

# WILL AND ESTATE QUESTIONNAIRE

## SECTION 1 FAMILY INFORMATION

### PERSONAL INFORMATION

Your Full Name:

\_\_\_\_\_

List any other names you are known by:

\_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Address & Postal Code:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address:

\_\_\_\_\_

Citizenship other than Canada? YES/NO  
If yes, where? \_\_\_\_\_

Do you have a US green card? YES/NO

Do you holiday in the US for extended  
periods of time each year? YES/NO

Spouses Full Name:

\_\_\_\_\_

List any other names you are known by:

\_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Address & Postal Code:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address:

\_\_\_\_\_

Citizenship other than Canada? YES/NO  
If yes, where? \_\_\_\_\_

Do you have a US green card? YES/NO

Do you holiday in the US for extended  
periods of time each year? YES/NO

## **MARRIAGE INFORMATION**

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

Date and Place of Marriage: \_\_\_\_\_

### **Your Information**

Previous Marriage? YES/NO

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

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

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

If yes, please provide details: If yes, please provide details:

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

If you are single, separated or divorced:

Are you planning to marry in the near future? YES/NO

Give details:

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

Are you now cohabiting with anyone? Give details: YES/NO

If so, for how long?

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

Are you planning to separate or divorce in the near future? YES/NO

Give details:

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

### **Spouse's Information**

Previous Marriage? YES/NO

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

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

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

If yes, please provide details: If yes, please provide details:

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

If you are single, separated or divorced:

Are you planning to marry in the near future? YES/NO

Give details:

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

Are you now cohabiting with anyone? Give details: YES/NO

If so, for how long?

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

Are you planning to separate or divorce in the near future? YES/NO

Give details:

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

## **CHILDREN**

Number of Children: \_\_\_\_\_

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

Previous Marriage? YES/NO

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

If yes to any of the above questions, give details:

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

If yes, please describe:

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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.

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***FULL LEGAL NAME OF CHILDREN & GRANDCHILDREN  
\*\*BE SURE TO INCLUDE ADDRESSES\*\****

**CHILD #1**

| Full Legal Name | Full Address | Date of Birth | Marital Status |
|-----------------|--------------|---------------|----------------|
|                 |              |               |                |

**Names and Ages of Their Children:**

| Full Name | Full Address | Date of Birth | Marital Status |
|-----------|--------------|---------------|----------------|
|           |              |               |                |
|           |              |               |                |
|           |              |               |                |

**CHILD #2**

| Full Legal Name | Full Address | Date of Birth | Marital Status |
|-----------------|--------------|---------------|----------------|
|                 |              |               |                |

## Names and Ages of Their Children:

| Full Name | Full Address | Date of Birth | Marital Status |
|-----------|--------------|---------------|----------------|
|           |              |               |                |
|           |              |               |                |
|           |              |               |                |

**CHILD #3**

| Full Legal Name | Full Address | Date of Birth | Marital Status |
|-----------------|--------------|---------------|----------------|
|                 |              |               |                |

## Names and Ages of Their Children:

| Full Name | Full Address | Date of Birth | Marital Status |
|-----------|--------------|---------------|----------------|
|           |              |               |                |
|           |              |               |                |
|           |              |               |                |

**CHILD #4**

| Full Legal Name | Full Address | Date of Birth | Marital Status |
|-----------------|--------------|---------------|----------------|
|                 |              |               |                |

## Names and Ages of Their Children:

| Full Name | Full Address | Date of Birth | Marital Status |
|-----------|--------------|---------------|----------------|
|           |              |               |                |
|           |              |               |                |
|           |              |               |                |

**SECTION 2**  
**INSTRUCTIONS FOR WILL**

**EXECUTORS**

If your spouse is the sole beneficiary of your Estate, it may be preferable to name him/her as the primary Executor. You should also name alternates, in the event your first choice is unable to act.

**For tax reasons, it is not advisable to choose an Executor who resides outside of Canada.** If you have more than one Executor, it would be preferable if at least one of them is a resident of Alberta.

**FIRST EXECUTOR**

| Full Name | Full Address | Relationship | Age |
|-----------|--------------|--------------|-----|
|           |              |              |     |

**ALTERNATE #1**

| Full Name | Full Address | Relationship | Age |
|-----------|--------------|--------------|-----|
|           |              |              |     |

**ALTERNATE #2**

| Full Name | Full Address | Relationship | Age |
|-----------|--------------|--------------|-----|
|           |              |              |     |

Are your Executors to be Joint and be required to act together? **YES**    **or**    **NO**

**GUARDIAN(S) FOR MINOR CHILDREN**

| Full Name | Full Address | Relationship | Age |
|-----------|--------------|--------------|-----|
|           |              |              |     |

**ALTERNATE GUARDIAN(S) FOR MINOR CHILDREN**

| Full Name | Full Address | Relationship | Age |
|-----------|--------------|--------------|-----|
|           |              |              |     |

## **BENEFICIARIES**

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

All to spouse:                                **YES**                                **or**                                **NO**

Other: \_\_\_\_\_

If spouse predeceases me:

Equally to all children?                    **YES**                                **or**                                **NO**

All to children but different percentages to particular children?    **YES**                    **or**                    **NO**

At what age are your children to receive their share of your Estate?

\_\_\_\_ all at 18? or another age \_\_\_\_\_  
\_\_\_\_ % at \_\_\_\_\_ years    \_\_\_\_\_ % at \_\_\_\_\_ years  
\_\_\_\_ % at \_\_\_\_\_ years  
\_\_\_\_ other \_\_\_\_\_

The age of majority is 18 in Alberta. Unless specified otherwise, the Will will be drafted so that your Executor will hold each child's share in trust until the specified age with power to encroach on income and capital for education, maintenance and support.

If one child dies before you do, or before attaining the age at which she/he is entitled to the share, who shall receive that share or the amount remaining?

\_\_\_\_ the children of the deceased child (my grandchildren)  
\_\_\_\_ my surviving children only  
\_\_\_\_ other \_\_\_\_\_

## **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 survive you but die before becoming entitled to receive their entire portion of your Estate?

\_\_\_\_ One (½ ) half to my parents and one (½ ) half to spouse's parents  
\_\_\_\_ One (½ ) half to my brothers and sisters and one (½ ) half to my spouse's brothers and sisters who are then alive in equal shares  
\_\_\_\_ Charities (*Please Provide Mailing Addresses and Phone Numbers*)  
\_\_\_\_ Other \_\_\_\_\_

## **SPECIFIED GIFTS OR LEGACIES**

List items or amounts and who is to receive it:

*(Caution: Do not list items unless they are valuable or of great sentimental value)*

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## **MONEY FOR GUARDIANS**

If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require:

- A lump sum of money to be paid to them to buy a larger house, to renovate their current house, to buy a larger vehicle etc. in order to accommodate your children?
- If so, then how much would you like to give to them for this purpose?
- A monthly amount to be paid to them to assist with the additional monthly expenses that they will incur as a result of raising your children?
- If so, then how much per month per child would they require?

## **EXECUTOR COMPENSATION**

Executors are entitled to receive compensation for the time, effort and expertise that is spent by them in administering your Estate. This can be a lump sum amount or a percentage of your Estate. If you wish your Executor to receive compensation for acting on your behalf, you may specify that they be compensated according to the usual Rules, or you may specify the dollar amount or percentage of your Estate they are to receive. They will also be entitled to reimbursement for any out-of-pocket expenses they incur in administering your Estate.

In Alberta a rough guideline of the compensation that a Executor is entitled to is 1% to 5% of the value of your Estate. If you wish to specify in your will the compensation that is to be received by your Executor will it be:

- according to the usual Rules
- a percentage of your Estate, and if so, what will that percentage be?
- a set amount, and if so, how much will that amount be? \_\_\_\_\_

If you have named more than one (1) Executor to act on your behalf, is compensation shared or are they each to receive the amount or percentage specified? \_\_\_\_\_

**SECTION 3**  
**FINANCIAL INFORMATION**

The purpose of this section is to 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 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 paper.

**REAL ESTATE**

Principal Residence: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

Ownership:     **Joint Tenancy**     **or**     **Tenancy in Common**

**Please list all other farm land and or real property you own by land location and indicate the ownership of each parcel of land.**

**(ie. Joint Tenants, Single Ownership, Tenants in Common)**

**LAND LOCATION**

**OWNERSHIP**

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

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

**DOES YOUR FARM OWN A  
REGISTERED BRAND?** \_\_\_\_\_

**IF YES - WHO IS THE BENEFICIARY  
OF THE BRAND?** \_\_\_\_\_



**Has any of the previously noted land been recently transferred to a child as a joint tenant?**

**Yes            No**

**If YES please provide additional details:**

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**INTEREST IN MINES AND MINERALS**

| <b>Land Location</b> | <b>Interest<br/>(ie. full ownership, ½ interest)</b> |
|----------------------|--|
|                      |  |
|                      |  |
|                      |  |
|                      |  |

**BANK ACCOUNTS**

**Are your bank accounts held in joint names with anyone other than your spouse?    Yes        No**

**If YES please list name(s) on the account**

| <b>Names on Account</b> | <b>Bank Name<br/>&amp;<br/>Address</b> | <b>Account Number</b> | <b>Relationship of<br/>Account Holders<br/>(ie. parent, child)</b> |
|-------------------------|--|-----------------------|--|
|                         |  |                       |  |
|                         |  |                       |  |
|                         |  |                       |  |

