

Tel: 604-689-3667
Fax: 604-689-5843
Email: info@opendoorlaw.com



WILLS PLANNER & QUESTIONNAIRE

To keep the process of creating a legal will simple, the following planner and questionnaire will provide us with information that we will use to draft a will that will reflect your decisions regarding the distribution of your estate and regarding the people who will be responsible for dealing with your estate. Please note that this planner and questionnaire assumes that only British Columbia law applies to you.

We ask that you complete as much as possible of this form and provide us a copy of the form before we meet because it will provide us with essential information and help us to identify the items we should discuss with you. Not all questions may apply to your situation. Please call us if you have any questions.

The form may not elicit from you all the information you wish to give us or that we will wish to obtain from you. Please make note of all additional information concerning you, your family, assets, and liabilities will be taken from you during your appointment with our lawyer.

Please return the planner and questionnaire via email, fax or drop of the planner to our office. One of our staff members will contact you within one business day to book an appointment. If we do not respond to you within one business day, you may wish to contact us directly by phone or email. Should you have any questions, please call us at 604-689-3667. Our door is always open and we look forward to assisting you.

Engaging Open Door Law Corporation

Please note that the provision of information to our office does not mean that you are represented. While we are glad to be able to assist you with your matter, our engagement will only begin once we have confirmed that we are acting for your or if there is contact to work on the file. If you have any questions about the foregoing, please do not hesitate to let us know.

PART 1 - PERSONAL INFORMATION

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Name variations (if applicable): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Primary): _____ (Secondary): _____

Email: _____ Occupation: _____

Place of Birth (City, Country): _____ Date of Birth: _____

Do you have a previous will? Yes () No () If yes, reason for change: _____

Where will your will be kept? Home () or Other () , please specify: _____

Do you wish to register with Vital Statistics notice of your will? (Additional cost is \$50.00.) Yes () No ()

Marital Status: Married () Separated () Divorced () Widow () Never married () Common Law ()

Spouse's full name, if applicable: Mr. () Mrs. () Ms. () Dr. () _____

Spouse's Occupation: _____ Spouse's Date of Birth: _____

Children: Yes () No () Any under 19 years old? Yes () No ()

If more than 2 children, please write name, date of birth and address on a separate page.

Child 1 Name: _____ DOB: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Child 2 Name: _____ DOB: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

PART 2 - EXECUTOR

Is your spouse to be your primary executor? Yes () No ()

If not applicable, please specify:

Primary Executor:

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Would you like to appoint a Co-Executor (joint with primary executor)? () or Alternate Executor? ()

Co-Executor or Alternate Executor:

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

PART 3 - SPECIAL GIFTS/CASH LEGACY

Special Gifts: Do you wish to leave any separate gifts of personal items or cash? If so, please specify the gift and the full name and address of the recipients.

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Specify Gift/ Cash Gift Amount: _____

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Specify Gift/ Cash Gift Amount: _____

If more than 2 special gifts or cash gifts, please write names, address, relationship and distribution on a separate page.

PART 4 – RESIDUE OF ESTATE

(Beneficiaries: To whom do you want to leave the balance of your estate)

Which is the following best describes your wishes?:

- Leave the residue of my estate of my spouse, if alive at the time of my demise, and if not then to my children equally
- Leave the residue of my estate to my children equally

If either of the two above are applicable, then residue of estate to be distributed as noted below:

Primary Beneficiaries:

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Distribution: _____

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Distribution: _____

If more than 2 primary beneficiaries, please write names, address, relationship and distribution on a separate page.

Alternate beneficiaries (should your primary beneficiaries be unable or unwilling to accept the gift)

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Distribution: _____

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Distribution: _____

If more than 2 alternate beneficiaries, please write names, address, relationship and distribution on a separate page.

PART 5 – GUARDIANSHIP
(To be completed if any children under 19 years)

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Alternate Guardian, if desired:

Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

Relationship to you: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

PART 6 - OTHER INFORMATION

Funeral/Burial: Do you have any special instructions as to your funeral or burial or cremation?

Yes () No () Please explain: _____

Are you getting married in the near future? Yes () No () If yes, please specify: _____

(This is an important question as marriage automatically cancels your existing will in B.C. unless you specify that the will is made in contemplation of marriage.)

Do you have a cohabitation, marriage, or separation agreement: Yes () No ()

If yes, please specify: _____

Do you need a Power of Attorney? Yes () No ()

(If yes, please also complete the Power of Attorney Questionnaire & Planner)

Do you need a Representation Agreement (formerly called a living will)? Yes () No ()

(If yes, please also complete the Representation Agreement Questionnaire & Planner)