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BARRISTERS & SOLICITORS
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CONFIDENTIAL WILLS QUESTIONNAIRE

SECTION 1: PERSONAL AND FAMILY INFORMATION

1.1 TESTATOR (PERSON MAKING WILL)

FULL NAME: _____

VARIATIONS OR NICKNAMES: _____

RESIDENTIAL ADDRESS: _____

PHONE: _____

BUSINESS: _____

BUSINESS ADDRESS: _____

PHONE: _____

OCCUPATION: _____

BIRTH PLACE: _____

BIRTH DATE: _____

MARITAL STATUS

1. IF MARRIED

PLACE OF MARRIAGE: _____

PREVIOUS MARITAL STATUS:

- SINGLE
- DIVORCED
- WIDOWED

2. IF SINGLE

PREVIOUS MARITAL STATUS:

- DIVORCED
- WIDOWED

1.2 SPOUSE

- SPOUSE
- LIVING MATE

FULL NAME: _____

RESIDENTIAL ADDRESS:

- SAME AS ABOVE

OR:

PHONE: _____

BUSINESS ADDRESS: _____

PHONE: _____

OCCUPATION: _____

BIRTH PLACE: _____

BIRTH DATE: _____

(D)(M)(Y)

DO THE SPOUSES WISH TO MAKE THE SAME OR VERY SIMILAR WILLS:

- YES
- NO

ARE THERE ANY MARRIAGE CONTRACTS, DIVORCE SETTLEMENTS, OR OTHER RESTRICTIONS ON TESTAMENTARY FREEDOM?:

- NO
- YES: PLEASE DESCRIBE: _____

1.3 CHILDREN AND DEPENDANTS

NAME	AGE	REMARKS*

* NOTE: **Adopted children** – please indicate with an “A” in the remarks column.
Step children – please indicate with an “S” in the remarks column.
Disabled children – please indicate with a “D” in the remarks column.
Children not living with Testator – please indicate with a “B” in the remarks column. Please advise with\ whom these children reside.

FURTHER REMARKS:

1.4 OTHER DEPENDANTS (E.G. MOTHER, FATHER, ETC.)

NAME	ADDRESS	RELATION TO TESTATOR	AGE

SECTION 2: GENERAL WILL CONSIDERATIONS**2.1 APPOINTMENT OF EXECUTORS**

NAME(S): _____

ADDRESS: _____

PHONE: _____

OCCUPATION(S): _____

RELATIONSHIP TO TESTATOR: _____

ALTERNATES (not required but recommended): _____

2.2 EXECUTORS POWERS

	YES	NO	?
1 Broad power to choose investments?			
2 Trustee allowed to buy property from Estate?			
3 Continue Business as required?			
4 Use capital for education & maintenance of children?			
5 Deal with real property? (lease, rent, mortgage, etc.?)			
6 Settle Claims?			
7 Borrow Money?			
8 Other powers you wish trustee to have? State below			

2.3 GUARDIANS

NAME(S): _____

ADDRESS: _____

PHONE: _____

OCCUPATION: _____

RELATIONSHIP TO TESTATOR: _____

ALTERNATES (not required) :

NAME(S): _____

ADDRESS: _____

PHONE: _____

OCCUPATION: _____

RELATIONSHIP TO TESTATOR: _____

2.4 DISPOSITION OF REMAINS

Please indicate any special provisions that you wish to make. For example, burial, cremation, donation of organs to science or for transplants etc...

2.5 PREVIOUS WILLS

Have you made any other previous wills?

YES

NO

LOCATION: _____

SECTION 3: DISPOSITION OF ESTATE

3.1 ENTIRE ESTATE TO SPOUSE IF SURVIVING

YES

OR STATE BELOW:

3.2 IF SPOUSE DIES AT SAME TIME OR PREDECEASES

IN TRUST FOR CHILDREN UNTIL EACH CHILD REACHES THE AGE OF _____

OTHER:

IF CHILDREN PREDECEASED OR DIE BEFORE ATTAINING QUALIFYING AGE, IS THEIR SHARE TO GO TO THEIR CHILDREN?

OUTRIGHT TO THOSE GRANDCHILDREN, OR STATE TRUSTS BELOW:

3.3 IF SPOUSE AND ALL CHILDREN/GRANDCHILDREN HAVE DIED WHEN TESTATOR DIES, ESTATE TO GO TO:

NAME	ADDRESS	RELATION TO TESTATOR

*NOTE: PLEASE CHECK WITH CHARITIES FOR PROPER DESCRIPTION IF WISHING TO BENEFIT.

3.4 SPECIAL GIFTS

- SPECIAL PERSONAL PROPERTY, SPECIFIC CASH GIFTS AS STATED BELOW.
- IN ANY EVENT (I.E. WHETHER SPOUSE SURVIVES OR NOT).
- ONLY IF SPECIFIC EVENT OCCURS, AS STATED BELOW.

NAME	ADDRESS	RELATION	Circumstance	ITEM DESCRIPTION/ AMOUNT

SPECIFIC EVENT: _____

SECTION 4: DESCRIPTION OF ASSETS AND LIABILITIES

4.1 BANK ACCOUNTS OR OTHER LIKE ASSETS READILY CONVERTIBLE TO CASH

BANK & BRANCH	ACCOUNT NO.	TYPE	REMARKS

*NOTE: PLEASE INDICATE IF THE ACCOUNT IS JOINT WITH ANOTHER PERSON BY PLACING A "J" IN THE REMARKS COLUMN.

4.2 STOCKS, BONDS AND CERTIFICATES OF INVESTMENT

PLEASE ATTACH LIST IF THERE IS INSUFFICIENT SPACE.

NAME OF COMPANY	NUMBER HELD & VALUE	REMARKS

4.3 LIFE INSURANCE

ISSUING COMPANY	POLICY AMOUNT	BENEFICIARY	REMARKS

*NOTE: PLEASE INDICATE IF IT IS A GROUP POLICY BY PLACING A "G" IN THE REMARKS COLUMN.

EMPLOYMENT
OR OTHER GROUP (DESCRIBE BELOW):

4.4 PENSION FUNDS (including RRSP's, RHOSP's and other plans or annuities)

INSTITUTION PLACED WITH	APPROX AMOUNT	TYPE	BENEFICIARY

4.5 REAL ESTATE

SAME AS RESIDENTIAL

MUNICIPAL ADDRESS: _____

LEGAL DESCRIPTION: _____

VALUE: _____

MORTGAGE HELD BY: _____

JOINT TITLE: _____

4.6 COMPANY/PARTNERSHIP/OWNED or partially owned by Testator

NAME	REGISTERED OFFICE OR PLACE OF BUSINESS	INTEREST HELD

AND BUY/SELL AGREEMENT IN EFFECT?: _____

4.7 AUTOMOBILES AND SPECIAL PERSONAL PROPERTY

(art work, jewellery, family heirloom)

TYPE OR DESCRIPTION	VALUE	LOAN HELD BY