

WALL-ARMSTRONG & GREEN

BARRISTERS, SOLICITORS & NOTARIES

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WILLS QUESTIONNAIRE

PART I – PERSONAL AND FAMILY INFORMATION

Party 1 Full Legal Name	
Address	
Date of Birth:	Place of Birth:
Home Phone:	Business Phone:
Mobile Phone:	Email Address:
Occupation:	
Employer:	
Annual Income:	
Residence for Tax Purposes:	
Citizenship:	
Health issues/concerns:	
Marital Status:	

Party 2 Full Legal Name (if applicable)	
Address (if different from above)	
Date of Birth:	Place of Birth:
Home Phone:	Business Phone:
Mobile Phone:	Email Address:
Occupation:	
Employer:	
Annual Income:	
Residence for Tax Purposes:	
Citizenship:	
Health issues/concerns:	
Marital Status:	

If you are married or in a common law marriage: date and location of marriage _____ or cohabiting since _____

Children of present relationship

Full Name	Date of birth	Address (if different)

Party 1's children:

Full Name	Date of birth	Address (if different)

Party 2's children:

Full Name	Date of birth	Address (if different)

Other relatives:

Full Name	Relationship

Other dependants:

Full Name	Relationship

PART II - GENERAL

Do you have a Will? Yes No If yes, please bring it with you.

Are you currently receiving benefits from an estate or trust? Yes No

If yes, please give particulars.

Have you set up a trust to benefit another person? Yes No

If yes, please give particulars.

If you are married, do you have a domestic contract/prenuptial agreement? Yes No

If yes, please provide a copy.

Are you currently acting as an executor or trustee of an estate? Yes No

If yes, please give particulars.

Have you been divorced? Yes No

If yes, please provide copies of your divorce documents and/or separation agreement.

Do you have your own accountant, financial planner or life insurance agent?

Name	Firm	Address and Phone Number

PART III - ASSETS

1. Vehicles

Item	Purchase Price	Current Value	Registered Owner(s)

2. Household contents (furniture, jewellery, etc. – approximate value):

3. Real estate

Address	Purchase Price	Current Value	Registered Owner(s)

4. Bank accounts

Bank	Branch address	Account #	Registered Owner(s)	Average Balance

5. Digital assets

Facebook: Yes No

LinkedIn: Yes No

Twitter: Yes No

Email: Yes No

Other: Yes No

6. Genetic Assets

Type of asset (e.g. cord blood)	Name and location of storage facility	Special instructions

7. Safety deposit boxes

Location	Box Number

8. Life insurance

Name of Company	Policy #	Type of Plan	Named Beneficiary	Value

9. RRSPs/RRIFs, TFSAs, Pensions & Annuities

Name	Contract #	Named beneficiary	Value

10. Non-Registered Investments

Type	Purchase Price	Current Value

Do you own or have an interest in a business? Yes No

If yes, please provide details and bring a copy of your business agreement to our first meeting.

11. Do you have any assets outside of Ontario? Yes No

If yes, please provide details.

PART IV - PLANNED GIVING

1. Do you currently give to any charities or non-profit organizations? Yes No
If yes, please provide details.

2. Have you arranged for charitable gifts on your death, e.g. through life insurance?
Yes No
If yes, please provide details.

PART V - LIABILITIES

1. Mortgages

Amount owing	Name of mortgagee	Name(s) of mortgagor(s)

2. Other Debts

Amount owing	Name of creditor	Name of debtor

Do you currently own property that you owned in 1994? Yes No
If yes, did you file a tax return to crystallize capital gains on those assets? Yes No
If yes, please provide a copy of the tax return.

PART VI – SUMMARY OF YOUR ESTATE

Total value of assets: \$ _____
Total value of liabilities: \$ _____
NET VALUE OF YOUR ESTATE: \$ _____