



WILLS QUESTIONNAIRE

1. YOUR FULL NAME: _____
BIRTH DATE & PLACE: _____
ADDRESS: _____
TELEPHONE: (HOME) _____ (BUSINESS) _____
OCCUPATION: _____ MARITAL STATUS: _____
DATE AND PLACE OF MARRIAGE: _____
SPOUSE'S NAME: _____
DIVORCES (When, Where, Support Obligations): _____

COMMON LAW RELATIONSHIP DURATION: _____
EMAIL _____

2. EXECUTOR(S): Please indicate whether: alone () or jointly ()
FULL NAME: _____ RELATIONSHIP _____
ADDRESS: _____
FULL NAME: _____ RELATIONSHIP _____
ADDRESS: _____

3. ALTERNATE EXECUTOR(S): Please indicate whether: alone () or jointly ()
FULL NAME: _____ RELATIONSHIP _____
ADDRESS: _____
FULL NAME: _____ RELATIONSHIP _____
ADDRESS: _____

4. FAMILY LAW ACT CLAUSES:

Please choose between either clause (a) and (b) or clause (c):

___ (a) If my spouse survives me then whether or not my spouse makes an election pursuant to the Family Law Act 1990 to take under my Will or to receive the entitlement under section 5 of the said Act, my spouse will be deemed to survive me for the purpose of being trustee of my Will;

AND

(b) If my spouse is the beneficiary of a policy of life insurance or a pension plan then I direct that my spouse shall receive full payment under the policy or plan in addition to the entitlement under section 5 of the Family Law Act, 1990.

OR:

___ (c) If my spouse elects under the provisions of the Family Law Act, 1990, to receive the spouse's entitlement under Section 5 of the said Act, my spouse shall be deemed to have predeceased me for all purposes of Will and any Codicil thereto.

5. SPECIFIC BEQUESTS:

ITEM:	GIVEN TO:	RELATIONSHIP:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. RESIDUE:

___(a) All to spouse absolutely for his/her own use, and if my spouse predeceases me or dies within 30 days of my death, then to my children in equal shares per stirpes.

Names and dates of birth of children:

- (i) _____ Date of Birth: _____
- (ii) _____ Date of Birth: _____
- (iii) _____ Date of Birth: _____
- (iv) _____ Date of Birth: _____

___(b) Life interest to spouse, and then to issue in equal shares per stirpes.

___(c) If no spouse/children, then print name and relationship of beneficiaries, and basis of division.

(i) Name: _____	Relationship: _____	% Share: _____
(ii) Name: _____	Relationship: _____	% Share: _____
(iii) Name: _____	Relationship: _____	% Share: _____
(iv) Name: _____	Relationship: _____	% Share: _____
(v) Name: _____	Relationship: _____	% Share: _____

Other:

7. MINOR CHILDREN:

If minor children, specify age(s) at which bequests shall vest:

() 100% at age ___ OR: () ___% at age ___
 & ___% at age ___

8. GUARDIAN(S): Indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

ALTERNATE GUARDIAN(S): Indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

9. DO YOU WISH TO HAVE ISSUE BORN OUTSIDE MARRIAGE (if any), or who have been adopted, or who have been born as the result of a previous marriage, to be treated for all purposes of your Will equally with your other issue?

YES () NO () Please specify which: _____

10. DO YOU WISH TO BE CREMATED? YES () NO ()
DO YOU WISH TO BE BURIED? YES () NO ()

FUNERAL INSTRUCTIONS:

POWER OF ATTORNEY (PERSONAL CARE)

11. ATTORNEY(S): Please indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

12. ALTERNATE ATTORNEY(S): Please indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

13. SPECIFIC INSTRUCTIONS:

POWER OF ATTORNEY (PROPERTY)

14. ATTORNEY(S): Please indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

15. ALTERNATE ATTORNEY(S): Please indicate whether: alone () or jointly ()

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP _____

ADDRESS: _____

16. SPECIFIC INSTRUCTIONS:

If there are any other matters which you wish to have included in your Will or Powers of Attorney, but which are not provided for in this questionnaire, please draw them to our attention so that they may be dealt with appropriately.

DONNELL LAW GROUP

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