



QUESTIONNAIRE FOR WILL PREPARATION

Client Information:

Name:

Address:

Phone Numbers: Home: Work:

1. NAME

(Please provide all given names as on your birth certificate or latest change of name certificate including middle names and other known names (alias) and city of residence.

Name:

City:

2. ESTATE TRUSTEE (EXECUTOR)

You need to choose an executor of your will. (You can appoint one, or more to work together as co-executors). This should be someone you trust. A beneficiary can also be an executor. Please also select an alternative, just in case the person you choose dies before you, or cannot act in this capacity.

Executor(s):

Relationship:

Alternate:

Relationship:

3. Funeral/Organs (Optional):

If you wish to specify funeral arrangements (i.e. you wish to be cremated, or keep expense to a minimum), you may do so in your will.

Also, you may wish to indicate whether or not you wish **to donate your organs** for purposes of transplant and/or research.

4. RRSPs, PENSIONS, INSURANCE

Please indicate whether or not you have RRSPs, and whether you are entitled to pension benefits and/or life insurance. Please note that normally, you designate a beneficiary with the institution administering these benefits, and if that beneficiary is living at the time of your death, they will not pass through your will, avoiding probate taxes. However, if for some reason you have not so designated a beneficiary, or if the designated beneficiary has predeceased you, it is a good idea to mention who you wish these benefits to go to in the event of your death. Please also select an alternate.

RRSP?

If yes, beneficiary:

Alternate beneficiary:

Pension(s)? Please list:

If yes, beneficiary:

Alternate beneficiary:

Life insurance? Yes Please list:

If yes, beneficiary:

Alternate beneficiary:

5. GUARDIANS

If you have children under the age of 18, think about whom you would want to raise them if something happened to you or your spouse. If you are divorced or separated from the child's (children's) other parent, the other parent would get custody in the event of your demise. Choose a guardian any way, just in case the other parent predeceases you, or for some reason cannot fulfill their parental duties. You may want to choose an alternative (or two), just in case your first choice cannot fulfill the guardian role.

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

Guardian(s):

Relationship:

Alternate:

Relationship:

6. DISPOSITION OF ASSETS

(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

7. REAL PROPERTY

Please give the address of your principal residence, and any other properties that you own. Please also indicate to whom you would like to leave this property in the event of your death.

Address:

Beneficiary:

Alternate:

2nd Address: _____

Beneficiary: _____

Alternate: _____

8. RESIDUE

Whatever property is not specifically mentioned above is called the residue of your estate, which is usually the bulk of your estate. This includes any property, money in the bank or investments, vehicles, etc. Please indicate to whom you want your estate to be gifted to, and in what percentages (i.e. shared equally, or include your desired percentages). Please also select an alternate(s) in case your designated beneficiaries predecease you.

Beneficiary: _____

Beneficiary: _____

Beneficiary: _____

Beneficiary: _____

Alternate: _____

Alternate: _____

POWER OF ATTORNEY

In a **Continuing Power of Attorney for PROPERTY**, you are giving someone you trust the authority to act on your behalf to do anything for you with regard to any of your property or finances, *except make a will*. This is usually done only in the event of your incapacity, but can also be executed for a specified period of time, for example, when you are out of the country.

Attorney: _____

Alternate: _____

Power of Attorney for PERSONAL CARE is executed by you in the event of your incapacity. You are authorizing someone you trust to make medical decisions for you when you are unable to speak for yourself.

Attorney: _____

Alternate: _____