

MARC R.B. WHITTEMORE LAW CORPORATION

The Heritage Law Building
830 Bernard Avenue
(Between Richter and Ethel)
Kelowna, B.C.
V1Y 6P5

Tel: (250) 868-2202 Fax: (250) 868-2270
marc@whittemorelawcorporation.com

Will Instruction Questionnaire

Thank you for consulting us with respect to your Will.

We ask that you complete as much of this form as possible before we meet because it will provide us essential information and help us to identify the items we should discuss with you. Please do not hesitate to call us if you have any questions.

Some parts of this questionnaire are intended to assist you to decide what should be in your Will. While you may not be able to answer all the questions, you will at least have an opportunity to think about them before we meet.

This form may not elicit from you all the information you wish to give us or which we will wish to obtain from you. Please make note of all additional information concerning you, your family, assets and liabilities you feel may be necessary or helpful to us in advising you.

Unless requested to do so, we will not check the names of the registered owners of assets but will rely on the information you give us.

Once completed, please return the questionnaire to our office. If more convenient, you may e-mail it to us at marc@whittemorelawcorporation.com or fax to (250) 868-2270.

Please complete only **one** questionnaire per couple.

Thank-you.

Do you have a Will that was drafted in a State, Country or Province other than British Columbia?
Yes No If yes, please state where: _____

PERSONAL INFORMATION

1. **Name in Full** _____
Address _____
Telephone Home _____ Office _____
Occupation _____

2. **Date of Birth** _____
Place of Birth _____
Name at Birth _____

3. **Marital Status:** single common-law engaged married
 separated divorced widowed

Name of **Spouse** in full: _____
Date of Birth of Spouse: _____
Place of Birth of Spouse: _____
Spouse's Name at Birth _____
Occupation of Spouse: _____

Date and Place of Marriage _____
Domicile at Date of Marriage _____
Marriage Contract Yes No

Previous Marriage(s) Yes No
Date of Separation _____
Date of Divorce _____

4. **Children**

<u>Full Name</u>	<u>Date of Birth</u>	<u>Indicate if Natural Adopted or Stepchild</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of your children have a disability? Yes No If so, please provide details _____

5. **ASSETS**

Estimated Value

Residence Address _____ \$ _____

Registered in name of _____

Is your home listed in joint tenancy? Yes No

Mortgages _____ \$ _____

Other real property (legal description or address): _____ \$ _____

Ownership _____
 Mortgages _____ \$ _____

Bank Accounts _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Life Insurance/Annuities/Beneficiaries

Amounts: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Pension(s) _____ \$ _____
_____ \$ _____

Does anyone owe you money? If so, please provide details

Stock(s)/Bond(s)/Term Deposit(s) _____ \$ _____

Interest in business/proprietorship/partnership/unincorporated/incorporated
_____ \$ _____
_____ \$ _____

RRSP or other registered plans/Beneficiaries
_____ \$ _____
_____ \$ _____

(Please list any other substantial assets on separate page and attach)

6. LIABILITIES

Guarantees _____ \$ _____

Loans _____ \$ _____
_____ \$ _____

Alimony/Maintenance _____ \$ _____
_____ \$ _____

Credit Cards _____ \$ _____
_____ \$ _____
_____ \$ _____

Mortgages _____ \$ _____
_____ \$ _____
_____ \$ _____

(Please list any other substantial liabilities on separate page and attach)

7. EXECUTOR

Name and Address of your Executor(s) – The responsibility of acting as an Executor are significant. In choosing an Executor, consideration should be given to the Executor's age, ability, background, the value of the estate and whether there will be any ongoing trusts to be administered as well as to the number thereof. **Alternate Executor** - In the event that your first named Executor is unable to act, or to continue to act, please provide details of the Executor or Executors that you wish to act in his her or their place.

If appointing more than one executor, please indicate whether primary, alternate, or joint.

