

**APPENDIX A: WILL INSTRUCTIONS QUESTIONNAIRE**

**Part I – Client Information**

**Information about the Will-maker:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth (city/province/country): \_\_\_\_\_

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting (including plans to marry): \_\_\_\_\_  
\_\_\_\_\_

Citizenship – Canadian or registered Indian as defined in the *Indian Act*: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Information about the Spouse or Partner:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth (city/province/country): \_\_\_\_\_

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting (including plans to marry): \_\_\_\_\_  
\_\_\_\_\_

Citizenship – Canadian or registered Indian as defined in the *Indian Act*: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Will-maker's Current Marital Status:**

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Place of residence when will-maker was married: \_\_\_\_\_  
\_\_\_\_\_

Has a marriage agreement been signed? \_\_\_\_\_ Has the Will-maker provided LSLAP with a copy? \_\_\_\_\_

Has a separation agreement been signed? \_\_\_\_\_ Has the Will-maker provided LSLAP with a copy? \_\_\_\_\_

Has any family law proceeding taken place or been commenced? \_\_\_\_\_

**Prior Marriages:**

Has the Will-maker been previously married? \_\_\_\_\_ If so, name(s) of former spouse(s): \_\_\_\_\_

Is the Will-maker required to pay maintenance to children or former spouse? \_\_\_\_\_  
\_\_\_\_\_

**Other Personal Relations:**

Is the Will-maker currently cohabiting with someone and is unmarried? \_\_\_\_\_

Is the Will-maker currently cohabiting with someone other than spouse named above? \_\_\_\_\_  
\_\_\_\_\_

Name of the cohabitant: \_\_\_\_\_

Has the Will-maker signed a cohabitation agreement? \_\_\_\_\_

Has the Will-maker provided LSLAP with a copy of the cohabitation agreement? \_\_\_\_\_

Has the Will-maker ceased cohabiting with someone with whom s/he cohabited for two years or more? \_\_\_\_\_  
\_\_\_\_\_

**Children:**

Ask the Will-maker about his/her children's full name, date of birth, place of residence (i.e. whether s/he lives with the Will-maker), birth status (i.e. biological child? born outside of wedlock? adopted? from which partner? born with a disability?), and current status (i.e. living or deceased?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next-of-Kin:**

If the Will-maker does not have a spouse or child, ask about the Will-maker's closest relatives – parents, siblings, nieces or nephews, etc. – and their full name, age, and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Dependants:**

Ask the Will-maker if s/he has someone dependant on him/her for financial support for whom the Will-maker wish to provide – such as an elderly parent – and their full name, age, and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Responsibilities:**

Ask if the Will-maker is currently:

- serving as the legal guardian for a person under age of 19 (other than the Will-maker's own children);
- serving as the committee or other legal guardian for a disabled or incapacitated adult; and
- serving as Executor of an estate of a deceased.

*\*If the Will-maker is service as an Executor for another, the terms of the will may provide for an alternative Executor on the death of the Will-maker or provide no alternate. In the latter case, the Will-maker's appointed Executor of the Will-maker's will would take over the Will-maker's role as Executor of the other deceased. The Will-maker may therefore wish to appoint two Executors: one as Executor of his/her own estate and the other to take over the executorship of the previous will.*

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**Part 2 – Financial Information**

*\*LSLAP can only assist clients whose estate consists of personal properties and does not include real properties and business interests such as proprietorships and partnerships.*

*\*LSLAP cannot advise clients with disposition of foreign assets.*

**Financial and Personal Assets:**

Bank accounts & term deposits:

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Securities/bonds/shares:

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Life insurance:

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Pension plans & annuities:

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RRSPs & RRIFs:

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TFSA:

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Collectibles & other valuables:

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Personal effects (e.g. furniture, automobiles, boats, etc.):

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Other substantial assets (e.g. promissory notes, valuable club memberships, etc.):

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**Liabilities:**

Inquire about the details of the Will-maker's loans payable, guarantees, indemnities, and other debts:

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**Estimated Net Value of Estate:**

	Will-maker's name	Partner's name	Joint names
Total assets			
Less – total debts			
Total value of estate, before tax			

**Part 3 – Will Instructions**

**Information about the Primary Executor:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Occupation (if retired, ask for former occupations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Will-maker: \_\_\_\_\_

**Information about the Alternate Executor:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Occupation (if retired, ask for former occupations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Will-maker: \_\_\_\_\_

**Appointment of Guardian(s) for Infant Children (i.e. under 19):**

**Primary Guardian:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Occupation (if retired, ask for former occupations):

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Relationship to Will-maker: \_\_\_\_\_

**Alternate Guardian:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

Address:

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Occupation (if retired, ask for former occupations):

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Relationship to Will-maker: \_\_\_\_\_

**Specific Bequests of Personal Effects:**

Full name of the beneficiary	Address	Relationship to Will-maker	Descrip. Of item

**Specific Bequests of Cash Legacies:**

Full name of the beneficiary	Address	Relationship to Will-maker	Amount

**Charitable Gifts:**

Name of charity	Address	Cash amount/ specific assets

**Residue of Will-maker's Estate:**

Full name of the beneficiary	Address	Relationship to Will-maker	Amount/ Portion of residue

**“Clean-up” Clauses:**

**If the Executor needs to invest the estate**, the restriction the Will-maker would like to place on the Executor is:

- Unrestricted (any investment the Executor thinks is appropriate): \_\_\_\_\_
- Restricted, the restrictions being: \_\_\_\_\_  
\_\_\_\_\_

**If minors are to receive gifts**, the trustee and his/her name, address, and relationship to child are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The age the child can receive the gift absolutely is: \_\_\_\_\_

Can money be used for the benefit of the child (e.g. education) before he or she becomes entitled absolutely? \_\_\_\_\_

Other limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a child fails to survive to above age, the gift/share is to be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is to be done with the Will-maker's remains?

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