**GUARANTEED INVESTMENT CERTIFICATES**  
**TERM DEPOSITS**

| BANK NAME & ACCOUNT NUMBER | LOCATION | MATURITY DATE |
|----------------------------|----------|---------------|
|                            |          |               |
|                            |          |               |
|                            |          |               |

**Are your GIC'S or Term Deposits, being held in trust for anyone?**  
**YES      NO**

**If YES please list the bank, account number and name of person the investment is held in trust for:**

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**REGISTERED RETIREMENT SAVINGS PLANS**  
**REGISTERED RETIREMENT INCOME FUNDS**  
**TAX FREE SAVING ACCOUNTS**

| FINANCIAL INSTITUTION | LOCATION | BENEFICIARY |
|-----------------------|----------|-------------|
|                       |          |             |
|                       |          |             |
|                       |          |             |

**Do your RIF's, RRSP's, TFSA's, have designated Beneficiaries listed with your financial institution? YES      NO**

**If YES please list beneficiaries:**

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**Are the beneficiaries designated with your financial institution different from the beneficiaries listed in the REST and RESIDUE of your Will? YES NO**  
**If YES please explain why:**

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**LIFE INSURANCE POLICIES**

| COMPANY | VALUE | POLICY # | BENEFICIARY |
|---------|-------|----------|-------------|
|         |       |          |             |
|         |       |          |             |

**Does your Life Insurance Policy have designated Beneficiaries listed?**  
**YES NO**

**If YES please list beneficiaries:**

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**Are the beneficiaries designated with your financial institution different from the beneficiaries listed in the REST and RESIDUE of your Will? YES NO**  
**If YES please explain why:**

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**SEGREGATED FUNDS**

| COMPANY | VALUE | BENEFICIARY |
|---------|-------|-------------|
|         |       |             |
|         |       |             |
|         |       |             |

**PENSION PLANS**

| COMPANY | BENEFICIARY |
|---------|-------------|
|         |             |
|         |             |
|         |             |

**DEBTS OWED TO YOU**

(by children or anyone else)

Does anyone owe you money (e.g. Personal Loans, Promissory Notes, Mortgages)?

**YES    NO**

If **YES** - provide details:

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**BUSINESS INTERESTS** (e.g. private company, partnership, sole proprietorship, etc.)?

Please describe:

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**SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS,  
BONDS AND DEBENTURES**

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**VALUABLE PERSONAL PROPERTY**  
(e.g. automobiles, mobile homes, boats, heirlooms, etc.)

| Description | Location of Property |
|-------------|----------------------|
|             |                      |
|             |                      |
|             |                      |
|             |                      |

**ANY OTHER ASSETS NOT LISTED ABOVE**

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**ADDITIONAL INFORMATION**

Do you have an interest in any assets outside Alberta?  
**YES      NO**

If **YES** please provide further details.

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Do you have an interest in any assets outside Canada?  
**YES      NO**

If **YES** please provide further details.

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Have you made any loans or advances to family members or others that are to be repaid?

**YES NO**

If **YES** please provide further details.

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Have you made any loans or advances to family members or others that are to be forgiven?

**YES NO**

If **YES** please provide further details.

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**SECTION 4**  
**LIABILITIES**

**CREDITOR AMOUNT**

Are any of your debts life insured?

**YES NO**

If **YES** please provide further details.

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**SAFETY DEPOSIT BOX**

| Location | Box Number | Registered Name(s) | Location of Keys |
|----------|------------|--------------------|------------------|
|          |            |                    |                  |
|          |            |                    |                  |

***\*\*Please ensure your Executors are aware of the location of your Safety Deposit Box key\*\****

## **FUNERAL ARRANGEMENTS**

On your death do you want your body to be buried?

**YES      NO**

If **YES**, do you have a preference as to where it should be buried?

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Would you prefer that your body be cremated?

**YES      NO**

If **YES** do you have any instructions as to what is to be done with your ashes?

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Have you already pre-arranged these matters? If so, with which company:

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Do you wish for your organs to be donated?

**YES      NO**

Do you wish for your body to be donated for medical research?

**YES      NO**

**\*\*PLEASE NOTE YOU ARE NOT ABLE TO DONATE YOUR ORGANS IF YOU WISH FOR YOUR BODY TO BE DONATED FOR MEDICAL RESEARCH.**

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

**Please return it to our office**

**via fax 403-443-2025**

**or**

**via email to [pjfenton@tainsh.ca](mailto:pjfenton@tainsh.ca)**