

Instruction Questionnaire for Wills and Estate Planning

I ask that you complete as much as possible of this form before we meet because it will provide me with essential information and help me to identify the items we should discuss with you. Please call me if you have any questions.

The questionnaire is divided into five parts. The first part asks for information about you and your family. The second part asks for information about your assets. The third part of the questionnaire is intended to assist you to decide what should be in your Will, and the fourth part asks about a few related estate planning documents. While you may not be able to answer all the questions in Parts 3 and 4, you will at least have an opportunity to think about them before we meet. The fifth part is for my use.

The form may not elicit from you all the information you wish to give me or that I will wish to obtain from you. Please make note of all additional information concerning you, your family, assets, and liabilities you feel may be necessary or helpful to me in advising you.

Please note that the questionnaire assumes that only British Columbia law applies. If this situation is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will. I would be pleased to assist you with that. Unless expressly requested to do so, I will not check the names of the registered owners of assets but will rely on the information you give me.

Please complete only one questionnaire per couple.

Date: _____

PART 1—CLIENT INFORMATION

1. INFORMATION ABOUT YOU

(*An asterisk in the following section indicates information required by the Law Society of British Columbia: client identification and verification rules.)

*** Name (full)**

Other names you are or have been known by
(for example, your name is Shaun but you use "Sandy")

*** Address**

*** Occupation** (if retired, also include former occupation)

*** Business address**

Date of birth:

Place of birth:

Relationship status (including plans to marry):

single engaged married separated divorced
 widowed cohabiting

Citizenship: Canadian USA other:
 registered Indian as defined in the *Indian Act*

Permanent residence: Canada USA other:

On what date did you:

(a) move to Canada (if applicable):

(b) become a Canadian citizen (if applicable):

Do you have a parent or grandparent who is a/was a U.S. citizen? yes no

* Telephone no. [home]:

* Telephone no. [work]:

Cell phone no.:

E-mail address:

Fax:

Telephone before faxing?

yes no

Correspondence to be sent to:

home other:

2. INFORMATION ABOUT YOUR SPOUSE OR PARTNER

(*An asterisk in the following section indicates information required by the Law Society Rules if acting for both the client names above and his/her spouse/partner.)

*** Full name of spouse/partner**

Other names your spouse/partner is or has been known by

*** Occupation** (if retired, also include former occupation)

*** Business address**

Date of birth [dd/mm/yy]

Place of birth [city/province/country]

Relationship status (including plans to marry)

single engaged married separated divorced

widowed cohabiting

Your marriage is: a legal marriage

a common-law marriage

Citizenship: Canadian USA other:

registered Indian as defined in the *Indian Act*

Permanent residence: Canada USA other:

On what date did your spouse/partner:

(a) move to Canada (if applicable):

(b) become a Canadian citizen (if applicable):

Does your spouse/partner have a parent or grandparent who is a/was a U.S. citizen?

yes no

* Telephone no. [home]:

* Telephone no. [work]:

Cell phone no.:

E-mail address:

Fax:

Telephone before faxing?

yes no

3. YOUR MARRIAGE

Date of marriage:

Place of marriage:

Country and province/state of residence when you married?

Have you signed a marriage agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have you signed a separation agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have any family law proceedings taken place or been commenced? yes no

4. PRIOR MARRIAGE(S)

Have you been previously married? yes no

Name(s) of former spouses(s)?

Do you have to pay maintenance to your children or former spouse? yes no

If we do not have a copy of the agreement or court order regarding maintenance provisions, please provide us with one so that we may determine your estate's obligations (if any) under it.

5. OTHER PERSONAL RELATIONS

Are you now cohabiting with someone other than a spouse named above? yes no

Name

If you are not married, but cohabiting with someone, he or she may have a claim for maintenance or an interest in wealth acquired during your relationship.

Have you signed a cohabitation agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have you ceased cohabiting with someone with whom you cohabited for two years or more? yes no

6. YOUR CHILDREN

The word “child” includes a child of your marriage, a child born outside of marriage, and an adopted child. Please provide the following information for each of your children and your spouse or partner’s children.

Full name	Birthdate	U.S./resident? (Yes/No)	U.S./citizen? (Yes/No)	Is the child yours? Your spouse/ partner’s? Or both?	Does the child reside with you?

Please mark with a (*) if the child has a disability, with a (**) if the child is deceased, and with a (***) if the child is a resident or citizen of a country other than Canada or the U.S.

7. YOUR NEXT-OF-KIN

If you do not have a spouse or child, please list those who are your closest relatives: parents, siblings, nieces or nephews, etc. Please identify those closest by relationship and also indicate (*) those with whom you have the closest personal connection.

Full name	Age	Address	Relationship

8. OTHER DEPENDANTS

Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent?

[] yes [] no

If yes, please complete the following:

Full name	Address	Relationship

Please mark with a (**) if the dependant has a disability.

9. OTHER RESPONSIBILITIES

Are you now serving as the legal guardian for a person under age 19 (other than your own children?)

[] yes [] no

If yes, full name, address and relationship to you?

Full name	Address	Relationship

Are you now serving as the committee or other legal guardian for a disabled or incapacitated adult?

[] yes [] no

If yes, full name, address, and relationship to you?

Are you now serving as executor of an estate of someone who has died?

[] yes [] no

Who do you want to appoint to act in your place if you die before you complete the administration of the estate?

Full name, address, occupation, and relationship to you?

Have you been appointed as the executor for anyone who is still living? yes no

Are you entitled to appoint someone to act in your place if you die before this person? yes no

Who do you want to appoint?

Full name, address, occupation, and relationship to you?

Full name	Address	Relationship

Are you now acting as an Attorney:

no if yes: full name, relationship and address of donor:

enduring springing

10. ADDITIONAL INFORMATION

(Note that a sketch of your family tree may be helpful.)

PART 2—FINANCIAL INFORMATION

ASSETS

Please record the assets you have and provide the requested information. If you have additional assets, please attach a separate listing.

1. REAL ESTATE

Residence	In your name	In spouse/ partner's name	In joint names * [] joint tenants [] tenants in common
Street address			
Legal description, if known			
Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	[] yes [] no	[] yes [] no	[] yes [] no
Acquisition date			
Acquisition cost			
Recreational real estate	In your name	In spouse/ partner's name	In joint names * [] joint tenants [] tenants in common
Street address			
Legal description, if known			
Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	[] yes [] no	[] yes [] no	[] yes [] no
Acquisition date			
Acquisition cost			

Property Tax

Are you deferring property tax?

[] yes [] no

If yes, approximate balance owing: \$

Investment real estate	In your name	In spouse/ partner's name	In joint names * <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street address			
Legal description, if known			
Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	[] yes [] no	[] yes [] no	[] yes [] no
Acquisition date			
Acquisition cost			

Other interests in real estate

Have you granted any option to anyone to buy your real estate?

[] yes [] no

If yes, details:

Do you have any options to buy any other real estate?

[] yes [] no

If yes, details:

Do you have a life interest or long-term lease on any property?

[] yes [] no

If yes, details:

Have you sold any property by way of an ongoing agreement for sale?

[] yes [] no

If yes, details:

Other:

2. BUSINESS INTERESTS

Interest in a proprietorship (unincorporated business)

	In your name	In spouse/ partner's name	In joint names *
Description			
Estimated net value			
Estimated original cost (or adjusted cost base)			

Interest in a partnership

Please attach a copy of your partnership agreement.

	In your name	In spouse/ partner's name	In joint names *
Description			
Estimated net value			
Estimated original cost (or adjusted cost base)			

Is your partnership interest life insured? [] yes [] no

Interest in private company(ies)

	In your name	In spouse/ partner's name	In joint names *
Description			
Estimated net value			
Estimated original cost (or adjusted cost base)			

Location of certificates:

Is there a shareholders' agreement or a buy-sell agreement,
or any other restriction on sale? [] yes [] no

Please attach a copy of the most recent financial statements and any shareholders'
agreement or buy-sell agreement.

Is there life insurance to buy out your interest on your death? [] yes [] no

If you are the only director, do you want to appoint an additional director? [] yes [] no

Have you used your capital gains exemption (if shares qualify?) [] yes [] no

Has anyone appointed you as an attorney under a power of attorney? [] yes [] no

3. FINANCIAL AND PERSONAL ASSETS

Bank accounts & term deposits

	In your name	In spouse/ partner's name	In joint names *
Financial institution name			<input type="checkbox"/> Survivor takes all <input type="checkbox"/> Joint for convenience, forms part of Estate <input type="checkbox"/> Beneficial interest to survivor on death
Account no.			
Amount			

Securities/bonds/shares

(please note any restrictions on sale or trade)

	In your name	In spouse/ partner's name	In joint names *
Description			<input type="checkbox"/> Survivor takes All <input type="checkbox"/> Joint for convenience, forms part of Estate <input type="checkbox"/> Beneficial interest to survivor on death
Location			
Value			
Acquisition date			
Acquisition cost			

Life insurance

	On your life	On spouse/ partner's life	On joint lives *

Insurance company			
Policy no.			
Owner			
Designated beneficiary			
Amount			

Pension plans & annuities

	In your name	In spouse/ partner's name	In joint names *
Plan issuer			
Terms			
Beneficiary			
Amount			

RRSPs & RRIFs

	In your name	In spouse/ partner's name	In joint names *
Plan issuer			
Account no.			
Designated beneficiary			
Amount			

RESPs

	You	Someone Else	In joint names *
Subscriber			
Account no.(s)			
Plan beneficiaries			
Successor			

subscribers			
-------------	--	--	--

TFSAs

	In your name	In spouse/ partner's name	In joint names *
Plan issuer			
Account no.			
Successor holder			
Designated beneficiary			
Amount			

Collectibles & other valuables

(indicate if items are not located in or at your home)

	In your name	In spouse/ partner's name	In joint names *
Description			
Estimated value			

Personal effects (including furniture, automobiles, boats, etc.)

(indicate if items are not located in or at your home)

	In your name	In spouse/ partner's name	In joint names *
Description			
Estimated value			

Digital or electronic property and online accounts

Do you have any digital or electronic property or online accounts?

For example, domain names, websites or other accounts such as social media, e-mail, cloud storage, online gaming, subscription media and electronic commerce or any digital works such as blog posts, photographs, videos or websites.

Other substantial assets

For example, does someone owe you money? Do you have a valuable club membership?

		In spouse/	
--	--	-------------------	--

	In your name	partner's name	In joint names *
Description			
Estimated value			

Do you have interests in any existing estates or trusts?

Are you holding any assets in trust for anyone else?

If you have interests in any existing estates or trusts, or are holding any assets in trust for anyone else, please provide details including description and location:

Foreign assets

Airmiles or Aeroplan or similar reward points plans

Plan issuer	Name on account	Account number	Estimated value (miles, points, \$)

Are any of your assets located outside British Columbia? yes no

What and where:

LIABILITIES

4. SPECIFIC LIABILITIES

Do you have any of the following liabilities?

Loans payable? yes no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Guarantees? yes no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Indemnities? [] yes [] no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Other? [] yes [] no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

“Other” creditors may include former spouses or partners and their claims for maintenance or the division of family assets.

Have you given any security agreements for any amounts owed by you? [] yes [] no

If yes, please provide details:

Have you agreed to buy any property? [] yes [] no

If yes, please provide details:

5. U.S. REPORTING

If you are a U.S. citizen:

(a) Have you filed U.S. tax returns for the past six years? [] yes [] no

(b) Have you filed U.S. FBAR forms with respect to your non-U.S. bank and investment accounts?

yes — for which tax years: _____ no

If your spouse or partner is a U.S. citizen:

(a) Has your spouse or partner filed U.S. tax returns for the past six years? yes no

(b) Have you or your spouse or partner filed U.S. FBAR forms with respect to your non-U.S. bank and investment accounts?
 yes — for which tax years: _____ no

6. REPORTING IN OTHER COUNTRIES

If you or your spouse is a resident or citizen of any other jurisdiction, are income tax returns filed in that jurisdiction? yes no

Details:

7. ENVIRONMENTAL ISSUES

“Industrial Activity” means chemical, construction, dry-cleaning, electrical, electronic, laboratory, machinery, metal fabrication, photo development, printing or publishing, service stations, textiles and wood preservation, vehicle maintenance or transportation, and like activities.

Are you now or have you ever in the past been involved in a business (as an owner or operator) that carried on an Industrial Activity? yes no

Do you now own, or have you ever in the past owned, land on which an Industrial Activity was carried on? yes no

Are you aware of any environmental contamination on land or buildings you now own or you owned in the past? yes no

8. ESTIMATED NET VALUE OF ESTATE

	Your name	Spouse/ partner's name	Joint names
Total assets			
Less total debts			
Less estimated tax			
Total net value of estate	<u> </u>	<u> </u>	<u> </u>

PART 3—WILL INSTRUCTIONS

1. EXECUTOR/TRUSTEES

Who do you want to appoint as your executor(s) and trustee(s)? If appointing more than one person, please indicate whether primary, alternate, or joint.

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			
	Primary [] Joint with others named [] Alternate []	Primary [] Joint with others named [] Alternate []	Primary [] Joint with others named [] Alternate []

Do you wish a majority of your trustees to be able to make decisions?

yes no, all must act unanimously

2. APPOINTMENT OF GUARDIAN(S) FOR UNDERAGE CHILDREN

Do you have any underage children or do you anticipate having children? yes no

Who is to be the guardian(s) of your children should you die before they reach age 19? Indicate whether primary, alternate, or joint.

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			
	Primary [] Joint with others named [] Alternate []	Primary [] Joint with others named [] Alternate []	Primary [] Joint with others named [] Alternate []

3. PERSONAL EFFECTS

Personal effects include clothing, jewellery, household goods, furniture, automobiles, boats, and art. Do you want to leave a particular personal effect to anyone?

[] yes [] no

If yes, please complete the following:

Full name	Address	Relationship to you	Description of item

4. CASH LEGACY

Do you want to give a cash gift to anyone?

[] yes [] no

If yes, please complete the following:

Full name	Address	Relationship to you	Amount

5. CHARITABLE GIFTS

Do you want to give cash or another gift to charity?

[] yes [] no

If yes, please complete the following:

Name of charity	Address	Cash amount/ specific assets

We recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Canada Revenue Agency registered charity, and, if the gift is to be used for a particular charitable purpose, that the charity in fact carries on that purpose. Note that gifts of appreciated shares in publicly traded companies to a charity may be very tax effective.

6. GIFT OF RRSP OR RRIF

Have you filed a designation of beneficiary with the plan issuer(s)?

No/Don't know, but I want _____ to be the beneficiary.

Yes, but I want to change the beneficiary to _____
_____.

Please check with the plan issuer as to the plan's requirements for making a valid designation. Some plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.

If your RRSP/RRIF beneficiary is not the beneficiary of your estate, you should know that the estate (not the RRSP beneficiary) may be responsible for the income taxes payable on your death with respect to your RRSP.

7. GIFT OF TFSA

Have you designated a successor holder with the TFSA issuer(s)?

No/Don't know, but I want _____ to be the successor or holder.

Yes, but I want to change the holder to _____
_____.

Have you filed a designation of beneficiary with the TFSA issuer(s)?

No/Don't know, but I want _____ to be the beneficiary.

Yes, but I want to change the beneficiary to _____
_____.

Please check with the TFSA issuer as to the TFSA's requirements for making a valid designation. Some arrangements may require a prescribed form to be filed with the issuer. Others may not permit a designation to be made by Will.

There may be preferential income tax treatment available if your spouse or common-law partner is designated as the successor holder of your TFSA.

