

Questionnaire For Will Preparation

April 2020

Version 3.0



This questionnaire is designed to help guide you through the whole will-making process but is not necessarily intended to be an exhaustive discussion of the potential issues raised. You should fill out the questionnaire using Adobe Acrobat Pro or Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, [click here](#). Once you are finished, save the file and email it to the following address: satlaw@satlaw.ca.

Personal Information

Address and Contact Information

| | | | |
|---------------|--|--------------|--|
| Full Name | | Phone (home) | |
| Date of Birth | | Phone (cell) | |
| City of Birth | | Email | |
| Address | | | |

Employment

| | | | |
|---------------------|--|---------------|--|
| Occupation | | Annual Income | |
| Place of Employment | | | |

Legal And Family Status

Citizenship and Residency

| | | | |
|----------------|--|---|--|
| Citizenship(s) | | Residency for Income Tax Purposes <i>(if different)</i> | |
|----------------|--|---|--|

Family Status

| | | | |
|--|--|--|------------------------------|
| Marital Status | | Do you have prior marriages? <i>(If yes, provide copies of divorce judgment or separation agreement)</i> | <input type="checkbox"/> Yes |
| Spouse's Name | | | <input type="checkbox"/> No |
| Spouse's Date of Birth | | | |
| Spouse's Address <i>(if different from above)</i> | | | |

Children And Dependents

| | Full Legal Name | Date of Birth |
|--|-----------------|---------------|
| Biological Children | | |
| Stepchildren or Adopted Children | | |
| Other Dependents (Persons other than a spouse or child, for whom you have been providing support) | | |

Executor(s)

Provide the name of the individual you would like to appoint as the Executor of your Estate. If you wish for there to be two Co-Executors, list them both. The Executor or Co-Executors are responsible for administering your Estate according to your wishes (as set out in your Will), and also in accordance with the laws pertaining to Estate Administration.

| | | | |
|---------------------------------------|--|--------------------------------|--|
| Executor's Name | | Executor's Date of Birth | |
| Executor's Address | | | |
| Co-Executor's Name (if applicable) | | Co-Executor's Date of Birth | |
| Co-Executor's Address | | | |

Duties And Promises In Relation To Estate

Prior Promises in Exchange for Care

Whether verbally or in writing, have you ever promised someone a share of your Estate in exchange for that person assisting you, either personally or financially? (For example, have you promised a Nurse, caregiver, companion (non-spouse), or friend that they will receive part or all of your Estate or assets in exchange for services, companionship, or financial assistance? If so, give details here.)

Yes

No

Testamentary Intentions

Existing Wills

| | | | |
|---|---|--|---|
| Do you already have a Will? | <input type="checkbox"/> Yes (please provide a copy) <input type="checkbox"/> No | Does your spouse already have a Will? | <input type="checkbox"/> Yes (please provide a copy) <input type="checkbox"/> No |
| Are you currently receiving benefits from an Estate or Trust? | <input type="checkbox"/> Yes (please provide details) _____ <input type="checkbox"/> No | Are you an Executor or Trustee of someone else's Estate? | <input type="checkbox"/> Yes (please provide details) _____ <input type="checkbox"/> No |
| Do you and your spouse have a marriage contract? | <input type="checkbox"/> Yes (please provide a copy) <input type="checkbox"/> No | Do you have life insurance? | <input type="checkbox"/> Yes (provide a copy of the policy) <input type="checkbox"/> No |
| Do you have an Accountant? | <input type="checkbox"/> Yes (please provide details) _____ <input type="checkbox"/> No | Do you have a Financial Planner, or Investment Advisor? | <input type="checkbox"/> Yes (please provide details) _____ <input type="checkbox"/> No |

Business Interests

If you own or have an interest in a business or corporation, please provide details here, including the nature of your legal interest.

Ownership and Agreements

| | | | |
|---|---|---------------------------------|--|
| Do you own a business or an interest in a business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide details: | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited corporation |
| Additional details | | | |

Assets And Liabilities

Assets

Real Estate (Please list all property that you own, or have an interest in)

Property 1

| | | | |
|------------------------------------|--|---------------|--|
| Location | | Current value | |
| In whose name is title registered? | | Original cost | |

Property 2

| | | | |
|------------------------------------|--|---------------|--|
| Location | | Current value | |
| In whose name is title registered? | | Original cost | |

Bank Accounts and Safe Deposit Boxes (Please list all bank account information, including any accounts that you hold jointly with another person, accounts outside Canada, etc.)

Account 1

| | | | |
|----------------|--|-------------------------------|--|
| Name of Bank | | In whose name is the account? | |
| Account number | | Average balance | |
| Location | | | |

Account 2

| | | | |
|----------------|--|-------------------------------|--|
| Name of Bank | | In whose name is the account? | |
| Account number | | Average balance | |
| Location | | | |

Account 3

| | | | |
|----------------|--|-------------------------------|--|
| Name of Bank | | In whose name is the account? | |
| Account number | | Average balance | |
| Location | | | |

Safe Deposit Boxes

| | | | |
|--------------|--|------------|--|
| Name of Bank | | Box Number | |
| Location | | | |

RRSPs, RRIFs, Pensions, Annuities and Life Insurance (Please list any Registered Retirement Savings Plans (RRSP), Registered Retirement Income Fund (RRIF), pensions, annuities, and life insurance policies)

| | | | |
|-------------------|--|----------------------|--|
| Instrument Type | | Contract or Policy # | |
| Named Beneficiary | | Value to Estate | |
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| Named Beneficiary | | Value to Estate | |
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| Named Beneficiary | | Value to Estate | |
| Instrument Type | | Contract or Policy # | |
| Named Beneficiary | | Value to Estate | |

Other Investments (Please list any bonds, stocks, etc., including their estimated current-day value)

| | | | |
|------------|--|-------|--|
| Instrument | | Value | |
| Instrument | | Value | |

Debts And Other Liabilities

Mortgages Please List the mortgage(s) that you currently have on any homes that you own or have an interest in, including the current mortgage balance

| | | | |
|------------------|--|------------------|--|
| Mortgage Amount | | Mortgage Balance | |
| Property Secured | | | |
| Mortgage Amount | | Mortgage Balance | |
| Property Secured | | | |

Other Debts (Please list any debts that you currently owe to third-parties, aside from mortgages already listed above. Include credit-card debt, lines of credit, etc.)

| | | | |
|-----------------|--|---------------------------------------|------------------------------|
| Creditor's Name | | Is it secured by collateral mortgage? | <input type="checkbox"/> Yes |
| Amount Owing | | | <input type="checkbox"/> No |
| Creditor's Name | | Is it secured by collateral mortgage? | <input type="checkbox"/> Yes |
| Amount Owing | | | <input type="checkbox"/> No |
| Creditor's Name | | Is it secured by collateral mortgage? | <input type="checkbox"/> Yes |
| Amount Owing | | | <input type="checkbox"/> No |

Summary

| | |
|---|----|
| (A) Total Value of Assets | \$ |
| (B) Total Value of Liabilities | \$ |
| Net Value of Estate [Calculate (A) minus (B)] | \$ |

Will Instructions

Household Goods, Etc.

Please list any furniture, jewelry, personal items, and how you want them dealt with under your Will

| Items | Disposition (Beneficiary) | Items | Disposition (Beneficiary) |
|-------|---------------------------|-------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Residences And Cottages

Please list any additional homes or properties that you have an interest in, **excluding the matrimonial home**, and how you want them dealt with under your Will

| Items | Disposition (Beneficiary) | Items | Disposition (Beneficiary) |
|-------|---------------------------|-------|---------------------------|
| | | | |
| | | | |
| | | | |

RRSP, RIFs, Annuities, Pensions

Please repeat the list of any Registered Retirement Savings Plans (RRSP), Registered Retirement Income Fund (RRIF), pensions, annuities, and life insurance policies, identified above, and indicate the intended beneficiaries under each, under your Will

| Items | Disposition (Beneficiary) | Items | Disposition (Beneficiary) |
|-------|---------------------------|-------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Cash

Please identify any bank accounts or other cash holdings that you have, and indicate the intended recipient to be specified in your Will

| Items | Disposition (Beneficiary) | Items | Disposition (Beneficiary) |
|-------|---------------------------|-------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Treatment Of Estate Residue

This section involves consideration of whether you wish to set up any trusts for your spouse, partner, and/or children, including how to deal with the income from a trust, payment of capital from the trust, the timing of distribution, etc. These are complex issues that need to be explored and discussed with your lawyer.

| Items | Disposition (Beneficiary) |
|-------|---------------------------|
| | |
| | |
| | |

Additional Instructions

Beneficiaries and Tax Liability

| | |
|---|---|
| Do you want your Death Taxes to be paid off-the-top, from the capital of your Estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you making any special provisions for beneficiaries who live outside Ontario? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are making a specific gift to a named beneficiary that will require Estate tax to be paid on it, should this be paid up-front by the Estate, rather than by the beneficiary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Special Clauses

To be discussed individually, with your lawyer

| | |
|--|---|
| Guardian and Custodians for Your Children, Upon Your Death | |
| Addresses | |
| Fee Agreement | |
| Should Your Will Exclude Illegitimate Children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Law Clauses <i>(to be discussed with lawyer)</i> | |

Continuing Power Of Attorney

This section explores whether you wish to create a Power of Attorney, which allows you to designate a third-party to make decisions for you, should become incapacitated. This should be discussed with your lawyer.

| | |
|--|---|
| Guardian and Custodians for Your Children, Upon Your Death | |
| Addresses | |
| Fee Agreement | |
| Should Your Will Exclude Illegitimate Children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Law Clauses <i>(to be discussed with lawyer)</i> | |



About Balasunderam Law Office

The Balasunderam Law Office is committed to providing our clients with affordable professional legal services. Our areas of practice include real estate law, family law, estates law and criminal law. We are dedicated to serving our clients with integrity and honesty while maintaining respect for the client and the administration of justice. These values help us maintain a firm client base.

We zealously represent our clients' rights and look out for their best interests.

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