

### Questionnaire for Preparation of a Simple Will and Power of Attorneys

Please note that this is not a substitution for drawing and signing a Will

#### 1. Background Information:

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Em ail address: \_\_\_\_\_

Do you want your drafts sent to you by mail  or e-mail ?

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_  
                  day month year

Marital Status:  Married  Separated  Divorced  Widowed  Single  Common-Law  Engaged

Full Name of Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Name(s) of children:	Date of Birth:	Other Parent: (if divorced or separated)
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

#### 2. Will Instructions:

- Who do you wish to be your Estate Trustee? (Who would you want to handle your affairs upon your death)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

- Full name of secondary Estate Trustee (Second choice to above. Two Trustees can be named jointly)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Jointly?

- Who do you wish to name as beneficiary to your estate? (Please check the all applicable boxes)

Each spouse to the other?  then to children equally?  \*in trust for children until a certain age?

- \*Give specific ages and the amount of your estate that you want distributed by the Trust:

At age \_\_\_\_ years give \_\_\_\_% , at age \_\_\_\_ years give \_\_\_\_% of the balance remaining, at age \_\_\_\_ years give balance  
ie. At 21 years give 25%, at 25 years give 25% of the balance remaining, at 30 years give balance (or any ages and amounts)

- If you do not have children (or your children predecease you) name alternate beneficiaries to above

(ie. 1/2 to your family, 1/2 to your spouse's family)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

- Full name of the Guardian that you wish to name for *minor* children:

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

- Any wishes pertaining to burial?: (ie cremation, religious ceremony, etc.)

- Any special bequests?: (Items of a specific nature left to a specific person, including gifts of money)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Item: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Item: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Item: \_\_\_\_\_

**3. Power of Attorney Instructions:**

- **Who do you wish to be your *primary* Attorney for Personal Care?** The Attorney chosen for Personal Care should be someone you trust to handle all your medical and health issues if you should become incapacitated.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

- **Full name of *secondary* Attorney for Personal Care** (often 2 Attorneys are named jointly for this position)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Jointly?

- **Who do you wish to be your *primary* Attorney for Property?** The Attorney chosen for Property should be someone you trust to handle all your financial arrangements if you should become incapacitated.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

- **Full name of *secondary* Attorney for Property** (often 2 Attorneys are named jointly for this position)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Jointly?

***\*\*Please note that power of attorney documents are very powerful and we suggest storing them in our office until they are needed***

**4. Financial Information:** provided to assist your Trustee only. *[Please ensure that the beneficiaries named in RSPs and Life Insurance Policies are accurate as these do not form part of your Estate unless your Estate is named beneficiary]*

**Insurance Policies:**

Name of Company	Policy No.	Beneficiary	Amount of Policy
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**RSP:**

Name of Company	Policy No.	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____