**Instruction Questionnaire for Wills and Estate Planning**

Date: Referred by:

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| **Part 1 - Personal Information** (If you need more space please use lines at end of Part 1) | | | | | | | | | | | | | | | |
| **Information About You – Please complete only one questionnaire per couple** | | | | | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | | | | | |
| Given Name(s) (including names you are known by): | | | | | | | | | | | | | | | |
| Previous Surname(s): | | | | | | | | Maiden Surname: | | | | | | | |
| Full Address: | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| Phone: (home) | | | | | (work) | | | | | | (cell) | | | | |
| Birth Date: | | | | | | | | Birth Place: | | | | | | | |
| Occupation: | | | | | | | | Citizenship(s) (list all): | | | | | | | |
| If retired, former occupation: | | | | | | | | Registered Indian under the *Indian Act*: | | | | | | | |
| Relationship Status: | Single | | Married | | | Separated | | | Divorced | | | Widowed | | Cohabitating | |
| Marriage:  Legal  Common Law | | | | | | | | Date of Cohabitation: | | | | | | | |
| Date of Marriage: | | | | | | | | Place of Marriage: | | | | | | | |
| Marriage or Pre-Nuptial Agreement:  Cohabitation Agreement:  Separation Agreement:  Spousal or Maintenance Agreement or Court Order:  (If any of the above are checked please provide copies) | | | | | | | | | | | | | | | |
| Legal Guardianships:  Minor (other than own children)  Disabled adult | | | | | | | | | | | | | | | |
| Currently Acting as Executor:  (If yes, please bring a copy of person’s Will) | | | | | | | | | | | | | | | |
| **Spouse Personal Information** | | | | | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | | | | | |
| Given Name(s) (including names you are known by): | | | | | | | | | | | | | | | |
| Previous Surname(s): | | | | | | | | Maiden Surname: | | | | | | | |
| Full Address: | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| Phone: (home) | | | | | (work) | | | | | | (cell) | | | | |
| Birth Date: | | | | | | | | Birth Place: | | | | | | | |
| Occupation: | | | | | | | | Citizenship(s) (list all): | | | | | | | |
| If retired, former occupation: | | | | | | | | Registered Indian under the *Indian Act*: | | | | | | | |
| Relationship Status: | | Single | | Married | | | Separated | | | Divorced | | | Widowed | | Cohabitating |
| Marriage:  Legal  Common Law | | | | | | | | Date of Start of Cohabitation: | | | | | | | |
| Date of Marriage: | | | | | | | | Place of Marriage: | | | | | | | |
| Marriage or Pre-Nuptial Agreement:  Cohabitation Agreement:  Separation Agreement:  Spousal or Maintenance Agreement or Court Order:  (If any of the above are checked please provide copies) | | | | | | | | | | | | | | | |
| Legal Guardianships:  Minor (other than own children)  Disabled adult | | | | | | | | | | | | | | | |
| Currently Acting as Executor:  (If yes, please bring a copy of person’s Will) | | | | | | | | | | | | | | | |
| **Children** (Please indicate if the child has a disability, is deceased or is a US Citizen) | | | | | | | | | | | | | | | |
| 1. Full Name: Gender: Date of Birth:  Is child yours? Your spouse’s? Both?  Address:  Phone: Occupation: | | | | | | | | | | | | | | | |
| 2. Full Name: Gender: Date of Birth:  Is child yours? Your spouse’s? Both?  Address:  Phone: Occupation: | | | | | | | | | | | | | | | |
| 3. Full Name: Gender: Date of Birth:  Is child yours? Your spouse’s? Both?  Address:  Phone: Occupation: | | | | | | | | | | | | | | | |
| 4. Full Name: Gender: Date of Birth:  Is child yours? Your spouse’s? Both?  Address:  Phone: Occupation: | | | | | | | | | | | | | | | |

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| **Grandchildren** (Please indicate if child has a disability, is deceased or is a US Citizen) |
| 1. Full Name: Gender: Date of Birth:  Mother/Father  Address:  Phone: Occupation: |
| 2. Full Name: Gender: Date of Birth:  Mother/Father  Address:  Phone: Occupation: |
| 3. Full Name: Gender: Date of Birth:  Mother/Father  Address:  Phone: Occupation: |
| 4. Full Name: Gender: Date of Birth:  Mother/Father  Address:  Phone: Occupation: |
| **Next of Kin** (If you do not have children, list your closest relatives, i.e., parents, siblings, nieces, nephews, etc. If you are a couple, be specific about which of you has the relationship.) |
| 1. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| 2. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| 3. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| 4. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| **Other Dependents** (If there is someone dependent upon you for financial support, such as an elderly parent) |
| 1. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| 2. Full Name: Gender: Date of Birth:  Relationship:  Address:  Phone: Occupation: |
| **Extra Notes:** (please use space below) |
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| **Part 2 - Assets/Liabilities**  (Please complete a list of assets, with details of the type of ownership and approximate values, if possible)  **NOTE: Please note we will not check the name of registered owners unless you expressly request us to do so. You may provide the following information on a separate page attached to this document.** |

|  | **Current Value $** |
| --- | --- |
| **Residence:** (please confirm address) |  |
| Registered Owner(s): |  |
| Joint Tenants or Tenants in Common? |  |
| Mortgage(s): |  |
| Is mortgage life insured? |  |
| Acquisition date and value |  |
| **Other Real Property:** (please confirm address) |  |
| Registered Owners: |  |
| Joint Tenants or Tenants in Common? |  |
| Mortgage(s): |  |
| Is mortgage life insured? |  |
| Acquisition date and value |  |
| **Please attach a copy of State of Title Certificate for each property. If not available, we will conduct searches at your cost (approximately $12)** |  |
| **Bank Accounts:** |  |
| 1. In whose name(s)? |  |
| Institution: |  |
| 2. In whose name(s)? |  |
| Institution: |  |
| 3. In whose name(s)? |  |
| Institution: |  |
| 4. In whose name(s)? |  |
| Institution: |  |
| **RRSP/RRIF/TFSA/RESP** (please specify) |  |
| 1. In whose name(s)? |  |
| Institution: |  |
| Beneficiary: |  |
| 2. In whose name(s)? |  |
| Institution: |  |
| Beneficiary: |  |
| **Investment Accounts:** |  |
| 1. In whose name(s)? |  |
| Institution: |  |
| 2. In whose name(s)? |  |
| Institution: |  |
| 3. In whose name(s)? |  |
| Institution: |  |
| **Life Insurance:** |  |
| 1. In whose name(s)? |  |
| Term/Whole Life: |  |
| Beneficiary: |  |
| 2. In whose name(s)? |  |
| Term/Whole Life: |  |
| Beneficiary: |  |
| **Pension:** |  |
| 1. In whose name(s)? |  |
| Name of Pension Authority: |  |
| Beneficiary: |  |
| 2. In whose name(s)? |  |
| Name of Pension Authority: |  |
| Beneficiary: |  |
| **Business Interests** |  |
| 1. In whose name(s)? |  |
| 2. Nature of Interest (unincorporated business, shares in private company, partnership): |  |
| 3. Estimated fair market value: |  |
| **Personal Effects of significant value** (e.g., artwork, jewelry, heirlooms, valuable collections, cars, boats, RVs, etc.) |  |
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| **Debts and other Liabilities or Guarantees given** (type, creditor/institution, amount, in whose name) |  |
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| **NET ESTIMATED VALUE OF YOUR ESTATE(S):**  Your name:  Spouse’s Name:  Joint Names: |  |

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| **Part 3 - Will Instructions** (While you may not be able to answer all these items, please consider them before we meet.) |
| **1. Executor/Trustees** - The executors conduct the funeral, gather in the assets of the deceased, pay debts and distribute the net assets of the estate according to the Will. You may choose your spouse, relative, friend or trust company to be your executor.  Who do you want to appoint as your executor(s) and trustee(s)? If appointing more than one person, please indicate whether primary, alternate or joint. |
| **Person 1:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **Person 2:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **Person 3:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **2. Appointment of Guardian(s) for Infant Children**  Do you have a child under age or do you anticipate having children? Yes  No  Who is to be the guardian(s) of your children should you die before they reach age 19? Indicate whether primary, alternate, or joint. |
| **Person 1:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **Person 2:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **Person 3:** Full Name: Gender:  Address:  Occupation:Relationship to you: |
| **3. Specific Gift**  Specific items and/or sums of money will be given to these individuals or organizations prior to the rest of the estate being distributed to your other beneficiaries if you would like to give a special gift (e.g. car, jewellery, cash). Please provide details below: |
| Full Name:  Address:  RelationshipAmount: |
| Full Name:  Address:  RelationshipAmount: |
| Full Name:  Address:  RelationshipAmount: |
| Full Name:  Address:  RelationshipAmount: |
| **4. Charitable Gifts**  Do you want to give cash or another gift to charity? Yes  No  If yes, please complete the following. We recommend that you contact the charity to confirm that you have the charity’s correct name, that it is a Canada Revenue Agency registered charity, and, if the gift is to be used for a particular charitable purpose, that the charity in fact carries on that purpose. Note that gifts of appreciated shares in publicly traded companies to a charity may be very tax effective. |
| Name of Charity:  Address:  Cash Amount/Specific Assets: |
| Name of Charity:  Address:  Cash Amount/Specific Assets: |
| Name of Charity:  Address:  Cash Amount/Specific Assets: |
| Name of Charity:  Address:  Cash Amount/Specific Assets: |
| **5. Residue of your Estate**  The residue of your estate consists of the assets remaining in your estate after payment of liabilities, taxes, specific gifts, legacies, and so on. If you want the residue of your estate to go to your spouse or partner and children, please complete **A** and **B** below. **If you want it to go to someone else, please skip to section 6 below.** |
| **A. Provision for Spouse or Partner**  **Outright gift:** My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.  **Spouse or partner trust:** My executor is to invest my Estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse’s or partner’s lifetime.  May your executor use capital for the benefit of your spouse or partner if your executor thinks it is necessary? Yes  No  On the death of my spouse or partner, the remainder is to be distributed to my children or others per **B. Provision for Children** (below):  Other Provision for spouse or partner (please describe):  None (why?)  If your spouse or partner is not happy with what you leave him or her, he or she may be able to make a wills variation claim for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to your spouse or partner or why he or she is neither in need nor deserving. |
| **B. Provision for Children**  What provision do you want to make for your children after any prior provisions for your spouse or partner?  My estate is to be divided equally among all my children. If a child predeceases me, his or her share of my estate is to go to his or her children.  My estate is to be divided equally among all my children but they are not to receive their inheritance until the following age(s): \_\_\_\_\_% at age \_\_\_\_\_, then balance at age \_\_\_\_\_.  Before then, my executor can use a child’s inheritance for his/her benefit if my executor thinks it is necessary. If a child dies before receiving 100% of his or her share of my estate, what is left is to go to his or her children.  Other provision for children: (Please describe. If unequal, why?)  None: (Why?)  (If any of your children are not happy with what you leave them, any of them can make a wills variation claim for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to a child or why he or she is neither in need nor deserving.) |
| **C. Alternate Beneficiaries**  Whom do you want to receive your estate if none of your primary intended beneficiaries (that is, spouse/partner, children, grandchildren) lives to inherit? |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| **6. Residue of Estate – Other Provisions**  If you do not have a spouse/partner or children or do not want to leave your estate to them, whom do you want to receive your estate? |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| Full Name:Date of Birth if under 19:  Relationship:  Address:  Portion of Residue: |
| **7. Funeral**  Do you wish to be: Buried   Cremated  Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes? Please provide details:  Have any pre-paid arrangements been made?  Yes  No  Please provide details: |
| **8. Location of Will**  Where will you keep your original Will:  Bank SDB  Ratcliff LLP  Other  Name of Bank/Address of Safety Deposit Box: |

