

WILL QUESTIONNAIRE

Date: _____

SECTION 1 – FAMILY INFORMATION

Personal Information

Full Name:

List any other names you are known by including previous surname(s):

Date of Birth: _____

Place of Birth: _____

Address:

Home Phone: _____

Business Phone: _____

Occupation: _____

Employer: _____

Employer's Address:

Citizenship: _____

Spouse Name:

List any other names you are known by including previous surname(s):

Date of Birth: _____

Place of Birth: _____

Business Phone: _____

Occupation: _____

Employer: _____

Employer's Address:

Citizenship: _____

Marriage Information

Marital Status: _____

Marital Status: _____

Date & Place of Marriage: _____

Previous Marriages: YES/NO

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

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

Obligations pursuant to previous YES/NO marriages (e.g. spousal & child maintenance):

Obligations pursuant to previous YES/NO marriages (e.g. spousal & 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 now cohabitating with anyone? YES/NO If yes, to whom:

Information about Children

Number of Children: _____ (include step-children)

Are all 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

Full Name	Address	Date of Birth (DOB)	Marital Status (MS)	Names & Ages of their Children
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1. Name: _____ DOB: _____ MS: _____

Address: _____ Grandchildren: _____

2. _____

3. _____

4. _____

5. _____

6. _____

Are there any stepchildren, adopted children, or illegitimate children of either spouse? YES/NO

Are you responsible for any other children? YES/NO

Are any of your grandchildren adopted, stepchildren, illegitimate? YES/NO

If yes to any of above questions, give details:

Are any of the children or grandchildren mentally or physically incapacitated? YES/NO

If yes, please describe:

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? YES/NO

If yes, please explain:

Have any of your children predeceased you? YES/NO

If yes, give the name and date of death of the deceased child and the names of their children, if any?

SECTION 2 – BENEFICIARIES

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

- 1. All to spouse: YES/NO Other: _____

- 2. If spouse predeceases me:
 _____ equally to children
 _____ all to children but different percentages? Different percentages to particular children?

- 3. At what age are your children to receive their share of your estate?
 _____ all at 19 years
 _____ % at _____ years
 _____ % at _____ years
 _____ % at _____ years
 _____ other _____

The age of majority is 19 years old in the Northwest Territories. Unless specified otherwise, the Will shall be drafted so that your Executor will hold each child’s share in trust until the specific age with power to encroach on income and capital for education, maintenance, and support.

- 4. If one child dies before you do, or before attained the age at which he is entitled to the share, who shall receive that share or the amount remaining?
 _____ the children of the deceased child (grandchildren)
 _____ my surviving children only
 _____ the family of the deceased child (spouse and grandchildren)
 Other: _____

- 5. Family Demise: how is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident or if any of your children or grandchildren survives you but die before becoming entitled to receive their entire portion of your estate? **Please state the full names and residences of all those listed below.**
 _____ ½ to my parents and ½ to spouse’s parents
 _____ ½ to my brothers and sisters and ½ to spouse’s brothers and sisters who are then alive in equal shares

_____ to my nephews and nieces to spouse's nephews and nieces in equal shares
_____ charities: _____
_____ other: _____

6. Specified Gifts or Legacies – list items or amounts
(CAUTION: Do not list any items unless they are definitely valuable or of great sentimental value or unless you are prepared to pay your lawyer to draft the will and change it when an item is sold or replaced.)

SECTION 3 – INSTRUCTIONS FOR WILL

Do you now have a Will: YES/NO

Reason for new Will:

Executors

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. One primary and one alternate executor will likely be sufficient, depending on your circumstances. For tax reasons, it is not advisable to choose an executor who resides outside of Canada. At least one executor should be a resident of the Northwest Territories, particularly where beneficiaries are under the age of 19 years old.

