



WILL QUESTIONNAIRE

Personal info:

LEGAL NAME/ANY OTHER NAMES YOU GO BY: _____

ADDRESS: _____

OCCUPATION: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (include city): _____ MARITAL STATUS: _____

PHONE NUMBER: _____ E-MAIL: _____

DO YOU CURRENTLY HAVE A POWER OF ATTORNEY OR REPRESENTATION AGREEMENT? _____

LOCATION WHERE YOU WILL KEEP YOUR WILL: _____

WOULD YOU LIKE TO HAVE YOUR WILL REGISTERED AT THE VITAL STATISTICS AGENCY IN VICTORIA, BC? YES NO

Spouse info:

LEGAL NAME/ANY OTHER NAMES THEY GO BY: _____

ADDRESS: _____

OCCUPATION: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (include city): _____ MARITAL STATUS: _____

Children info:

LEGAL NAME: _____ MARITAL STATUS: _____

ADDRESS: _____

DATE OF BIRTH: _____ ANY CHILDREN OF THEIR OWN: _____

LEGAL NAME: _____ MARITAL STATUS: _____

ADDRESS: _____

DATE OF BIRTH: _____ ANY CHILDREN OF THEIR OWN: _____



Executor info: (Executor administers your estate, manages debts, maintains trust funds, delivers funds to beneficiaries)

EXECUTOR: _____ RELATIONSHIP: _____

ALTERNATE EXECUTOR: _____ RELATIONSHIP: _____

CO-EXECUTORS TO ACT TOGETHER OR SEPARATELY: _____

Guardian info: (Skip if children are 19 or older) (Guardian will be legally responsible for children until they are 19)

GUARDIAN: _____ RELATIONSHIP: _____

ALTERNATE GUARDIAN: _____ RELATIONSHIP: _____

Funeral instructions:

BURIAL/CREMATION REQUEST: _____

Gifts:

BENEFICIARIES/ALTERNATE BENEFICIARIES: (Names and relationship)

SPECIFIC GIFTS:



POWER OF ATTORNEY

An Attorney is someone you can trust who can handle your legal and financial affairs for your benefit if you become mentally incapacitated prior to death. It is recommended that everyone execute a Power of Attorney while they are mentally fit to ensure their affairs are in order if the need for an Attorney ever arises.

Do you currently have a Power of Attorney? _____

Who do you wish to give Power of Attorney to?

NAME: _____

ADDRESS: _____

OCCUPATION: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____ RELATIONSHIP: _____

Would you like them to act independently (either one can act) or together (must act in agreement with one another)?

Would you like your Attorney to have the power to appoint a substitute attorney (in the event they are unable to act) ?

ADVANCE DIRECTIVE

A Power of Attorney will cover you for legal and financial situations but it does not deal with health and personal care decisions. An Advance Directive will tell health care providers what health care you want or do not want if you are unable to express your wishes yourself. These instructions must be followed by health care providers without consulting your family or friends.

Would you like more information regarding an Advance Directive? _____



SUMMARY OF ASSETS

Please list approximate balance of cash and term deposits:

FINANCIAL INSTITUTION: _____ BALANCE: _____

FINANCIAL INSTITUTION: _____ BALANCE: _____

FINANCIAL INSTITUTION: _____ BALANCE: _____

Life Insurance:

INSURANCE COMPANY: _____ AMOUNT: _____

BENEFICIARY: _____

INSURANCE COMPANY: _____ AMOUNT: _____

BENEFICIARY: _____

Real Estate:

PROPERTY OWNED: _____

NAME(S) ON TITLE: _____

JOINT TENANCY OR TENANTS IN COMMON: _____ APPROXIMATE VALUE: _____

MORTGAGE: _____ IS MORTGAGE INSURED: _____

PROPERTY OWNED: _____

NAME(S) ON TITLE: _____

JOINT TENANCY OR TENANTS IN COMMON: _____ APPROXIMATE VALUE: _____

MORTGAGE: _____ IS MORTGAGE INSURED: _____