
WILL INSTRUCTION QUESTIONNAIRE

Please complete as much as possible of this questionnaire before we meet because it will provide me with essential information and help me to identify the items I should discuss with you. Please call me if you have any questions.

Complete only one Questionnaire per couple even if you want two Wills prepared (one for each spouse or partner.)

The questionnaire is divided into three parts. The first part asks for information about you and your family. The second part of the questionnaire is intended to assist you in deciding what should be in your Will. Even if you cannot answer all of the questions in Part 2, you will at least have an opportunity to think about them before we meet. The third part of the questionnaire is optional. It asks for information about your assets. The assets you own at the time of your death are likely to be substantially different from what you own now, so the purpose of this exercise is to help me advise you.

The questionnaire may not elicit from you all the information you wish to give me or that I will need to obtain from you. Please tell me any additional information concerning you, your family, assets, and liabilities that you feel may be necessary or helpful to me in advising you.

Please note that the questionnaire assumes that only Yukon law applies to your estate. If this is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will.

Unless you specifically request me to do so, I will not check the information you give me but will assume that it is correct.

PART 1—CLIENT INFORMATION

1.1 INFORMATION ABOUT YOU	
Name (full):	
Other names you are or have been known by: (i.e., your name is Margaret but you use "Maggie"):	
Address:	
Date of birth (month/day/year):	Place of birth (city/province/country):
Marital status (including plans to marry):	
Occupation (if retired, also include former occupation):	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other:
Telephone no.(home):	Telephone no. (work or cell):
Email address:	
1.2 ARE YOU MARRIED OR IN A COMMON LAW RELATIONSHIP? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, date of marriage	Place of marriage
Country and province/state of residence when you married?	
1.3 INFORMATION ABOUT YOUR SPOUSE OR PARTNER IF APPLICABLE	
First and last names of spouse/partner	Occupation (if retired, also include former occupation)
Date of birth (month/day/year)	Place of birth (city/province/country)

<p>Have you signed a marriage or separation agreement? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes, please provide me with a copy so that I can determine your estate's obligations (if any) under it.</i></p>			
<p>Does your spouse/partner also want a Will prepared? <input type="checkbox"/> yes <input type="checkbox"/> no</p>			
1.4 PRIOR MARRIAGE(S)			
<p>Have you been previously married? <input type="checkbox"/> yes <input type="checkbox"/> no</p>			
<p>Name(s) of former spouses(s)?</p>			
<p>Do you have to pay maintenance to your children or former spouse? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes, please provide me with a copy of any agreement or court order imposing maintenance obligations, so that I can determine your estate's obligations (if any) under it.</i></p>			
1.5 YOUR CHILDREN IF ANY			
<p>The word "child" includes a child of your marriage, a child born outside of marriage, and an adopted child. Please provide the following information for each of your children and your spouse or partner's children.</p> <p>Please mark with a "*" if the child has a disability and a "***" if the child is deceased.</p>			
First and last names	Date of birth if under 19	Is the child hers alone, his alone or from this marriage?	Does the child reside with you? If not, state community where living.

1.6 OTHER DEPENDANTS IF ANY

Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent? yes no

If yes, please complete the following:

Full Name	Address	Relationship

PART 2—WILL INSTRUCTIONS

1. EXECUTOR

Who do you want to appoint as your executor(s)? If appointing more than one person, please indicate whether primary, alternate, or joint. We recommend that married people name their spouse as their primary beneficiary unless there is a reason not to do so. We also recommend that at least one alternate be named.

	Person 1	Person 2	Person 3
First and last names			
Address			
Occupation			
Relationship to you			
<i>please specify</i>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternative <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternative <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternative <input type="checkbox"/>

EXECUTOR COMPENSATION

Do you wish to compensate your executor and if so how much? (Compensation is typically paid to an executor who is not a beneficiary of the Will. Compensation may be a flat fee or a percentage of the gross or net value of the value of the estate.)

2. PERSONAL EFFECTS

Personal effects include clothing, jewellery, household goods, furniture, automobiles, boats, and art. Do you want to leave a particular personal effect to anyone? yes no

If yes, please complete the following:

Full name	Address	Relationship to you	Description of item

3. CASH LEGACY

Do you want to give a cash gift to anyone? yes no

If yes, please complete the following:

Full name	Address	Relationship to you	Amount

4. CHARITABLE GIFTS

Do you want to give cash or another gift to charity? yes no

If yes, please complete the following:

Name of charity	Address	Cash amount/specific assets

I recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Revenue Canada registered charity, and, if the gift is for a particular charitable purpose, that the charity continues to carry out that purpose.