1. Full Name: _____

Relationship: _____ Age: _____

Address: _____

Occupation: _____

2. Full Name: _____

Relationship: _____ Age: _____

Address: _____

Occupation: _____

Alternate Executors

- 1. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____
- 2. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____

Have all of your executors been asked and are they willing to act? YES/NO

In the event that an alternate executor has been appointed, do you wish to compensate him/her/them in any added monetary fashion? YES/NO

Guardian(s) for Minor Children

- 1. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____

Alternate Guardian(s) for Minor Children

- 2. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____

Have all of your guardians been asked and are they willing to act? YES/NO

In the event that the Guardian(s) above is required to fulfill his/her/their duties, do you wish to compensate him/her/them in respect of incidentals for raising your child or children? (i.e., if your child is required to live with the Guardian, monies for portion of rent/food/clothing) YES/NO

If yes, do you wish to do it:

_____ In one lump sum payment upon becoming Guardians?

_____ Paid \$_____/month/child until the child or children reach the age of majority?

Beneficiaries

Please complete this section for any beneficiaries who are not already described in this questionnaire

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

SECTION 4 – FINANCIAL INFORMATION

The purpose of this section is 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 executor(s) of all of your assets to make sure they do not miss any. If there is insufficient space to answer any of the following sections, please list on a separate piece of paper.

In left margin please indicate ownership of assets

J = owned jointly by both husband and wife

H = owned by husband

W = owned by wife

O = owned by husband and/or wife with some other person (please describe) _____

Real Estate

Principal Residence

Municipal Address: _____

Legal Description: _____

Name(s) on title: _____

Ownership: Joint Tenants / Tenants in Common

Current Market Value: \$_____ Current amount owing on mortgages: \$_____

Are the mortgage(s) life insured? YES/NO

Other Real Estate

Describe Municipal Address, Legal Description, Names on Title, Date of Purchase (DP), Acquisition Cost (AC), Current Market Value (MV), Ownership as either Joint Tenants (JT) or Tenants in Common (TIC)

1. Address: _____ Legal: _____

Names: _____

DP: _____ AC: \$ _____ MV: \$ _____

Ownership: _____

2. Address: _____ Legal: _____

Names: _____

DP: _____ AC: \$ _____ MV: \$ _____

Ownership: _____

3. Address: _____ Legal: _____

Names: _____

DP: _____ AC: \$ _____ MV: \$ _____

Ownership: _____

Debts Owed to You

Does anyone owe you money (i.e., personal loan, promissory notes, mortgages)? YES/NO

If yes, please describe:

Bank Accounts

1. Bank Name: _____

Location/Address: _____

2. Bank Name: _____

Location/Address: _____

3. Bank Name: _____

Location/Address: _____

4. Bank Name: _____

Location/Address: _____

Approximate current balance of all accounts \$ _____

Guaranteed Investment Certificates and Term Deposits

1. Bank Name: _____

Location/Address: _____

Principal Value: _____ Maturity Date: _____

2. Bank Name: _____

Location/Address: _____

Principal Value: _____ Maturity Date: _____

3. Bank Name: _____
Location/Address: _____
Principal Value: _____ Maturity Date: _____

Life Insurance Policies

Indicate type: Term (T) or Permanent (P)

- 1. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____
- 2. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____
- 3. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____
- 4. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____
- 5. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____
- 6. Company: _____ Policy Number _____
Value: _____ Beneficiary: _____

Location of insurance policies? _____

Pension Plans

Company: _____ Current Value of Benefit to Estate: _____

Beneficiary: _____

Ask your employer what legislation governs your pension plan:

Registered Retirement Savings Plans and Registered Retirement Income Funds

1. Financial Institution: _____
Location/Address: _____
Current Value: _____ Named Beneficiary: _____
2. Financial Institution: _____
Location/Address: _____
Current Value: _____ Named Beneficiary: _____
3. Financial Institution: _____
Location/Address: _____
Current Value: _____ Named Beneficiary: _____
4. Financial Institution: _____
Location/Address: _____
Current Value: _____ Named Beneficiary: _____
5. Financial Institution: _____
Location/Address: _____
Current Value: _____ Named Beneficiary: _____

