

**QUESTIONNAIRE FOR WILLS, POWERS OF ATTORNEY AND
REPRESENTATION AGREEMENTS**

1. Full legal name: _____

2. Occupation: _____

3. Residential address: _____

4. Telephone no.: _____

5. Cell phone no.: _____

6. Date of birth: _____

7. Place of birth: _____

8. If outside B.C., when arrived in B.C.: _____

9. Date of Marriage: _____

10. If in marriage-like relationship, date relationship commenced: _____

11. Full legal name of wife/spouse: _____

12. Children:

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

13. Are there children from prior relationships for you or your spouse?

If yes: you ___ /spouse ___/both _____

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

Name: _____

Date of birth: _____

Marital status: _____

Children of his/her own: _____

If yes, how many and ages: _____

Child's occupation: _____

Child's address or city in which

he or she resides: _____

14. How is your relationship with your children?

Child no. 1: _____

Child no. 2: _____

Child no. 3: _____

15. Are your parents alive?

Mother: _____

Father: _____

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16. Describe your state of health:

17. Can you manage your financial affairs?

18. Does anyone assist you in managing your financial affairs?

19. Do you own real estate?

Yes _____ No _____

If yes and residential, whose name(s) is/are on title?

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20. Do you own non-residential real estate?

If yes, what type?

Rental: _____

Recreational: _____

Commercial: _____

21. Do you anticipate any changes to the title(s) ?

22. Do you own other investments?

Stocks _____

Mutual Funds _____

TFSA _____

RRSP/RRIF _____

Insurance policy(ies) _____

Annuity(ies) _____

Bank GIC/Term dep _____

Bank chequing account _____

Bank Savings account _____

23. Have you designated a beneficiary in any assets you own?

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If you have designated, then

Asset:

Who is designated?

24. First choice of Executor:

Name: _____

Status (relative, spouse, friend...) _____

Address/city: _____

25. Alternate or Co-Executor:

Name: _____

Status (relative, spouse, friend...) _____

Address/city: _____

26. Do you want another person as Executor?

Name: _____

Status (relative, spouse, friend...) _____

Address/city: _____

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27. Specific bequests you want to make (person/charity, etc.):

a) Name: _____

Status: _____

Kind of gift: _____

b) Name: _____

Status: _____

Kind of gift: _____

c) Name: _____

Status: _____

Kind of gift: _____

28. Residue (what is remaining after the specific gifts described above) **distribution:**

a) Name: _____

Status: _____

Portion of residue (%): _____

b) Name: _____

Status: _____

Portion of residue (%): _____

c) Name: _____

Status: _____

Portion of residue (%): _____

d) Name: _____

Status: _____

Portion of residue (%): _____

29. Should any beneficiary be the subject of a Trust?

I) Name: _____

Status: _____

II) Name: _____

Status: _____

30. Do you want your Executor to have a gift for their services or just claim Executor fee pursuant to BC legislation?

i) Claim under legislation: _____

ii) Specific amount: _____

31. Do you want your Executor to have any special authority or powers?

Yes: _____

Type: _____

No: _____

32. What kind of funeral?

Cremation: _____

Burial: _____

Prior arrangements/payment? _____ Yes

_____ No

Memorial ? _____ Yes

_____ No

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33. Where should original Will be kept?

Lawyer's Office: _____

Safety Deposit Box: _____

Home: _____

Other: _____

34. Power of Attorney (remember, you are alive here) (financial management only)

I) First choice:

Full Name: _____

How connected to you? _____

Occupation: _____

Address: _____

II) More than one Attorney?

Co-Attorney or alternate? Co-Attorney _____

Alternate: _____

How connected to you? _____

Address(es): _____

III) Attorneys may act separately? _____ Yes _____ No

Must act together? _____ Yes _____ No

IV) Should Attorney(s) be paid or no? _____ Yes _____ No

V) Extent of Power:

Are there any restrictions?

Land only: _____

Investments only: _____

Other: _____

Period of time (e.g. the next year only) _____

No restrictions: _____

VI) When should the POA become effective?

Immediately: _____

Future (when?) _____

VII) Where should the original be kept?

Lawyer's Office: _____

Safety Deposit Box: _____

Home: _____

Other: _____

35. Representation Agreement (you are alive) (this for health care only)

Who should be your representatives:

Full Name: _____

Occupation: _____

How connected to you? _____

Address: _____

Date of birth: _____

Most appropriate phone no.: _____

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Full Name: _____

Occupation: _____

How connected to you? _____

Address: _____

Date of birth: _____

Most appropriate phone no.: _____

Full Name: _____

Occupation: _____

How connected to you? _____

Address: _____

Date of birth: _____

Most appropriate phone no.: _____

36. End of Life Preferences and type of care preferences:
