

Will & Power of Attorney Questionnaire

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Personal Info	orma	ation - Client									
Name:											
Address:											
Telephone:	Res	Residence: Busine			sine	siness: Cellular:			lular:		Facsimile:
Age:		Birth Date:				Birth Place:			lace:		
		Date	Date:			Place:					
Marriage/Se	para	tion Agreement:			Par	ticulars:					
Spouse Info	mat	ion									
Name:											
Telephone:	Cel	llular:				Business:				Facsim	nile:
Age:		Birth Date:					Birth Place:				
Information -	· Chi	ildren									
Name:											
Age:		Birth Date:					Birth Place:				
Address:											
Name:											
Age:		Birth Date:					Bir	th P	lace:		
Address:											
Name:											
Age:	Birth Date:					Birth Place:					
Address:											
Name:											
Age: Birth Date: Birth Place:											
Address:											

Date:

Will & Power of Attorney Questionnaire

Mentally/Phys	ically Challenged or Otherwise I	Dependent						
Name:								
Age:	Age: Birth Date: Birth F				Place:			
Address:								
Name:								
Age:	Birth Date:		Birth P	lace:				
Address:								
Other Intended	d Beneficiaries							
Name:								
Age:	Birth Date (if minor):			Relationship):			
Address:								
Name:								
Age:	Birth Date (if minor):			Relationship:				
Address:								
Name:								
Age:	Birth Date (if minor):			Relationship:				
Address:								
Name:								
Age:	Birth Date (if minor):		Relationship:					
Address:								
Executors								
Name: Relationship:								
Address:								
Name:	Name: Relationship:							
Address:					•			
Name:					Relationship:			
Address:					•			

Trustees (if different from	Executors)							
Name:	Name: Relationship:							
Address:								
Name:					Relationship) :		
Address:								
Guardians for Infants								
Name:					Relationship) :		
Address:								
Name:					Relationship):		
Address:								
Cash								
Safe Deposit Box:	Safe Deposit Box: Location:							
Bank/Credit Union:			Ownership:					
Bank/Credit Union:		Lo	cation:	Ownership:				
Bank/Credit Union:		Lo	Location:			Ownership:		
Bank/Credit Union:		Lo	Location:			Ownership:		
Life Insurance								
Company:	Policy #:		Value:		Beneficiary:			
Company:	Policy #:		Value:		Beneficiary:			
Company:	Policy #:		Value:		Beneficiary:			
Company:	Policy #:		Value:		Beneficiary:			
Real Estate								
Legal Description:	Value:							
Legal Description:	Legal Description: Value:							
Legal Description:	Legal Description: Value:							
Legal Description:	Legal Description: Value:							
Legal Description:								

Personal/Household								
Description:	Value:							
Description:	Value:							
Description:							Value:	
Description:							Value:	
Description:							Value:	
Automobile:							Value:	
Automobile:							Value:	
Automobile:							Value:	
Boats:							Value:	
Interest in other Estates:							Value:	
Business/Farm/Partnership								
Description:							Value:	
Machinery & Equipment:							Value:	
Grain on Hand:	Value:							
Cattle:	Value:							
RRSPs/RRIFs/Pensions/Annuities								
Company:	Со	ntract #:		Value: Benefic		Beneficiary:		
Company:	Со	ntract #:		Value:		Beneficiary:		
Company:	Со	ntract #:		Value: Benefic		Beneficiary:	neficiary:	
Company:	Со	ntract #:		Value:		Beneficiary:		
Other Investments								
Bonds: #: Value: Location:						cation:		
Bonds: #: V			Value:		Location:			
Stocks: #: V				Value:		Location:		
Stocks: #: Value: Location:						cation:		
Stocks:	lue:	e: Location:						

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Liabilities				
Land Mortgage Co.:	Property Covered:		Balance:	
Land Mortgage Co.:	Property Covered:		Balance:	
Chattel Mtg. Co.:	Property Covered:		Balance:	
Chattel Mtg. Co.:	Property Covered:		Balance:	
Leases:	•			
Indemnities:				
Guarantees:				
Separation Agr.:				
Maintenance:				
General Information				
Do you/spouse have a will?				
Accountant Name/Address:				
Investment Broker/Address:				
Life Insurance Agent/Address:				
Beneficiary under any trust?				
Have you set up any trusts?				
Party to corporate buy/sell agreement?				
Any assets outside SK?				
Will Provisions - Specific Bequests				
As directed or may agree				
Household/personal effects/jewelry				
Automobiles				
Real Estate				
Cottage				
Farmland				

Other

Will Provisions - Charitab	le Gifts					
Name/Address						
Name/Address						
Name/Address						
Will Provisions - Trusts						
Spouse						
Children						
Mentally/Physically Challe	enged					
Will Provisions - Residue						
Souse:		Particulars				
Children:		Particulars				
Will Provisions - General						
Insurance Policy Benefici	ary Desig	nations				
RRSP Beneficiary Design	ations					
Powers of Personal Repre	esentative	s				
Matrimonial Property						
Forgiveness of Debts						
Funeral?		Particulars				
Remains		Particulars				
Power of Attorney						
Attorneys		Particulars				
Guardians		Particulars				
Health Care Proxy Name: Relationship:						
Address:						
Health Care Proxy Name: Relationship:						
Address:						
Heroic Measures? Other Instructions						