Annuity Contracts

1. Name of Company: _____
Type of Plan: _____
Value: _____ Named Beneficiary: _____
2. Name of Company: _____
Type of Plan: _____
Value: _____ Named Beneficiary: _____

Shares in Private Corporations

Describe full name of company, shareholders, number and type of share owned by each shareholder, nature of business assets owned by company, acquisition cost and current value:

Are there any restrictions on transfer? YES/NO

Is there a buy/sell or unanimous shareholders agreement? YES/NO

If yes, is it life insurance funded or otherwise funded? YES/NO

Partnerships/Unincorporated Business

Please describe:

Are you, or your business, registered to collect the Goods and Services Tax? YES/NO

If yes, what is the GST registration number?

Shares in Public Corporations, Mutual Funds, Bonds and Debentures

Do not list all shares if portfolio changes regularly

Approximate Current Value of portfolio: \$_____

Location of Share Certificates:_____

Valuable Personal Property

For example, silverware, stamps, coins, jewellery, automobiles, mobile homes, boats, heirlooms, etc.

1. Description:_____ Location:_____

Acquisition Cost:_____ Current Value: _____

2. Description:_____ Location:_____

Acquisition Cost:_____ Current Value: _____

3. Description:_____ Location:_____

Acquisition Cost:_____ Current Value: _____

4. Description:_____ Location:_____

Acquisition Cost:_____ Current Value: _____

Any Other Assets Not Listed Above

1. Have you an interest in mines and minerals? YES/NO
2. Have you an interest in any assets outside the NWT? YES/NO
3. Have you an interest in any assets outside Canada? YES/NO
4. Have you an interest in another estate or trust? YES/NO
5. Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? YES/NO
6. Have you an interest in farmland? YES/NO
7. Do you own any property in joint tenancy with someone not described above? YES/NO
8. Are you the owner of a life insurance policy on the life of another person? YES/NO

Please describe your "YES" answers from above.

SECTION 5 – LIABILITIES

1. Creditor: _____ Amount: \$ _____
Due Date: _____
2. Creditor: _____ Amount: \$ _____
Due Date: _____
3. Creditor: _____ Amount: \$ _____
Due Date: _____

Other obligations (i.e., Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Revenue Canada, etc)

Are any of your debts life insured? YES/NO

Do you have any credit cards which pay life insurance benefits (i.e., if used to purchase an airline ticket)?
YES/NO

If "YES" please describe: _____

SECTION 6 – PERSONAL ADVISORS

This section will assist your executor(s) in tracing assets, especially those assets which were acquired after the date of your Will.

NAME	COMPANY	ADDRESS
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Accountant		
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Stock Broker/Financial Advisor		
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Life Insurance Agent		
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Property Insurance Agent		
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Banker		
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General Physician		
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Specialist Physician		
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Other		
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Safety Deposit Box

Location	Box Number	Registered Names	Location of Keys
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Funeral Arrangements

Have you pre-arranged your funeral? YES/NO

If yes, please give details

Organ Donation

Do you have any wishes respecting organ donation? YES/NO

If yes, please give details

PLEASE PROVIDE US WITH A COPY OF ANY OF THE FOLLOWING DOCUMENTS WHICH PERTAIN TO YOUR CIRCUMSTANCES:

- Marriage Contract Shareholder Agreement Will
- Cohabitation Agreement Buy-Sell Agreement Codicil(s)
- Divorce Decree Partnership Agreement
- Separation Agreement Minutes of Settlement

Trust Deed in which you have an ongoing administrative or beneficial interest

Will of deceased person or a Trust Deed which names you as a beneficiary

Details of my wishes for disposal of said assets and all other information contained herein are provided in strict confidence and may be used only for planning purposes. This is my authorization to you to prepare a Will for me based on the foregoing.

DATED this _____ day of _____, 20_____.

Witness

Signature