

**DAHL & CONNORS**

**Will Instructions**

The information requested in this questionnaire is required in order to provide you with a will which reflects your wishes. Please complete all sections and or indicate where not applicable. Please complete even if you are only instructing us to prepare a power of attorney and or representation agreement

**Personal Information**

Date of completion of this form: \_\_\_\_\_

Your full legal name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Domicile (is the address above where you usually reside): \_\_\_\_\_

Tel. No. Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Name at birth, if different from above: \_\_\_\_\_

Present marital status: \_\_\_\_\_

**Spouse**

Name of partner or spouse in full: \_\_\_\_\_

How long have your resided together: \_\_\_\_\_

If married, date and place of marriage: \_\_\_\_\_

Did you have a marriage contract? : \_\_\_\_\_

**Previous Marriages**

Please give name(s) of previous spouse(s): \_\_\_\_\_

Date of separation: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

**Children:**

Please give names and dates of birth: \_\_\_\_\_

**Parents:**

Please give names and town or city in which they reside or indicate if deceased

\_\_\_\_\_

**Wills Checklist**

1. Who do you wish to be you executor? Please provide name, address and relationship to you.

---

---

---

2. Who do you wish to be the alternate executor in case the first executor cannot act? Please provide name, address and relationship to you.

---

---

---

3. Do you wish to leave personal property (i.e.: jewellery or art) to anyone specific - or - you can give it all to one person you choose and leave a list of further instructions at a later date. In either event, please provide name, address and relationship to you for the person(s) you wish to give it to and any alternates.

---

---

---

4. Do you wish to make any specific cash gifts? If so, please provide for each recipient their name, address, relationship to you and amount of the gift.

---

---

---

5. Who do you wish to leave the remainder of your estate to (partner, spouse, children, others)? - this is what is left over after paying any debts and giving away the items listed above and is called the Residue This can be to a person or persons and / or charities\*\*\*  
*If to more than one person or charity, please indicate percentages. \*\*\* Please also name and alternate(s) in the event that the first person(s) named predecease you.*

---

---

---

6. If any beneficiaries of your estate are possibly minor children or young adults, at what age do you wish them to receive their share of your estate (i.e. age of majority (19), or 21, 23, 25)?

---

---

---

7. If you are naming as a beneficiary a person or child of yours and in the event that person dies before final distribution of his or her share of your estate, do you wish that share to go to his or her children if any (for example, if you name a child of yours and they predecease you, do you wish their share to go to their children being your grandchildren)?

---

---

---

8. If a child of yours is named as a beneficiary and dies before final distribution leaving no children then do you wish that share to be divided among your remaining children?

---

---

---

10. If you have children under 19 years of age, who do you wish to be guardians of your children? Please provide name, address and relationship to you.

---

---

---

11. Any special funeral instructions? *(We recommend simply indicating cremation or burial and leaving any further instruction to be given by you to your Executor directly as these wishes tend to change and in any event, are non-binding on the Executor)*

---

---

---

Assets and Liabilities

**Assets**

**Real Estate:**

Street address of residence: \_\_\_\_\_

Legal description (only if readily available): \_\_\_\_\_

Market value (approx.): \$ \_\_\_\_\_

Mortgage on property

Is mortgage life insured?: \_\_\_\_\_ \$ \_\_\_\_\_

**Additional real estate held:**

Street address of residence: \_\_\_\_\_

Legal description (only if readily available): \_\_\_\_\_

Market value (approx.): \$ \_\_\_\_\_

Mortgage on property

Is mortgage life insured?: \_\_\_\_\_ \$ \_\_\_\_\_

Household goods and furnishings (approx. value of total) \$ \_\_\_\_\_

Other significant personal property including jewellery, automobiles, boats, etc. (approximate value or total only):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Bank accounts and term deposits including address(s) of bank, number of account and names in which the accounts are registered:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

RRSP / DPSP. Please note the name of trustee, registration number and beneficiary:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Mortgages / Agreements for sale owing to you:

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

List any other substantial assets:

---

---

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Liabilities**

Personal loans owing:

---

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Guarantees:

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Alimony / Maintenance:

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

List any other substantial liabilities:

---

---

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other debts owing to you (family debts, notes, etc.):

---

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Life insurance policies you hold. Please state company with which policy is held, number of the policy and beneficiary named in the policy:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Are you in recipient or potential recipient of a pension? Please give details:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Stocks and bonds (estimated total value of portfolio. Please give name of brokerage firm and account number as well as location of certificates):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Interest you have in business (proprietorship / partnership / unincorporated / incorporated). Also please provide a copy of latest financial statements and any buy / sell agreements with respect to private company shares (consider necessity of buy / sell agreement):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Interest you have as a beneficiary in another estate, trust or power to appoint:

\_\_\_\_\_ \$ \_\_\_\_\_

## REPRESENTATION AGREEMENT and POWER OF ATTORNEY

The Representative is who you want to make medical and financial decisions on your behalf in the event of incapacity.

The Power of Attorney is who you want to make legal and financial decisions on your behalf in the event of incapacity.

We recommend that the person appointed as your Representative be one and the same as the person appointed as your Power of Attorney, but they can be different people if required.

### **Representative / Power of Attorney**

Full legal name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### **Alternate Representative / Alternate Power of Attorney**

Full legal name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth \_\_\_\_\_