



WILL QUESTIONNAIRE

PERSONAL INFORMATION

1. FULL LEGAL NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

3. TELEPHONE NUMBER \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

4. Email address \_\_\_\_\_

5. OCCUPATION \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_

7. PLACE OF BIRTH \_\_\_\_\_

8. MARITAL STATUS: Single \_\_\_ Married \_\_\_ Common-law \_\_\_ Separated \_\_\_ Divorced \_\_\_
Widow(er) \_\_\_

9. FULL LEGAL NAME OF SPOUSE \_\_\_\_\_

10. SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

11. DATE AND PLACE OF MARRIAGE: \_\_\_\_\_

12. PREVIOUS MARRIAGE: YES/NO

If yes, full legal name of previous spouse: \_\_\_\_\_

Date of death/divorce/separation: \_\_\_\_\_

Obligations pursuant to previous marriages (ie, spousal or child support) YES/NO \_\_\_\_\_

13. YOUR CHILDREN (FULL LEGAL NAME) NUMBER OF YOUR CHILDREN \_\_\_\_\_

A. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Community: \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse \_\_\_\_\_

Children (Your grandchildren)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

B. **Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Community: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Spouse \_\_\_\_\_

Children (Your grandchildren)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

C. **Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Community: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Spouse \_\_\_\_\_

Children (Your grandchildren)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

D. **Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Community: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Spouse \_\_\_\_\_

Children (Your grandchildren)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

14. Have any of your children predeceased you? Yes \_\_\_ No \_\_\_

If yes, give name and date of death: \_\_\_\_\_

15. **EXECUTOR(S) / TRUSTEE(S)** (FULL LEGAL NAME)

A. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

B. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

16. **ALTERNATE EXECUTOR(S) / TRUSTEE(S)** (FULL LEGAL NAME)

A. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

B. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

17. **BENEFICIARIES** (FULL LEGAL NAME)

ALL TO SPOUSE? YES/NO

IF SPOUSE PREDECASES ME: EQUALLY TO CHILDREN? YES/NO

A. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

What to receive: \_\_\_\_\_

B. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

What to receive: \_\_\_\_\_

C. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

What to receive: \_\_\_\_\_

(Use extra sheet if additional space required)

**18. GUARDIANS FOR MINOR CHILDREN**

A. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**19. ALTERNATE GUARDIANS FOR MINOR CHILDREN**

A. Name: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**20. OTHER CLAUSES / SPECIAL PROVISIONS**

A. FUNERAL INSTRUCTIONS – CREMATION/BURIAL, COMMUNITY LAID TO REST, ORGAN DONTATION

\_\_\_\_\_

**B. ANY OTHER INSTRUCTIONS FOR DRAFTING WILL**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Witness Name

Witness Signature: \_\_\_\_\_