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# Deborah L. Barron

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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 me 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.

PLEASE STATE FULL NAMES FOR ALL PERSONS MENTIONED IN THIS QUESTIONNAIRE ie. including first name, all middle names, then last name.

**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 \_\_\_\_\_

Home Phone No \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Grandchildren (Names / Ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Grandchildren (Names / Ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Grandchildren (Names / Ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Are there any stepchildren, adopted children or illegitimate children of either spouse?

Yes No

-Are any of your grandchildren or adopted, stepchildren, illegitimate? Yes No

-If yes to any of the above question, please provide details.

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

Yes      No      If yes, please explain.

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

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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:

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## II.      EXECUTOR(S)

**\*\*\*Note: in the vast majority of Wills, my clients will want his or her spouse to be the first Executor. If so, please write your spouse's name in this Questionnaire as the first Executor. The alternate Executor is usually a close relative other than your spouse.**

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**

Review the beneficiaries named in your other documents such as your life insurance, pension or life insurance and decide if you need any changes. If so, notify whoever assists you with these documents to discuss and make changes that you may want.

Please indicate how you want to dispose of your estate, whether to individuals or organizations, in amounts or percentages.

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 \_\_\_\_\_

\_\_\_\_\_

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.

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## 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 (4<sup>th</sup> paragraph from the bottom of the page)).