8. GIFT OF PENSION PLAN

Legislation applicable to your pension plans may vary. The B.C. *Pension Benefits Standards Act*, for example, may require that your pension benefits be paid to your spouse. The definition of “spouse” may vary from plan to plan. Have you filed a designation of beneficiary with the plan administrator(s)?

Have you filed a designation of beneficiary with the plan issuer(s)?

No/Don't know, but I want _____ to be the beneficiary.

Yes, but I want to change the beneficiary to _____

_____.

Please check with the pension plan administrator as to the plan's requirements for making a valid designation. Some plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.

9. SPOUSAL RRSP CONTRIBUTION

Within 60 days of the end of the year in which you die, your executors may make a final contribution to a spousal RRSP.

Do you want your estate to make a contribution to an RRSP in your spouse's name? yes no

Do you want the contribution to include any unused contribution room that you may have accumulated in earlier years? yes no

10. RRSP CONTRIBUTION

If there is no surviving joint contributor to your RESP, your executors may be able to become a successor contributor to that RESP.

Do you want your estate to make a contribution to any RESP you set up, if possible? yes no

11. LIFE INSURANCE POLICIES

If you have already designated a beneficiary with the insurance company, you do not have to duplicate the designation in your Will.

Do you want to designate a beneficiary or change the beneficiary of your insurance policy(ies)? yes no

Which policies? all
 some

List the insurance company(ies) and policy no(s):

Beneficiary's full name and relationship to you?

We recommend that you file a designation of beneficiary with the insurance company. If you change your designation by Will, do not file any further documents with the

insurance company without consulting your lawyer.

12. AIRMILES OR AEROPLAN OR SIMILAR REWARD POINTS PLAN

Does your plan permit your points to be transferred by Will? yes no

If yes, describe membership(s)	Beneficiary's name, address, and relationship to you

13. SPECIFIC GIFTS—OTHER

Do you want to leave a particular asset such as real estate, shares of a family business, or a club membership to a particular person? yes no

Assets	Beneficiary's name, address and relationship to you

If the gift is of real estate:

(a) Is there an existing mortgage on the property? yes no

(b) If yes, do you want

the beneficiary to assume the mortgage?

or

your estate to pay off the mortgage?

(c) Who is to pay any Property Transfer Tax on the transfer?

recipient

residue of your estate

(d) Who is to bear income taxes (tax on capital gains) that may arise as a result of the deemed disposition of the asset?

beneficiary

residue of your estate

14. TRUST FUND

Do you want to set aside a fund for the support of a dependant such as a parent or child with a disability during his or her lifetime? yes no

Dependant's full name and relationship to you?

Amount to be put in trust fund (or share of residue of your estate—see section 15 below):

Is he or she currently receiving disability benefits, or other income subject to a means test? yes no

15. RESIDUE OF YOUR ESTATE

The residue of your estate consists of the assets remaining in your estate after payment of liabilities, taxes, specific gifts, legacies, and so on. (If you want the residue of your estate to go to your spouse or partner and children, please complete A and B below.) If you want it to go to someone else, please skip to section 16 below.

A. Provision for spouse or partner

Select one option:

Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.

Spouse or partner trust: My executor is to invest my Estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse's or partner's lifetime.

May your executor use capital for the benefit of your spouse or partner if your executor thinks it is necessary? yes no

On the death of my spouse or partner, the remainder is to be distributed to my children or others per B (below)

Other provision for spouse or partner (*please describe*)

None (*why?*)

If your spouse or partner is not happy with what you leave him or her, he or she may be able to make a wills claim for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to your spouse or partner or why he or she is neither in need nor deserving.

B. Provision for children

What provision do you want to make for your children after any prior provisions for your spouse or partner?

Select one option:

- My estate is to be divided equally among all my children. If a child predeceases me, his or her share of my estate is to go to his or her children.

