

WILL QUESTIONNAIRE

Applicant Information						
Full Name						
Maiden Name						
Date of Birth						
Address						
Phone Number	(H)		(O)		(C)	
Email						

Spouse's Information					
Description	First Name	Last Name	Date of Birth	Date of Marriage	Date of Divorce
Current Spouse					
Former Spouse #1					
Former Spouse #2					

Children		
Name of Child	Date of Birth	Handicap? Y or N
What age should the child receive their inheritance? (insert # of years of right)		years

Guardian Information						
Name		Relationship				
Address						
Phone Number	(H)		(O)		(C)	

Alternate Guardian Information						
Name		Relationship				
Address						
Phone Number	(H)		(O)		(C)	

Executor Information					
Name			Relationship		
Address					
Phone Number	(H)		(O)		(C)

Alternate Executor Information					
Name			Relationship		
Address					
Phone Number	(H)		(O)		(C)

Beneficiaries			
Name	Address	Date of Birth	Gifts

Balance of Estate to go to Spouse?	Yes		No	
If spouse pre-deceases you, how should your estate be divided?				
Between Children	Yes		No	

If children pass away before you or at the same time who would get the balance of your estate?			
Parents			Siblings
Others			Charity

Assets		
Asset	Value	Location
Real Estate		
Bank Accounts		

Assets (Continued)		
Asset	Value	Location
Insurance		
Stocks / Non-Registered Investments		
Pensions		
Safety Deposit Box		
Collections		
Other		

Other Comments / Concerns / Requests?

Where do you want your Will to be kept?

In the office of BTU In your safety deposit box Other

Please note that this questionnaire is not meant to be all inclusive of all issues that need to be addressed in a Will. If you have any questions relating to the above, please feel free to call.

Thank you.

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