

QUESTIONNAIRE FOR WILLS INSTRUCTIONS

(A) Client Information:

Name: _____
(Please provide all given names as on your birth certificate or latest change of name certificate)

Other known
Names/Alias _____

Address _____

Home
Telephone: _____

Work
Telephone: _____

Occupation: _____

DOB: _____

Marital
Status: _____

(B) Estate Trustee (Executor): (Please complete as required)

(Please complete address, relationship & occupation)

Address: _____

Relationship: _____

Occupation _____

Alternate Estate
Trustee: _____

Address: _____

To be completed by client and faxed to the Law Office of Catherine A. Egboye at (905) 827-8281

Relationship: _____

Occupation _____

(C) Funeral Instructions: (Please specify funeral or cremation details)

Donation of Organs: Do you wish to donate organs for purposes of transplant or medical research? (Please specify)

(D) DISPOSITION OF ASSETS: (Please complete beneficiary information as it applies to your situation.)

(i) Personal (Household) (Attach list as required)

Effects: _____

Beneficiary
Name _____

(ii) Real Estate: (Do you own your home solely or jointly) if joint please provide name of other party/spouse

Property
Address: _____

Beneficiary
Name _____

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Alternate beneficiary: _____

Property Address: _____

Beneficiary Name _____

Alternate beneficiary: _____

(iii) RRSP Funds & Life Insurance: _____

Beneficiary Name _____

Alternate beneficiary: _____

(iv) Pensions: _____

Beneficiary Name _____

Alternate beneficiary: _____

(E) **GUARDIANS** (Please complete if you have children under the age of 18. You may want to choose an alternative (or two); should your first choice be unable to fulfill the guardian role.

Guardian(s): _____

Relationship: _____

Alternate Guardian(s): _____

Relationship: _____

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(F) RESIDUE: (For everything not listed above.) A residue provision must be included.

First

Choice: _____

Alternate: _____

(G) LEGACIES: (Specific Gifts to Particular Individuals) – Please complete information below if you want to make specific gifts in your will. Also attach a list if required.

Name of Beneficiary	Address	Gift item description

(H) SPECIAL INSTRUCTIONS/ADDITIONAL COMMENTS:
