

Quinn Law

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# **QUESTIONNAIRE FOR WILL PREPARATION**

| Client Information:  |   |
|--|---|
| Name:  |   |
| Address:   |   |
| Phone Numbers: Home  | Work:                                       |
| Are you a member of Local 183, or any other benefit p  | plan that covers legal costs?               |
| Yes D No D   |   |
| 1. NAME  |   |
| Print full legal name, including middle names a<br>use another name, for example, if your birth na<br>you use a pseudonym, please also include that<br>known as Stan). | me is difficult to pronounce in English and |
| Name:  |   |
| Also known as:   |   |
| City:  |   |

# 2. RRSPs, PENSIONS, INSURANCE

Please indicate whether or not you have RRSPs, and whether you are entitled to pension benefits and/or life insurance. Please note that normally, you designate a beneficiary with the institution administering these benefits, and if that beneficiary is living at the time of your death, they will not pass through your will, avoiding probate taxes. However, if for some reason you have not so designated a beneficiary, or if the designated beneficiary has predeceased you, it is a good idea to mention who you wish these benefits to go to in the event of your death. Please also select an alternate.

| RRSP?          | Yes       | No  |       |              |      |      |
|----------------|-----------|-----|-------|--------------|------|------|
| If yes, benefi | ciary: _  |     |       |              |      | <br> |
| Alternate ber  | neficiary | :   |       |              |      | <br> |
| Pension(s)?    | Yes       | No  | Pleas | e list:      |      | <br> |
| If yes, benefi | ciary: _  |     |       |              | <br> | <br> |
| Alternate ber  | neficiary | :   |       |              |      |      |
| Life insuran   | ce?       | Yes | No    | Please list: |      |      |
| If yes, benefi | ciary: _  |     |       |              |      | <br> |
| Alternate ber  | neficiary | :   |       |              |      |      |
|                |           |     |       |              |      |      |

3. EXECUTOR

You need to choose an executor of your will. (You can appoint one, or more to work together as co-executors). This should be someone you trust. This person will see to it that your estate gets distributed. This person is usually also the trustee, so if any property is to be held for any reason (in trust for a minor beneficiary), this person will decide how the property gets invested until it is eventually distributed. The estate trustee is also usually entitled to a small percentage of the estate (if it's a family member or friend, they often don't take this amount, but they do have the option). A beneficiary can also be an executor. Please also select an alternative, just in case the person you choose dies before you, or cannot act in this capacity.

Executor(s):

| Relationship: | <br> | <br> | <br> |
|---------------|------|------|------|
| Alternate:    |      |      |      |
|               |      |      |      |

Relationship:

4. Funeral/Organs (Optional):

If you wish to specify funeral arrangements (i.e. you wish to be cremated, or keep expense to a minimum), you may do so in your will.

Also, you may wish to indicate whether or not you wish to donate your organs for purposes of transplant and/or research.

#### 5. GUARDIANS

If you have children under the age of 18, think about whom you would want to raise them if something happened to you or your spouse. If you are divorced or separated from the child's (children's) other parent, the other parent would get custody in the event of your demise. Choose a guardian any way, just in case the other parent predeceases you, or for some reason cannot fulfill their parental duties. You may want to choose an alternative (or two), just in case your first choice cannot fulfill the guardian role.

Guardian(s): \_\_\_\_\_\_ Relationship: \_\_\_\_\_\_ Alternate: \_\_\_\_\_

Relationship:

#### 6. SPECIFIC GIFTS

If there is any item of personal property, or a set amount of cash, that you wish to give to a specific person, please list that here.

| GIFT OF | <br> |
|---------|------|
| ТО      |      |
| GIFT OF |      |
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|         |      |

# 7. REAL PROPERTY

Please give the address of your principal residence, and any other properties that you own. Please also indicate to whom you would like to leave this property in the event of your death.

| .ddress:               |  |
|------------------------|--|
| eneficiary:            |  |
| lternate:              |  |
| <sup>nd</sup> Address: |  |
| eneficiary:            |  |
| lternate:              |  |

8. RESIDUE

Whatever property is not specifically mentioned above, is called the residue of your estate, which is usually the bulk of your estate. This includes any property, money in the bank or investments, vehicles, etc. Please indicate to whom you want your estate to be gifted to, and in what percentages (i.e. shared equally, or 20% to X and 80% to Y). Please also select an alternate(s) in case your designated beneficiaries predecease you.

Please note, that if you are leaving your estate to your children, and one of them predeceases you, you may leave their share to their children, or divide their share among those children of your still living.

Beneficiary or beneficiaries:

Alternate: \_\_\_\_\_

Please consider that if you leave your estate to your spouse, and to your children as alternates, that there is a remote possibility that the whole family could be in a common accident. This is highly unlikely and unpleasant to consider, but you may want to put another alternate in the event that something like this happens.

3<sup>rd</sup> Alternate:

# 9. PAYMENTS TO MINORS

The age of majority is 18. If not otherwise specified, your minor beneficiaries will receive trust money at the age of 18. You may choose to keep their inheritance invested for a longer period, if you are not comfortable with them inheriting a substantial sum at a young age. You may choose, 21, 25 or 30, or any age of your choice. You may also graduate the inheritance, for example, 10% at 18, 20% at 21 and the remainder at 25.

Please indicate the age at which you would like your minor beneficiaries to receive funds, and any other specific instructions for the estate trustee:

# POWERS OF ATTORNEY

#### **PROPERTY**:

In a Continuing Power of Attorney for Property, you are giving someone you trust the authority to act on your behalf to do anything for you with regard to any of your property or finances, except make a will. This is usually done only in the event of your incapacity, but can also be executed for a specified period of time, for example, when you are out of the country, or for a specific transaction, for example, the sale of a home.

| Attorney:            |  |
|----------------------|--|
| Alternate:           |  |
| Incapacity only      |  |
| OR                   |  |
| Specify time period: |  |
| Specify transaction: |  |

PERSONAL CARE:

Power of Attorney for Personal Care is executed by you in the event of your incapacity. You are authorizing someone you trust to make medical decisions for you when you are unable to speak for yourself.

Attorney: \_\_\_\_\_

Alternate:

This can be a very sensitive topic. Some people may choose to give their attorneys complete discretion, whereas others may have very specific instructions for their attorneys. Some may wish to make the instructions specific, in order to make it easier for the attorney to justify their decisions to other family members. I have a general precedent that I use, or you may select from the list below of specific instructions:

Use standard wording that gives the attorney complete discretion

OR

In the event that I am suffering from a condition that is irreversible or incurable, or, terminal, please:

- discontinue life support systems that would maintain or continue my life
- discontinue nasal gastric feeding that would maintain or continue my life
- discontinue antibiotics that would maintain or continue my life
- no cardiopulmonary resuscitation that would maintain or continue my life
- discontinue artificial ventilation systems that would maintain or continue my life
- no surgery that would maintain or continue my life
- maintain my life for a period of \_\_\_\_\_ (days/weeks/months) before discontinuing the above treatments