



Heritage Law*

Instruction Questionnaire for Wills and Estate Planning

Date:		
Your Name: Surname:		Given: (including other names you are known by)
Previous Surname(s):		Maiden Surname:
Address:		Postal Code:
City:	Home Phone:	Work Phone:
Email Address:		
Birth date:		Birth Place: (city, country)
Occupation:		Citizenship(s) (all):
If retired, former occupation:		Registered Indian under <i>Indian Act</i> :
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting		
Marriage: <input type="checkbox"/> Legal <input type="checkbox"/> Common Law		Date of Cohabitation:
Date of Marriage:		Place of Marriage:
Marriage or pre-nuptial agreement?		Cohabitation Agreement?
Separation Agreement?		Spousal or Maintenance Agreement or court order?
(if any of the above apply, please provide copies)		
Legal guardianships: <input type="checkbox"/> Minor (other than own children) <input type="checkbox"/> Disabled adult		
Currently acting as executor?		(if yes, please bring copy of person's Will)
Spouse's Name: Surname:		Given Names: (including other names you are known by)
Previous Surname(s):		Maiden Surname:
Address:		Postal Code:
City:	Home Phone:	Work Phone:
Birth date:		Birth Place: (city, country))
Occupation:		Citizenship(s) (all):
If retired, former occupation:		Registered Indian under <i>Indian Act</i> :
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting		
Separation Agreement?		Spousal or Maintenance Agreement or court order?
(if any of the above apply, please provide copies)		
Legal guardianships: <input type="checkbox"/> Minor (other than own children) <input type="checkbox"/> Disabled adult		
Currently acting as executor?		(if yes, please bring copy of person's Will)

Children				
<i>(please indicate if child has a disability or is deceased):</i>				
Name	Date of Birth	Is child yours? Your spouse's? Both?	Address	Phone Number
Grandchildren				
<i>(please indicate if child has a disability or is deceased):</i>				
Name	Age	Mother/Father	Address	
Next of Kin				
<i>(if you do not have children, list your closest relatives, ie. parents, siblings, nieces, nephews, etc.):</i>				
Name	Age	Relationship	Address	
Other Dependants				
<i>(if there is someone dependent upon you for financial support, such as an elderly parent):</i>				
Name	Age	Relationship	Address	

Assets/Liabilities

(please complete a list of assets, with details of type of ownership and approximate values, if possible):

	Value \$
<input type="checkbox"/> Residence	
Registered Owner(s):	
Joint Tenants or Tenants in Common?	
Mortgage(s):	
Is mortgage life insured?	
<input type="checkbox"/> Other Real Property:	
Registered Owners:	
Joint Tenants or Tenants in Common?	
Mortgage(s):	
Is mortgage life insured?	
<input type="checkbox"/> RRSP/RRIF:	
1. In whose name(s)?	
Institution:	
Beneficiary:	
2. In whose name(s)?	
Institution:	
Beneficiary:	
3. In whose name(s)?	
Institution:	
Beneficiary:	
<input type="checkbox"/> Investment Accounts:	
1. In whose name(s):	
Institution:	
2. In whose name(s):	
Institution:	
3. In whose name(s):	
Institution:	
<input type="checkbox"/> Life Insurance:	
1. In whose name(s):	
Term/Whole Life:	
Beneficiary:	

2. In whose name(s):	
Term/Whole Life:	
Beneficiary:	
<input type="checkbox"/> Pension:	
1. In whose name(s):	
Name of Pension Authority:	
Beneficiary:	
2. In whose name(s):	
Name of Pension Authority:	
Beneficiary:	
<input type="checkbox"/> TFSA:	
1. In whose name(s):	
Institution:	
Beneficiary:	
2. In whose name(s):	
Institution:	
Beneficiary:	
<input type="checkbox"/> RESP/RDSP:	
1. In whose name(s):	
Institution:	
Beneficiary:	
<input type="checkbox"/> Bank Accounts:	
<input type="checkbox"/> Trusts:	
<input type="checkbox"/> Business Assets:	
<input type="checkbox"/> Motor Vehicles (year, make, model, who owns):	
<input type="checkbox"/> Collectibles and other valuables:	

<input type="checkbox"/> Debts and other Liabilities (type, creditor/institution, amount, in whose name)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>			
ESTIMATED VALUE OF YOUR ESTATE(S) (lawyer may complete)						
NOTES: _____ _____ _____						

WILL INSTRUCTIONS will be taken by your lawyer at your consultation meeting. Some issues to consider before you come in:

- Executors, guardians, etc (see below)
- Do you have any special wishes for personal and household effects
- Do you want to leave a cash gift to anyone
- Do you want to leave a gift to charity
- Do you want to leave any other specific gifts such as real estate, shares of a business, etc
- How do you want the residue of your estate (after payment of debts, taxes and any specific gifts) to be divided
- What are your funeral wishes (burial, cremation)

EXECUTORS – If you know who you want to appoint as your executor(s), please fill in here.

	Person 1 Primary	Person 2 Alternate <input type="checkbox"/> (Joint w primary <input type="checkbox"/>)	Person 3 Alternate <input type="checkbox"/> (Joint <input type="checkbox"/>)
Full name			
Address			
Occupation			
Relationship to you			

If you appoint a financial institution as a primary or alternate executor and trustee, may we provide to it:

- a copy of your executed Will? ☐ yes ☐ no
- information from this questionnaire? ☐ yes ☐ no

GUARDIAN(S) – If you have a child/children under age 19 or anticipate having children, and you know who you want to appoint as your guardian, if the other parent cannot act, please fill in here.

	Person 1 Primary	Person 2 Alternate <input type="checkbox"/> (Joint w primary <input type="checkbox"/>)	Person 3 Alternate <input type="checkbox"/> (Joint <input type="checkbox"/>)
Full name			
Address			
Occupation			
Relationship to you			

ENDURING POWER OF ATTORNEY – If you know who you would like to appoint to manage your financial affairs during your life now and in the future particularly if you become incapacitated, please fill in here.

	Person 1 Primary	Person 2 Alternate <input type="checkbox"/> (Joint w primary <input type="checkbox"/>)	Person 3 Alternate <input type="checkbox"/> (Joint <input type="checkbox"/>)
Full name			
Address			
Occupation			
Relationship to you			

REPRESENTATION AGREEMENT – If you know who you would like to appoint to look after your medical and personal care needs in the future should you become incapacitated, please fill in here.

	Person 1 Primary	Person 2 Alternate <input type="checkbox"/> (Joint w primary <input type="checkbox"/>)	Person 3 Alternate <input type="checkbox"/> (Joint <input type="checkbox"/>)
Full name			
Address			
Telephone no.			
Date of birth			
Occupation			
Relationship to you			

Do you wish to be allowed to die with dignity - i.e. not kept alive by artificial means or heroic measures? ☐ yes ☐ no

Do you wish medication administered for pain, even if those drugs might cause you to die sooner? ☐ yes ☐ no

Do you have any other specific directions concerning your health or personal care (eg. no blood transfusions, die at home, etc.)?