	Person 1	Person 2	Person 3
Full Name			
Address			
Occupation			
Relationship			
	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>

8. GUARDIAN

Do you wish to name a guardian for your children should you and your spouse not survive until your children reach the age of majority? Yes No

If **yes**, please indicate below who is to be the guardian of your infant children. Please also indicate whether primary, alternate or joint.

	Person 1	Person 2	Person 3
Full Name			
Address			
Occupation			
Relationship			
	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others <input type="checkbox"/> Alternate <input type="checkbox"/>

9. TESTAMENTARY WISHES

(1) Do you wish to leave your household goods and furniture, personal effects, jewelry and/or automobile to anyone in particular? If so, please list item and name of person to receive the item.

(2) Are there any gifts that you wish to make to relatives, friends, or charitable organizations? If so, specify gift and provide full names, addresses and relationship

(3) **Residue:**

After the above gifts have been made, is it your intention that the residue of your estate be given to your Spouse as:

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.

Spouse or Partner - My executor is to invest my estate and pay my spouse or partner Trust 100% of the net annual income produced by the residue of my estate during my spouse's lifetime;

May your executor use the capital for the benefit of your spouse or partner if your executor thinks it is necessary? Yes No

On the death of your spouse, the remainder in trust is to be distributed to:

my children as set out below

other: _____

Please Note:

If your spouse is not happy with what you leave him or her, your spouse can make a claim under the B.C. *Wills Variation Act* for a larger share of your estate. If your common law spouse/partner is not happy with what you leave him or her, he or she may have some claim against your estate under the *Wills Variation Act* or at common law. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to your spouse or partner or why he or she is neither in need nor deserving.

(4) **Provision for Children**

What provision do you want to make for your children after any prior provisions for your spouse or partner?

- My estate is to be divided equally among all of my children;
- My estate is to be divided equally among all of my children, but they are not to receive their inheritance until they reach the following age:

Age: _____

(5) In the event that any of your children predecease you, leaving children, do you wish your grandchildren to take the share which your child would have taken if he/she had survive you?

Yes No

(6) In the event that any of your children predecease you, leaving NO children, who do you wish to take the share which your child would have taken if he/she had survived you?

Name _____ Relationship _____

Address _____ Age (if minor) _____

Name _____ Relationship _____

Address _____ Age (if minor) _____

(7) **Alternate Beneficiaries**

If your spouse and children all predecease you, who is to inherit the capital of your estate?

	Person 1	Person 2	Person 3
Full Name			
Address			
Occupation			
Relationship			
Age (if minor)			

- (8) Do you wish to give your guardian a cash bequest or some other gift to assist them with their new responsibilities in caring for your minor children? Yes No

If so, state amount of bequest: _____

- (9) Do you wish to give your executor power to encroach upon the capital of your estate should the income be inadequate for the maintenance and support of your spouse or children?

Yes No

- (10) Do you wish to give your executor to have an *unrestricted* power to invest Yes No

OR

Do you wish your executor to be subject to *restrictions* on investments? Yes No

- (11) Do you wish to give your executor discretionary powers to postpone the conversion of your estate into cash (ie if market values are low, to permit your executor to retain your residence rather than to dispose of it immediately)?

Yes No

- (12) If you are in business, have you any special directions to give with regard to its management or disposal?

- (13) Do you wish any other provisions be made?

- (14) Do you wish any specific funeral arrangements to be provided for?
(Cremation Burial)

(15) Do you presently have a Power of Attorney? Yes No

Would you like us to prepare a Power of Attorney for you? Yes No

If yes, please provide the following particulars of the person(s) you wish to act as your attorney(s):

Name _____ Relationship _____

Address: _____

Occupation: _____

Name _____ Relationship _____

Address: _____

Occupation: _____

Are these parties to act jointly or separately?

Please return the completed questionnaire to our office as indicated on the first page.
Thank you for consulting us with respect to your Will.

Marc R. B. Whittemore