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| **Power of Attorney** |
| A Power of Attorney is a document that appoints another person, called an “Attorney”, to deal with your business and property and to make financial and legal decisions for you. An Enduring Power of Attorney allows your Attorney to make the necessary financial and legal decisions for you if you become incapable because of age, accident or illness. |
| **1. Your Attorney/Joint Attorneys**  Who do you want to be your attorney or co-attorneys? If you appoint two or more attorneys:  Each of them can act separately, or  Unanimously – if unanimous, (a)  All of them must act together, or  (b)  By majority (must be 3 or more attorneys)  For each person, please list the following: |
| **Person 1:** Full Name:  Relationship to you:  Address:  Occupation: |
| **Person 2:** Full Name:  Relationship to you:  Address:  Occupation: |
| **Person 3:** Full Name:  Relationship to you:  Address:  Occupation: |

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| **2. Alternate Attorney**  Do you want to name one or more alternate attorneys if the primary attorney(s) cannot act?  Each of them can act separately, or  Unanimously – if unanimous, (a)  All of them must act together, or  (b)  By majority (must be 3 or more attorneys)  For each person, please list the following: |
| **Person 1:** Full Name:  Relationship to you:  Address:  Occupation: |
| **Person 2:** Full Name:  Relationship to you:  Address:  Occupation: |
| **Person 3:** Full Name:  Relationship to you:  Address:  Occupation: |
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| **Your Representation Agreement** |
| A Representation Agreement allows you to appoint someone as your legal representative to make (or help you make) your health care and personal care decisions.  **1. Original Representative(s)**  Who do you want to name as your Original Representative(s) (or Co-Representatives) to make decisions about health care and personal care?  Each of them can act separately, or  All of them must act together unanimously  For each person, please list the following: |
| **Original Representative 1:** Full Name:  Relationship to you:  Address:  Occupation: Birthdate: |
| **Original Representative 2:** Full Name:  Relationship to you:  Address:  Occupation: Birthdate: |
| **2. Alternate Representative(s)**  Do you want to name one or more alternate representatives if the original representative(s) cannot act?  Each of them can act separately, or  All of them must act together unanimously  For each person, please list the following: |
| **Alternate 1:** Full Name:  Relationship to you:  Address:  Occupation: Birthdate: |
| **Alternate 2:** Full Name:  Relationship to you:  Address:  Occupation: Birthdate: |
| **3. Are you an Organ Donor?**  Yes  No  You can check, register or find out more about organ donation at: <https://register.transplant.bc.ca/verification> |
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**If you have any questions about this form please contact Peter Bonny or his assistant, Chris Broatch, at 604-988-5201.**

**Please email, mail or fax (604-988-1452) this form to:**

**Ratcliff LLP**

**500 – 221 West Esplanade**

**North Vancouver, BC V7M 3J3**

**Attention: Peter Bonny**

[**pbonny@ratcliff.com**](mailto:pbonny@ratcliff.com)

**With a copy to:**

**Chris Broatch (Legal Assistant)** [**cbroatch@ratcliff.com**](mailto:cbroatch@ratcliff.com)