

## WILLS and ESTATE PLANNING - MASTER QUESTIONNAIRE

### 1. BASIC INFORMATION

Full legal name:

Any other names by which you are known<sup>1</sup>:

Any pre-marriage family name:

Are there any legal or government documents which do not have your correct legal name?<sup>2</sup>

Address:

Telephone number(s):

E-mail:

*Is this a private and confidential email and can be used for legal communications?*

Date of birth:

City, Province and Country of birth:

<sup>1</sup> For example: A person named "Maurice Harold Smith" who is known by everybody in his family as "Bill".

<sup>2</sup> For example: A person named "Alexander Stanforth Jones" whose Canadian citizenship card refers to him as "Stanforth Alexander Jones" or "Alexander Jones Stanforth".

Previous city of residence:

## **2. EMPLOYMENT**

If you are employed, please provide employer's name and address:

If your employment has any benefits that relate to estate planning (*for example, a pension plan, or stock participation*) please let me know here:

*If you are self-employed please fill out "3. Self-Employment & Business"*

## **3. SELF-EMPLOYMENT & BUSINESS**

Are you self-employed? If so, what business? Does it operate under a business name?

Are you an owner of (or significant shareholder in) a corporation or partnership from which you draw income?

Do you operate a business which requires succession planning to address matters of ownership and control? If so, please provide brief details.

**4. RELATIONSHIPS: MARITAL STATUS**

Single, and never common-law or married

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Married

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Divorced

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Single and never married but previous common law relationship or marriage

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Common-Law / Cohabiting

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Widow / Widower (Spouse Deceased)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**5. CHILDREN (ETC.) / GUARDIANSHIP**

Do you have any children? If so, please list their full names and birth dates.

*If you need extra room, please use*

Do you have any stepchildren? If so, please list their full names and birth dates.

Do you have any grandchildren or step-grandchildren? If so, please list their full names and birth dates.

Are you the legal guardian of, or act *in loco parentis* [i.e. in the role of a parent] to, any children who are not children or stepchildren (for example, guardian for a sick friend's child, or looking after your grandchildren)?

If so, please list their full names and birth dates.

## **6. PARENTS / GRANDPARENTS**

Are your parents still alive? If so, please provide names and ages, and answer "paternal or maternal".

Are your grandparents still alive? If so, please provide names and ages, and answer "paternal or maternal".

## **7. WHO GETS WHAT? ESTATE DISTRIBUTION**

### **Beneficiaries (specific items):**

Please give me a basic description of who you want to receive specific items or specific bequests from your estate. (For example, "my mother's antique clock goes to my niece X", or "any shares in Corporation X that I hold at my death go to my nephew X".) Please be careful not to give incompatible instructions. (For examples: Don't use your will to dispose of shares whose transfer is covered by a shareholder's agreement. Don't purport to dispose of an asset that you own jointly with someone else.)

**Beneficiaries (residue):**

*“Residue” is what is left in the estate after (a) all debts, taxes, etc. are paid, and (b) after specific bequests are distributed.*

Please give me a basic description of who you want to receive the residue of your estate.

*(For example, “my son and my two daughters, each to get a third of the residue”.)*

**Beneficiaries (alternates):**

*There is no guarantee that a person that you name as a beneficiary will be alive at the time of your death. Wills therefore require alternate beneficiaries. (For example:” if my son Titus dies before me, his share to his children”.)*

Please give tell me your alternate choices.

If your alternate choices mean a change in the redistribution plan, please give details. *(For example, if the estate was to be divided into thirds, but if all three named beneficiaries die the estate is to go in its entirety to charity, here is where you should inform me.)*

**8. WHO WILL LOOK AFTER YOUR ESTATE: TRUSTEES / EXECUTORS *etc.***

Please tell me who you want to be your executor(s), and pick an alternate for them if they are unwilling or unable to act. *Think carefully about this:* you will need to pick someone who is (a) reliable and (b) who has the capacity to actually handle an estate, and (c) that someone has to be willing to undertake the duty (which can often be frustrating and time-consuming), and (d) someone who is likely to be alive and able to do their duties when you die. (There is no point in a healthy thirty-year-old testator naming a sixty-five-year-old as her executor, for example. There is no point in naming a person with serious or accelerating health problems as an executor.)

**Primary Executor(s)**

Please list for me who you want to be the executor(s) of your estate. You can name one person, or multiple people.

If you are choosing multiple executors, are they acting jointly, or with one particular person in charge? If they act jointly, which one of them has the final say in case of any dispute?

**Executor(s) (alternates):**

*There is no guarantee that a person that you name as an executor will be alive at the time of your death. Wills therefore require alternate executors. It is wise to name two alternates.*

Please list your alternate choices.

**9. MEDICAL / DOCTORS / HENSON TRUSTS**

Do you have any medical issues at all which may impact on estate planning?

*(For example: Have you ever been treated for a physical or mental illness which beneficiaries might argue impacted on your ability to make a will? Do you have health issues which may require establishment of a trust for your own care?)*

Do you have a child or parent or some other person who has a disability or illness (or is likely to develop one) for whom you wish to make provision? (If so, it may be necessary to create a “Henson Trust”, which is an estate planning tool which protects a disabled person’s assets from being clawed back by a government providing social assistance to that person.)

Are you on, or likely to be on, social benefits (or may possibly be on social benefits, due to illness, disability, or any other cause)?

If so, please provide details.

Are any of your beneficiaries on (or likely to be on or may later be on) social benefits due to illness, disability, or any other cause?

If so, please provide details.

**10. PROFESSIONAL ADVISORS**

Do you have any professional advisors who are relevant to your estate planning? *(For example: accountants; financial planner(s); tax specialists; a person who holds some or all of your financial records; a lawyer who holds or drafted your current or previous will.)*

Please give me the names, professions and contact information of any such professionals.

**11. PREVIOUS WILLS and “TESTAMENTARY DISPOSITIONS”**

Do you currently have a will? If so, when was it made?

*If you have a current will, please be sure to provide me with the original. If you don't have an original, please provide a copy and tell me what happened to the original.*

Have you ever previously made a will that is no longer in effect? If so, when and where and what happened to it?

*If you have a copy of such a past will, please be sure to provide me with the original. If you don't have an original, please provide a copy and tell me what happened to the original.*

Have you ever made any deeds, gifts, or promises (whether written or oral) regarding the disposition of your estate *(for example, a promise to a nephew to leave him a specific car)?*

Have you ever made notes regarding what you want done with your estate, in whole or in part?

*It is best to provide me with the originals. Such notes can cause problems later on if they are found, and are at odds with the Will.*

**12. FUNERAL ARRANGEMENTS; MEMORIALS; NOTIFICATIONS**

Do you have any funeral / memorial plans in place (including disposal of your remains, prepayment of burial plots, etc.)?

Do you have any preparations made for notification to friends (etc.) of your death?

Do you have preparations made to deal with your social media accounts upon your death? If so, please provide details.

Do you wish to address these matters in your will, or discuss them further with your lawyer?

**13. COUPLES and JOINT PLANNING: MIRROR WILLS and MUTUAL WILLS**

Do you want....

A **mutual will** (that is, a will that is linked to another will by contract, and cannot be changed without the consent of both will makers)?

A **mirror will** (that is, a will that is identical to another, but can be changed by one will maker without the consent of the other)?

*Please bear in mind that mirror wills can cause problems later on. For example: John X and Jane X agree that when the first one dies the other gets everything, but when the second one dies the residue will be split evenly between the two families. If John dies in January, 2025 there is nothing stopping Jane from changing her will a week later to leave everything to her family and nothing to John's family.*

A **codicil**? This is is a document which amends a will and is an attachment to it. (*Note: These are increasingly very rare: with printers it is easier and better to produce a new and updated will.*)

#### **14. OTHER and MISCELLANEOUS**

Is there any other matter which you believe will impact on or be relevant to your estate planning? If there is *anything at all*, or anything unusual or out of the ordinary, please let us know here.

Is there any other question that you have about estate planning in general or your estate in particular? If there is *anything at all*, please ask me here.

## **15. POWERS OF ATTORNEY / LIVING WILL**

Do you wish to have a [Power of Attorney](#) for Property?

Do you want it to be a [Continuing Power of Attorney](#) or [Non-Continuing](#)? Or do you require both?

Do you wish to have a [Power of Attorney for Personal Care](#)?

Do you wish to have a [Living Will](#)?

*NOTE: Where you inform us that the attorneys and alternates for the POAs are the same people as the Will trustees for the will we will just operate from those questionnaires.*

## **16. THE WILLS REGISTRY FOR ONTARIO**

As of October of 2018, [WillCheck.ca](#), a Wills Registry for Ontario, is now open for use by lawyers across the province. Through Will Check, lawyers can deposit the location information about wills they create for their clients. In the future, this information stored with Will Check will assist in easier access for trustees and testators:

- Will Check is a wills registry to store the location information for wills (not the wills themselves).
- Will Search requests, if successful, will return the contact information of the lawyer who holds or who drafted the will.
- Requests and submissions can only be made by licensed members of the Law Society of Ontario (formerly Law Society of Upper Canada).
- There are currently no fees to register or search for will information.

*Will Check is curated by the County of Carleton Law Association, funded in part by the Federation of Law Associations (FOLA).*



We recommend that you register your will. If you want this, or have any questions, please let me know here:

**17. ADDITIONAL INFORMATION**

If any of the form fields above didn't provide enough room, please put the extra information or questions here.

**DATE:**

**SIGNATURE:**