors are entitled to receive compensation for the time, effort and expertise that is spent by them in administering your estate. This can be a lump sum amount or a percentage of your estate. In British Columbia, Executors often receive 1%-5% of the gross aggregate value of the Estate. Remuneration is not mandatory.

PART 3 – ASSETS AND FINANCES

This section is designed to provide us with sufficient information to assist you in planning your estate and to ensure we include sufficient powers in your Will. It will also inform your personal representatives of your assets.

REAL ESTATE

Please indicate ownership of assets:

J - Owned jointly by husband and wife

H - Owned by husband

W - Owned by wife

O - Owned by husband and/or wife with some other person (please describe)

Principle Residence:

Civic address: _____

Legal description/PID # (if known): _____

Name(s) on title: _____

Ownership (joint tenancy or tenants in common): _____

Other Land:

Describe use of property: _____

Civic address: _____

Legal description/PID # (if known): _____

Name(s) on title: _____

Ownership (joint tenancy or tenants in common): _____

FINANCIAL INFORMATION

Cash

1. Bank: _____

Address: _____

Type of account: _____

Value: _____

Joint account? _____

Registered owner(s): _____

2. Bank: _____

Address: _____

Type of account: _____

Value: _____

Joint account? _____

Registered owner(s): _____

Guaranteed Investment Certificates (GIC) and Term Deposits

1. Bank: _____

Address: _____

Maturity date: _____

2. Bank: _____

Address: _____

Maturity date: _____

Life Insurance Policies

- 1. Company: _____
 Policy number: _____
 Value: _____
 Beneficiaries: _____
 Type (term/permanent): _____

- 2. Company: _____
 Policy number: _____
 Value: _____
 Beneficiaries: _____
 Type (term/permanent): _____

Segregated Funds

- 1. Company: _____
 Value: _____
 Beneficiaries: _____

- 2. Company: _____
 Value: _____
 Beneficiaries: _____

Pension Plans

- 1. Company: _____
 Beneficiaries: _____

- 2. Company: _____
 Beneficiaries: _____

Registered Educations Savings Plan (RESP)

- 1. Company: _____
 Address: _____
 Value: _____

- 2. Company: _____
 Address: _____
 Value: _____

Registered Retirement Savings Plan (RRSP) & Registered Retirement Income Funds (RRIF)

- 1. Company: _____
 Address: _____
 Beneficiaries: _____

- 2. Company: _____

Address: _____

Beneficiaries: _____

Tax Free Savings Account (TFSA)

1. Company: _____

Address: _____

Beneficiaries: _____

2. Company: _____

Address: _____

Beneficiaries: _____

Debts Owing to You

Does anyone, including your children, owe you money? _____

If yes, please explain: _____

Business Interests

Do you have any business interests (such as private companies, partnership(s), sole proprietorship(s))? _____

If yes, please explain: _____

Shares in Public Corporations, Mutual Funds, Bonds, & Debentures

Please describe (unless your portfolio changes regularly) _____

Valuable Personal Property

Please include description and provide location (IE. cars, boats, heirlooms, etc.)

Other Assets

Please provide description of any other assets not listed above: _____

LIABILITIES

- 1. Creditor: _____
Amount: _____
- 2. Creditor: _____
Amount: _____
- 3. Creditor: _____
Amount: _____
- 4. Creditor: _____
Amount: _____
- 5. Creditor: _____
Amount: _____
- 6. Creditor: _____
Amount: _____

MISCELLANEOUS

Do you have an interest in assets outside of BC? _____

Do you have an interest in any assets outside of Canada? _____

Have you made any loans or advanced that are to be forgiven? _____

If yes to any of the above, please explain: _____

FUNERAL ARRANGEMENTS

Would you prefer that the balance of your remains be buried or cremated? _____

Do you have a preference of where you would like to be buried/instructions as to what is to be done with your ashes? _____

Thank you for taking the time to fill out this questionnaire. Please complete and return via email to info@britannialaw.ca . We look forward to working with you and designing your estate planning documents in a manner that best suits your needs.