

**GOLDEN LAW OFFICE
WILL QUESTIONNAIRE**

This Will questionnaire will be used to provide you with legal advice in the preparation of your Will. It will also provide your Executors with information as to your assets. It is important to provide as much detail as possible. Once this information has been provided, Peggy Golden will meet with you to discuss the provisions of your Will.

SECTION 1 – FAMILY INFORMATION

PERSONAL INFORMATION:

Full Name:

Maiden Name:

List any other names you are known by:

Date of Birth:

Address:

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Occupation: _____

Employer:

Employer's Address:

Spouse Name:

Maiden Name:

List any other names you are known by:

Date of Birth:

Address:

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Occupation: _____

Employer:

Employer's Address:

Citizenship: _____

Citizenship: _____

S.I.N. _____

S.I.N. _____

MARRIAGE INFORMATION:

Marital Status:

Marital Status:

Date and Place of Marriage: _____

Previous Marriages: YES / NO

Previous Marriages: YES / NO

If yes, name of previous spouse and date of death/divorce/separation:

If yes, name of previous spouse and date of death/divorce/separation:

Obligations pursuant to previous marriages (e.g. spousal & child maintenance): YES / NO

Obligations pursuant to previous marriages (e.g. spousal & child maintenance): YES / NO

If you are single, separated or divorced:

Are you planning on marrying in the near future? YES / NO If yes, to whom:

Are you now cohabiting with anyone? YES / NO If yes, with whom:

CHILDREN:

Number of Children: _____

Are all the following children from your present marriage? YES / NO

If no, indicate with the appropriate letter beside each child:

P – from previous marriage (husband/wife)

A – adopted

O – born outside of present marriage

Full Name Address Date of Birth Marital Status Names & Ages of Their Children

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Are there any stepchildren, adopted children or illegitimate children of either spouse? YES / NO

Are you responsible for any other children? YES / NO

Are any of your grandchildren adopted, stepchildren, illegitimate? YES / NO

If yes to any of the above questions, give details:

Are any of the children or grandchildren mentally or physically incapacitated? YES / NO

If yes, please describe:

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? YES / NO

Have any of your children predeceased you? YES / NO

If yes, give the name and date of death of the deceased child and the names of their children, if any:

SECTION 2 – FINANCIAL INFORMATION

In left margin please indicate ownership of assets:

J = owned jointly by husband and wife

H = owned by husband

W = owned by wife

O = owned by husband and/or wife with some other person (please describe)

REAL ESTATE:

Principal Residence:

Municipal Address:

Legal Description:

Name(s) on title:

Ownership: Joint Tenancy / Tenancy in Common

Current Market Value \$ _____

Is there an outstanding Mortgage/Secured Line of Credit: YES / NO

Name of Mortgagee(s): _____

Amount Owing on Mortgage(s): _____

Are the mortgage(s) life insured: YES / NO

Other Real Estate:

Describe Municipal Address, Legal Description, Names on Title, Date of Purchase (DP:), Acquisition Cost (AC:), Current Market Value (MV:), Ownership: either Joint Tenancy (J) or Tenancy in Common (C).

1. _____ Address: _____ Legal: _____

Names: _____

DP: _____ AC: _____ MV: _____ J/C

2. _____ Address: _____ Legal: _____
 Names: _____
 DP: _____ AC: _____ MV: _____ J/C

3. _____ Address: _____ Legal: _____
 Names: _____
 DP: _____ AC: _____ MV: _____ J/C

4. _____ Address: _____ Legal: _____
 Names: _____
 DP: _____ AC: _____ MV: _____ J/C

DEBTS OWED TO YOU:

Does anybody owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale?) YES / NO

BANK ACCOUNTS:

Bank Name and Location:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Approximate current balance of all accounts: \$ _____

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS:

Bank Location Principal Value Maturity Date

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

RESP: (Registered Education Savings Plan)

| | Name of Company | Value | Beneficiary |
|-------|-----------------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TFSA: (Tax Free Savings Account)

| | Name of Company | Value | Beneficiary |
|-------|-----------------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LIFE INSURANCE POLICIES: Indicate type: Term ("T") or Permanent ("P")

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Location of insurance policies? _____

Beneficiary: _____

Contingent Beneficiary: _____

PENSION PLANS:

| | Company | Current Value of Benefits to Estate | Beneficiary |
|-------|---------|-------------------------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Indicate type of pension plan (i.e. What legislation governs?)

REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS:

| | Financial Institution | Location | Current Value | Name Beneficiary |
|-------|-----------------------|----------|---------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ANNUITY CONTRACTS:

| | Name of Company | Type of Plan | Value | Beneficiary |
|-------|-----------------|--------------|-------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SHARES IN PRIVATE CORPORATIONS:

Describe full name of company, shareholders, number and type of share owned by each shareholder, name of business, assets owned by company, acquisition cost and current value:

Are there any restrictions on transfer? YES / NO _____

Is there a buy/sell or unanimous shareholders agreement? YES / NO _____

If yes, is it life insurance funded or otherwise funded? _____

PARTNERSHIP/UNINCORPORATED BUSINESS: describe:

SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES:

Approximate Current Value of Portfolio: \$ _____

Location of Share Certificates: _____

VALUABLE PERSONAL PROPERTY: (e.g. art, silverware, stamps, coins, jewellery, automobiles, mobile homes, boats, heirlooms, etc.)

| Description | Location of Property | Acquisition Cost | Current Value |
|-------------|----------------------|------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ANY OTHER ASSETS NOT LISTED ABOVE:

- 1. Have you an interest in any assets outside Ontario? YES / NO
- 2. Have you an interest in another estate or trust? YES / NO
- 3. Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? YES / NO
- 4. Do you own any property in joint tenancy with someone not described above? YES / NO
- 5. Are you the owner of a life insurance policy on the life of another person? YES / NO

Please describe your "yes" answers.

SECTION 3 – LIABILITIES

CREDITOR

AMOUNT

DUE DATE

Other Obligations: (e.g. Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Revenue Canada, etc.)

Are any of your debts life insured? YES / NO _____

Do you have any credit cards which pay life insurance benefits (e.g. if used to purchase an airline ticket)? YES / NO

SECTION 4 – PERSONAL ADVISORS

Name

Company

Address

Accountant

Stock Broker/or Financial Advisor

Life Insurance Agent

Property Insurance Agent

Banker

Other

Other

SAFETY DEPOSIT BOX

| Location | Box Number | Registered Name(s) | Location of Keys |
|----------|------------|--------------------|------------------|
|----------|------------|--------------------|------------------|

FUNERAL ARRANGEMENTS

Have you prearranged your funeral: YES / NO

PLEASE PROVIDE US WITH A COPY OF ANY OF THE FOLLOWING DOCUMENTS WHICH PERTAIN TO YOUR CIRCUMSTANCES:

- | | | |
|--|-----------------------|------------|
| Marriage Contract | Shareholder Agreement | Will |
| Cohabitation Agreement | Buy/Sell Agreement | Codicil(s) |
| Divorce Decree | Partnership Agreement | |
| Separation Agreement | | |
| Minutes of Settlement | | |
| Trust Deed in which you have an ongoing administrative or beneficial interest. | | |
| Will of deceased person or a Trust Deed which names you as a beneficiary. | | |

SECTION 5 – INSTRUCTIONS FOR WILL

Do you now have a Will: YES / NO

Reason for new Will:

EXECUTOR(S):

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. One primary and one alternate executor will likely be sufficient, depending on your circumstances. It is not advisable to choose an executor who resides outside of Canada.

- 1. Full Name: _____
Relationship: _____ Age _____
Address: _____
Occupation: _____
- 2. Full Name: _____
Relationship: _____ Age _____
Address: _____
Occupation: _____

ALTERNATE EXECUTOR(S):

- 1. Full Name: _____
Relationship: _____ Age _____
Address: _____
Occupation: _____
- 2. Full Name: _____
Relationship: _____ Age _____
Address: _____
Occupation: _____

Have all of your executors been asked and are they willing to act? YES / NO

GUARDIAN(S) FOR MINOR CHILDREN:

- 1. Full Name: _____
Relationship: _____
Address: _____
- 2. Full Name: _____
Relationship: _____
Address: _____

ALTERNATE GUARDIAN(S):

1. Full Name: _____

Relationship: _____

Address: _____

2. Full Name: _____

Relationship: _____

Address: _____

Have all the Guardians been asked and are they willing to act?

YES / NO

BENEFICIARIES

Please complete this section for any beneficiaries who are not already described in this questionnaire.

Name:

Address:

Age: _____ Relationship: _____

Name:

Address:

Age: _____ Relationship: _____

Name:

Address:

Age: _____ Relationship: _____

Name:

Address:

Age: _____ Relationship: _____

Name:

Address:

Age: _____ Relationship: _____

Name:

Address:

Age: _____ Relationship: _____