5. BALANCE ("RESIDUE") OF YOUR ESTATE

The residue of your estate consists of the assets remaining in your estate after payment of liabilities, or partner taxes, specific gifts, legacies, and so on. If you want the residue of your estate to go to your spouse or partner and children, please complete A and B below. If you want it to go to someone else, please skip to section 6 below.

A. Provision for spouse or partner if applicable

Select one option:

- Outright gift:** My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days. If my spouse does not survive me for 30 days, my estate is to be distributed to my children or others per section B or C below.

Other provision for spouse or partner (describe)

B. Provision for my children if applicable

What provision do you want to make for your children or others after any prior provisions for your spouse or partner? Select applicable options:

- My estate is to be divided equally among my children and:
- If a child predeceases me leaving a child or children, his / her share of my estate is to go to his / her child or children, OR
 - My estate is to be divided among my living children only.

OR

Other: _____

Optional:

- My descendants are not to receive their inheritance until the following age(s):
 _____% at age _____, then _____% at age _____, then balance at age _____.

C. Other Beneficiaries

If you do not have a spouse/partner or children or do not want to leave all of your estate to them, to whom do you want to leave a portion or all of your estate?

Full name	Address	Relationship	Portion of residue

Please provide dates of birth for any minors.

D. Alternate Beneficiaries

If all of the above gifts are ineffective (e.g. because the named individuals predecease you), where do you want your Estate to go?

6. GUARDIAN(S) FOR INFANT CHILDREN

Do you have a child(ren) under the age of 19? yes no

If yes, and if you die before your child(ren) turn 19, their other parent will be their caregiver. You may however name another person to be the guardian(s) of your child(ren) should the other parent be unable to care for them. If so complete the following:

	Person 1	Person 2
Full name		
Address		
Occupation		
Relationship to you		
	Primary <input type="checkbox"/>	Primary <input type="checkbox"/>
	Joint with others named <input type="checkbox"/>	Joint with others named <input type="checkbox"/>
	Alternative <input type="checkbox"/>	Alternative <input type="checkbox"/>

7. DISPOSITION OF REMAINS, FUNERAL

Do you wish to be buried cremated

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes? yes no

If yes, please describe below. Please also inform your family of your wishes and request that they honour them; your will may not be read until some time after your death.

PART 3 — FINANCIAL INFORMATION

Provision of the information below is optional. We ask only so that we may be able to provide advice to you if necessary. We do not need account numbers or exact balances.

ASSETS Please record the assets you have and provide the requested information. If you have additional assets, please attach a separate list.

1. REAL ESTATE**(a) Home**

Please specify:

_____ In your name

_____ In spouse/partner's name

_____ In joint names

If in joint names, as joint tenants or tenants in common

Street Address _____

Legal Description, if known _____

Estimated value _____

Estimated mortgage balance _____

Is mortgage life insured yes no

(b) Recreational Real Estate

Please specify:

_____ In your name

_____ In spouse/partner's name

_____ In joint names

If in joint names, as joint tenants or tenants in common

Street Address _____

Legal Description, if known _____

Estimated value _____

Estimated mortgage balance _____

Is mortgage life insured yes no

2. BUSINESS INTERESTS

Interest in a proprietorship (unincorporated business)/partnerships

Interest in incorporated business(es)

3. PERSONAL PROPERTY**A. Bank accounts & term deposits**

Bank/financial institution	In your name?	In spouse's or joint names?	Approx. balance

B. Securities/investments(please note any restrictions on sale or trade)

Financial institution	In your name?	In spouse's or joint names?	Approx. balance

C. Life Insurance

	On your life	On spouse/ partner's life	On joint lives
Insurance Company			
Owner			
Designated Beneficiary			
Amount			

D. Pension plans & annuities

	In your name	In spouse/partner's name	In joint names
Plan issuer			
Terms			
Beneficiary			
Amount			

E. RRSPs & RRIFs

	In your name	In spouse/partner's name	In joint names
Bank/financial institution			
Designated beneficiary			
Amount			

DEBTS / LIABILITIES

4. SPECIFIC LIABILITIES

Do you have any of the following liabilities (debts or potential debts): Loans, Guarantees, Indemnities? If so, list with estimated values.
