

## Client Will Interview Questionnaire

For Office Use: File # 18 \_\_\_\_\_ 1<sup>st</sup> / rpt ID ctc'd  
Searches required: LTO / BC Assessment / Corp / PPR  
Location of Will: \_\_\_\_\_

**NOTE: All of these questions may not apply in your circumstances. If you have any questions about filling out this form, please do not hesitate to call our office. Alternatively, your questions can be addressed when I meet with you.**

### **WILL MAKER'S INFORMATION:**

**PLEASE USE FULL LEGAL NAMES** \*\*provide copy of birth certificate, if available\*\*:

LAST NAME: \_\_\_\_\_

**Your** first name: \_\_\_\_\_ Middle name(s): \_\_\_\_\_

Your Aliases/nicknames/previous names: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

**Spouse** first name: \_\_\_\_\_ Middle name(s): \_\_\_\_\_

Spouse last name (if different): \_\_\_\_\_

Spouse Aliases/nicknames/previous names: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

### **PARTICULARS OF BIRTH:**

Yours: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse: Date: \_\_\_\_\_ Place: \_\_\_\_\_

### **CITIZENSHIP:**

Yours:  Canadian  USA  Other \_\_\_\_\_ CDN resident  Yes

Spouse:  Canadian  USA  Other \_\_\_\_\_ CDN resident  Yes

### **CONTACT INFORMATION:**

YOUR PHONE NUMBERS:

SPOUSE'S PHONE NUMBERS

(Work) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_

YOUR EMAIL: \_\_\_\_\_

SPOUSE EMAIL: \_\_\_\_\_

**Is it okay to send drafts of documents by email?**  NO  YES

## Client Will Interview Questionnaire

### DO YOU HAVE AN EXISTING OR PREVIOUS WILL?

You?  NO  YES ▶ Date \_\_\_\_\_ **\*\*Please provide a copy\*\***   
Spouse?  NO  YES ▶ Date \_\_\_\_\_ **\*\*Please provide a copy\*\***

What is your purpose to make a Will at this time? \_\_\_\_\_

Where will you keep your new Will? \_\_\_\_\_

### DO YOU OR YOUR SPOUSE HAVE OTHER RESPONSIBILITIES?:

- NO  YES Legal guardian for someone under age of 19 years who is not your child?  
 NO  YES Committee or other legal guardian for disabled or incapacitated adult?  
 NO  YES Currently serving as an Executor?                      Named as Executor?  YES  NO

### DO YOU HAVE OTHER PERSONAL PLANNING DOCUMENTS:

- NO  YES Power of Attorney if YES ▶ if Yes, to whom \_\_\_\_\_ Date \_\_\_\_\_  
 NO  YES Health Agreement if YES ▶ if Yes, to whom \_\_\_\_\_ Date \_\_\_\_\_  
 NO  YES Advance Health Directive if YES ▶ if Yes, to whom \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY MATTERS & HIERACHY

A significant part of Will & Estate planning is your family. Family structures can change due to death, divorce, re-marriage, new common law, illness, and many other reasons. There is a rise in Will variation claims & so all relevant information will help to plan a Will & document important gifting strategies for you. Regardless of whether you are gifting to spouses, children, other family members or leaving less or disinheriting, it helps the Notary to understand the structure, hierarchy, and dynamics of the family in order to provide relevant advice and document information appropriate to your unique situation.

### WHAT IS YOUR CURRENT FAMILY STATUS?: \*check all that apply or provide further info

- MARRIED** / Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
• Have you signed a Marriage Agreement i.e. Pre-Nuptial?  NO  YES
- COMMON LAW** / Date Common Law status began: \_\_\_\_\_  
• Have you signed a Relationship Agreement?  NO  YES  
• Have there been any break ups with a common law spouse?  NO  YES
- OTHER** ▶  Engaged  Separated  Divorced  Widowed  Never Married
- If **YES** to Widowed, Date of death of Spouse \_\_\_\_\_
- If **YES** to Divorced. Date divorce took effect: \_\_\_\_\_
- If **YES** to Separated or Divorced. Is there a Separation Agreement?  NO  YES ▶ If

YES please provide a copy

## Client Will Interview Questionnaire

### WHO LIVES IN YOUR HOME

- ▶  just me  me & my spouse  minor children  adult children  roommate  Other

**Provide any relevant information to your family status that may affect your Will (i.e. previous marriage or relationship):** \_\_\_\_\_

### BLENDDED FAMILY?

Are you a blended family?  NO  YES

### WHO IS IN YOUR FAMILY? - check all that apply

- ▶  Parents for You  Parents for your Spouse \_\_\_\_\_
- ▶  Siblings for You  Siblings for your Spouse \_\_\_\_\_
- ▶  Grandparents for You  Grandparents for your Spouse \_\_\_\_\_
- ▶  Children for You  Children for your Spouse \_\_\_\_\_
- ▶  Grandchildren for You  Grandchildren for your Spouse \_\_\_\_\_
- ▶ Have you ever given up a child for adoption?  YES  NO

### FAMILY WITH SPECIAL NEEDS REQUIREMENTS?

Do you have concerns about any of the following?:

- A child who has special needs?  A stepchild?  A child who is not residing with you?
- An adult child who is not capable of managing his or her own affairs?
- Are you interested to create a special trust for someone?

▶ **If YES**, are you considering to leave less or more or differently to such child? Other information?

**TRUSTS** *\*\*Notary Publics are restricted in the areas of Estate trusts – please make Notary aware of relevant information prior to the initial Will interview OR at the beginning of the interview\*\** For more information [\\*\\*www.cartnotary.com/notaries\\_and\\_trusts\\*\\*](http://www.cartnotary.com/notaries_and_trusts)

### FURRY OR FEATHERED FAMILY

- ▶ Do you have any pets?  YES  NO

### REPRODUCTIVE TECHNOLOGY: – if applicable

Do you have stored reproductive material such as sperm, eggs, embryo?s  YES  NO

## Client Will Interview Questionnaire

### **CHILDREN**

Child(ren) includes a child of your marriage, a child born outside of marriage & an adopted child.

	Full Legal Name	DOB	Address	Whose child	Any Grandchildren?
1					
2					
3					
4					
5					
6					

NOTES:

**GUARDIANS OF MINORS:**     Does Not Apply     Applies

**If Guardianship applies** do you want to default to the surviving Spouse     YES     NO

**1<sup>st</sup> / PRIMARY GUARDIAN**    \*\* Relationship \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

**2<sup>nd</sup> / ALTERNATE GUARDIAN**    \*\* Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Client Will Interview Questionnaire

### **EXECUTOR-TRUSTEE:** \*The person who administers your Estate\*

**Executor #1:** Select YES if your primary Executor is a spouse already identified on p1 :  YES

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Executor #2** Are they Alternate to #1 or Joint with #1 or #2 (circle)

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Executor #3** Are they Alternate to #1 and then #2, or Joint with # 2 (circle)

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **FUNERAL, SERVICES, BURIAL/CREMATION, ORGAN WISHES**

1. What do you wish be done with your remains?  Cremated  Burial → if spouses, for both?

2. Do you have pre-arranged funeral plans or special instructions?  NO  YES

▶ If YES details \_\_\_\_\_

▶ If NO PLANS do you want to leave it with the Executor to decide  YES, leave to Executor

3. Are you, or do you wish to be. an organ donor?  YES  NO

### **ASSISTANCE TO EXECUTOR**

Do you wish to nominate your Notary or a Lawyer to assist the Executor in winding up your Estate?  NO  YES ▶ If YES, supply the name of your legal professional:

\_\_\_\_\_

Client Will Interview Questionnaire

**YOUR WISHES – WHO OR WHERE YOUR ESTATE GOES TO**

**RESIDUE** (generally the bulk of your Estate):

- If spouse is alive at my death, then I want everything to go to my spouse.  YES  NO
- If my spouse predeceases me, then give the residue to my children equally?  YES  NO
- If a child predeceases then to that child's children (your grandchildren)?  YES  NO
- If none of above apply then please describe:

**DO YOU WANT TO MAKE CASH GIFTS TO PEOPLE OR CHARITIES?**  NO  YES  Maybe

**\*\*you may provide these details on separate piece of paper**

▶ **If YES, PEOPLE** → full legal name(s) & how much or what percentage:

	Full Legal Name	Address	Amount or %
1			
2			
3			

▶ **If YES, CHARITIES** → full legal name(s) of charity & how much or what percentage:

	Charity Legal Name	Address	Amount or %
1			
2			
3			

▶ **Does estate have enough money to satisfy people or charity gifts?**  NO  YES  Not sure

## Client Will Interview Questionnaire

### **WHEN BENEFICIARIES ARE UNDER 19 YEARS OLD**

Our general trust gives your child the interest from their share of the Estate at the age of 19 years old. The capital of the residue is held in trust until either they turn 19 years old or the youngest of a group (or class of beneficiaries) turns 19 years old. For example, if children are 7, 10 and 13 years old when they inherit, they will not receive funds until they are 19, 22, and 25 years of age.

▶ If there are minor beneficiaries, then I want them to receive their inheritance **\*\*CHOOSE ONE**

- YES When the youngest beneficiary of a group turns 19 years old; or
- YES As each beneficiary turns 19 years old.

▶  YES  NO I want funds for minor beneficiaries to be used for their well-being, health, and education until they turn 19 years old.

### **DO YOU HAVE SPECIAL PERSONAL ITEMS** – if applicable

▶ I want to give specific personal effects to someone:  NO  YES ▶ **If YES**, Do you want this to be **as per memorandum to be left with Executor**,  NO  YES ▶ or identify i.e. jewellery, household goods, furniture, auto, boat, artwork, airmiles, etc.

**ITEM (list, describe here):**

**GOES TO (NAME OF PERSON):**

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**\*\*Attach separate list if required**

### **DIGITAL ASSETS?**

A digital asset is any form of electronic data, along with the right to use that data. Some examples of digital assets would be internet accounts such as Facebook and LinkedIn; email accounts like hotmail.com and yahoo.com; hosted websites and blogs; and online banking and financial accounts, electronic books sold online, Dot Com names you own; are all examples of digital assets. Please list the digital assets you currently hold: \_\_\_\_\_

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### **WHAT DO YOU ESTIMATE YOUR ESTATE VALUE AT?**

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**HAVE YOU ADVANCED LARGE SUMS OF MONIES TO OTHERS?**  NO  YES

Explain:

## Client Will Interview Questionnaire

**WHAT DO YOU OWN?** When making a Will it is important that you understand what you own and what you owe. You don't need to look up account numbers, but give approximate information. i.e. bank acct TD Bank \$3000-\$5000, joint names

<b>Assets?</b>		Location/estimate of value	In Whose Name?
Home:	<input type="radio"/> YES <input type="radio"/> NO		Joint tenants? Tenants in Common?
Recreational Property:	<input type="radio"/> YES <input type="radio"/> NO		
Bank Accounts	<input type="radio"/> YES <input type="radio"/> NO		
Financial Investments i.e. mutual funds, GICs, etc.	<input type="radio"/> YES <input type="radio"/> NO		
Automobile, boats, etc.	<input type="radio"/> YES <input type="radio"/> NO		
Furniture	<input type="radio"/> YES <input type="radio"/> NO		
Collectibles valued over \$5000	<input type="radio"/> YES <input type="radio"/> NO		
Airmiles, Aeroplan, Similar Rewards Plan	<input type="radio"/> YES <input type="radio"/> NO		
RRSP / RRIF	<input type="radio"/> YES <input type="radio"/> NO		Who is the beneficiary?
RESP	<input type="radio"/> YES <input type="radio"/> NO		Who is the beneficiary?
TFSA	<input type="radio"/> YES <input type="radio"/> NO		Who is the beneficiary?
Pensions	<input type="radio"/> YES <input type="radio"/> NO		Who is the beneficiary?
Life Insurance	<input type="radio"/> YES <input type="radio"/> NO		Who is the beneficiary?
Business & Corporate ownership	<input type="radio"/> YES <input type="radio"/> NO	Provide Corporate Name	
Assets in other country / province i.e. Land, time share	<input type="radio"/> YES <input type="radio"/> NO		
OTHER Provide detail	<input type="radio"/> YES <input type="radio"/> NO		



Client Will Interview Questionnaire

**WHAT DO YOU OWE?**

Debts on?		Location/estimate how much owing
Mortgage on home Mortgage Line of Cr	<input type="radio"/> YES <input type="radio"/> NO	
Personal Line of Credit	<input type="radio"/> YES <input type="radio"/> NO	
Credit Card#1 Bank:	<input type="radio"/> YES <input type="radio"/> NO	I/we usually hold a balance <input type="radio"/> or pay off monthly <input type="radio"/>
Credit Card#2 Bank:	<input type="radio"/> YES <input type="radio"/> NO	
Credit Card#3 Bank:	<input type="radio"/> YES <input type="radio"/> NO	
Furniture	<input type="radio"/> YES <input type="radio"/> NO	
Automobile, boats	<input type="radio"/> YES <input type="radio"/> NO	
Business	<input type="radio"/> YES <input type="radio"/> NO	
Personal Loans	<input type="radio"/> YES <input type="radio"/> NO	
Co-Signed Loans	<input type="radio"/> YES <input type="radio"/> NO	
OTHER Provide detail	<input type="radio"/> YES <input type="radio"/> NO	

## Client Will Interview Questionnaire

**HAVE YOU ADVANCED LARGE SUMS OF MONIES TO OTHERS?**  NO  YES

Explain:

### **OTHER QUESTIONS**

1. Do you spend significant time out of the country?  NO  YES
2. If an RRSP or RRIF or any other financial instrument is cashed in as a result of your death, would there be any impact on the gifts or residue of your estate?  NO  YES  NOT SURE
3. If any assets are cashed in as a result of your death will there be tax implications for your estate?  
 NO  YES  NOT SURE
4. Would any of your assets incur capital gains  NO  YES  NOT SURE
5. Is there a priority to any of your gifts?  NO  YES  NOT SURE  Discuss with Notary
6. Have you done any tax planning with your Accountant or Financial Planner that may impact your Will?
7. Are any household contents owned separately by your or others  NO  YES  NOT SURE

### **ANYTHING ELSE?**

**Is there any further instructions or special situations you wish to discuss or include that are not mentioned elsewhere? Please feel free to attach further notes or bring up when we meet.**

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**ADDITIONAL NOTES OR DETAIL:**