

Client Will Interview Questionnaire

For Office Use: File # 19 _____ 1st / 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): _____

BLENDING 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

1st / PRIMARY GUARDIAN ** Relationship _____

Full Legal Name: _____

Address: _____

2nd / 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):

****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: _____

WHAT DO YOU ESTIMATE YOUR ESTATE VALUE AT?

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

Assets?		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	

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: