



Will Questionnaire

Date: _____

Name: _____

Address & Postal Code: _____

Phone/fax/email: _____

Occupation: _____

Citizenship: _____

Birthdate: _____ Place of Birth: _____

Family Information

Current Marital Status: Married Single Separated Divorced Common-law

Number of Children:

Full Names of Children	Address	Birthdate
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____



1. If your spouse survives you, do you want your spouse to act as your executor (the person who looks after your estate)?

- Yes
 No
 Yes, but I would like my spouse to act together with another person

Full name of spouse: _____ Age: _____

2. If you would not like your spouse to act, or if you would like your spouse to act together with another person, name the individual(s) below:

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

3. If my spouse or other first choice executor(s) do not survive me or cannot act for any reason, I want the following person(s) to look after my estate:

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____



Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

Have all of your executors been asked and are they willing to act? Yes No

4. If your spouse survives you, do you want your spouse to inherit your entire estate?

Yes

No

5. If your spouse predeceases you, do you want your estate to be divided among your children?

Yes

No

6. If one of your children predeceases you, do you want his/her children to receive his/her share?

Yes

No

OR

7. If you would like your estate divided in another manner, how would you like it divided?



8. If all of your beneficiaries predecease you, how would you like your estate to be divided?

9. At what age would you like your children to receive their share of your estate? _____

10. Who do you want to care for your children if you and your spouse are not able to?

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____



11. If the above named guardian(s) do not survive you or cannot act for any reason, who do you want to act as the guardian(s) for your children:

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

Full Name: _____

Relationship: _____ Age: _____

Address: _____

Phone Numbers (home): _____ Work: _____

Have all of your children's guardians been asked and are they willing to act? Yes No

12. Do you have any instructions for your children's guardians?

13. Do you have any specific wishes for your funeral?

Location: _____ Officiant: _____

Music: _____

Flowers: _____

Type of Disposition of Remains: Burial Cremation