- My estate is to be divided equally among all my children but they are not to receive their inheritance until the following age(s):

_____ % at age _____, then _____ % at age _____, then balance at age _____.

Before then, my executor can use a child's inheritance for his/her benefit if my executor thinks it is necessary. If a child dies before receiving 100% of his or her share of my estate, what is left is to go to his or her children.

- Other provision for children (*please describe*)
(*if unequal, why?*)

- None (*why?*)

If any of your children are not happy with what you leave them, any of them can make a wills variation claim for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to a child or why he or she is neither in need nor deserving.

C. Alternate Beneficiaries

Whom do you want to receive your estate if none of your primary intended beneficiaries (that is, spouse/partner, children, grandchildren) lives to inherit?

Full name of person or charity	Address	Relationship	Portion of residue

Please provide dates of birth for any minors and note if the beneficiary has a disability or is a resident or citizen of a country other than Canada.

16. RESIDUE OF ESTATE—OTHER PROVISIONS

If you do not have a spouse/partner or children or do not want to leave your estate to them, whom do you want to receive your estate?

Full name	Address	Relationship	Portion of residue

17. EXECUTOR'S POWERS**Investments**

If your executor needs to invest your estate, what kind of investments can your executor invest in?

Select one option:

- unrestricted (any investment my executor thinks is appropriate)
 restricted (to be discussed with lawyer)
-

Dealing with privately owned business

If your estate owns shares of a private company, or an interest in a business:

- Can your executor carry on that business? yes no
Can your estate make loans to the business? yes no
Can the loans be unsecured? yes no
Can the loans be interest free? yes no
Can your executor act as a director and get paid as a director? yes no
-

Loans to beneficiaries

- Can your executor make loans to beneficiaries? yes no
Can the loans be unsecured? yes no
Can the loans be interest free? yes no

Guarantees

Can your executor renew a guarantee you gave before your death? yes no

Can your executor give new guarantees? yes no

Borrowing power

Can your executor borrow on behalf of your estate on the security of estate assets? yes no

Estate assets

Can your executor hold, as estate investments, investments you own at your death? yes no

Can your executor give a beneficiary his or her share of the estate by way of specific items or investments other than cash only? yes no

Can your executor repair assets before selling or distributing them? yes no

Can your executor purchase estate assets? yes no

The general rule is that an executor cannot purchase an estate asset.

18. FUNERAL

Do you wish to be buried cremated

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes? yes no

If yes, please describe below. Please inform your family of your wishes and request that they honour them.

Have any pre-paid arrangements been made? yes no

If yes, with whom?

19. MUTUAL WILL

If you and your spouse or partner sign Wills leaving your estates to each other, is your spouse free to change his or her Will at any time, including after your death should you die first? yes no

If no, we recommend that your estate be held in trust for your spouse/partner rather than be an outright gift. (See section 15 above.) Discuss this decision with your lawyer.

20. ORGAN DONOR

Have you registered as an organ donor? yes no

Please inform your family of your wishes in this regard and request that they honour them. See www.transplant.bc.ca.

21. ADDITIONAL COPIES

Do you want to send a copy of your Will and any other documents we prepare for you to anyone? yes no

If yes, set out name, address, and relationship to you:

We typically do not recommend giving copies to friends or relatives—only to a corporate trustee or other professional advisor who is obliged to keep the contents confidential.

22. CORPORATE EXECUTOR

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

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

23. RELEASE OF WILL TO ATTORNEY ACTING UNDER A POWER OF ATTORNEY

If your Attorney(s) named in your Power of Attorney requests your Will, may we provide to him/her:

- your executed Will? yes no
 - a copy of your executed Will? yes no
 - information about assets you have given to specific people in your Will? yes no
 - information from this questionnaire? yes no
-

24. SPECIAL INSTRUCTIONS

Is there anything else you want included in your Will or to discuss with us about your Will or your personal circumstances?

PART 4—OTHER ESTATE PLANNING DOCUMENTS

1. LIVING WILL/PERSONAL DECLARATION/DNR

Have you signed a living will setting out your wishes for death with dignity and no heroic measures?

Yes *(please provide us with a copy)*

No

Would you like to?

yes no

2. ADVANCE MEDICAL DIRECTIVE

Have you signed an Advance Medical Directive setting out your binding instructions for future health care that medical professionals are required to follow?

Yes *(please provide us with a copy)*

No

Would you like to?

yes no

3. NOMINATION OF COMMITTEE/ADULT GUARDIAN

Have you signed a Nomination of Committee in which you name the person or corporate trustee you would like the court to appoint as legal guardian if you should become incapable of managing your financial affairs/your person?

Yes *(please provide us with a copy)*

No

If no, would you like to sign one?

yes no

If yes, please complete Part 3 of the Nomination of Committee Questionnaire.

4. ENDURING POWER OF ATTORNEY

Would you like to have an Enduring Power of Attorney giving someone authority to look after your financial affairs now and in the future and particularly if you should become incapacitated?

yes no

If yes, please complete Part 3 of the Nomination of Committee Questionnaire.

5. REPRESENTATION AGREEMENT

Do you have a representation agreement in which you have named someone to make, or assist you in making, health and personal care decisions? yes no

If no, would you like to name someone? yes no

If yes, please complete Part 2 of the Representation Agreement (Health and Personal Care) Questionnaire.

PART 5—FOR LAW FIRM’S USE

Conflicts check complete? yes no

Date(s) of meeting with clients *[list]*

Persons present at meeting *[list]*

Languages	English read?	<input type="checkbox"/> yes <input type="checkbox"/> no	
	English spoken?	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Translator required?	<input type="checkbox"/> yes <input type="checkbox"/> no	language:

Contemplation of marriage? yes no

Indian Act applicable? yes no

Testamentary capacity? yes no

Undue influence? yes no

Disabled beneficiaries? yes *[list]* no

Wills variation/family law/constructive trust/
unjust enrichment issues? yes *[list]* no

By selecting yes, we are noting in our file that we have considered and advised our client regarding these issues.

Section 251 of the *Income Tax Act* applicable? Discussed?

- Requires provision for “restrictions regarding private companies”.
- Requires separate springing Power of Attorney for shares of private companies: powers restricted to appointment for voting shares (to avoid the application of s. 251 of the *Income Tax Act* to shares of private corporations in Canada in which the donor has an interest until such time as the attorney, presumably having considered the consequences, appoints someone to vote shares).
-

Foreign issues: Domicile:

 Marriage in community property regime? yes no

 Foreign citizenship? yes no

 Assets outside British Columbia? yes no

 Foreign reporting? yes no

 Capacity under foreign law? yes no

 Either parent born in USA? yes no

Joint tenancy(ies) (in name or in fact) yes *[list]* no

Insurance declaration? yes no

Survivorship considered? yes no

Taxes on transfer of property—income tax, property transfer tax, and
so on? yes *[list]* no

Saunders v. Vautier considered? yes no

Rule against perpetuities problem? yes no

Previous Will? yes no

 Date?

 Significant difference(s) from previous Will?

 Reasons for change?

Executor’s remuneration?

Other advisors investment advisor trust company representative
 life insurance agent accountant other:
and permission to speak with them about the Will?

Attorney

Permission to provide Will to Attorney yes no

Permission to provide information regarding specific gifts to Attorney? yes no

Business partner(s)?

Copies to? Draft/final?

Will required by: *[date]*
 e-mail mail courier fax (phone first?)

Estimates:	Fees	\$ <i>[amount]</i>	
	Taxes	\$ <i>[amount]</i>	
	<i>plus</i>	Wills Notice	<input type="checkbox"/> yes <input type="checkbox"/> no
		photocopies/ mailing/fax	<input type="checkbox"/> yes <input type="checkbox"/> no
	Total	\$ <i>[amount]</i>	

Location of executed original(s):
(Client needs to file Wills Notice if will is not kept in lawyer's office.)

Location of user names and passwords for digital or electronic property and online accounts:

Referral tax advisor
 family law advice
 other:
