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Will Instruction Questionnaire

We ask that you complete as much as possible of this form before we meet because it will provide us with essential information and help us to identify the items we should discuss with you. Please call us if you have any questions.

The questionnaire is divided into four parts. The first part asks for information about you and your family. The second part asks for information about your assets. The third part of the questionnaire is intended to assist you to decide what should be in your Will. While you may not be able to answer all the questions in Part 3, you will at least have an opportunity to think about them before we meet.

The form may not elicit from you all the information you wish to give us or which we will wish to obtain from you. Please make note of all additional information concerning you, your family, assets, and liabilities you feel may be necessary or helpful to us in advising you.

Please note that the questionnaire assumes that only British Columbia law applies to you. If this situation is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will. We would be pleased to assist you with that. Unless expressly requested to do so, we will not check the names of the registered owners of assets but will rely on the information you give us.

Please complete only one questionnaire per couple.

PART 1—CLIENT INFORMATION

1. INFORMATION ABOUT YOU

Name (full)

Other names you are or have been known by
(for example, your name is Shaun but you use “Sandy”)

Address

Occupation (*if retired, also include former occupation*)

Date of birth [*dd/mm/yy*]

Place of birth [*city/province/country*]

Relationship status (*including plans to marry*)

single engaged married separated divorced
 widowed cohabiting

Citizenship: Canadian other:

registered Indian as defined in the *Indian Act*

Telephone no. [*home*]

Telephone no. [*work*]

E-mail address:

Fax

Telephone before faxing?

yes no

Correspondence to be sent to:

home other:

2. INFORMATION ABOUT YOUR SPOUSE OR PARTNER

Full name of spouse/partner

Other names your spouse/partner is or has been known by

Occupation (*if retired, also include former occupation*)

Date of birth [*dd/mm/yy*]

Place of birth [*city/province/country*]

Relationship status (*including plans to marry*)

single engaged married separated divorced
 widowed cohabiting

Citizenship: Canadian other:

Your marriage is: a legal marriage

a common law marriage

Telephone no. [*home*]

Telephone no. [*work*]

E-mail address:

Fax

Telephone before faxing?

yes no

3. YOUR MARRIAGE

Date of marriage

Place of marriage

Country and province/state of residence when you married?

Have you signed a marriage agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have you signed a separation agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have any family law proceedings taken place or been commenced? yes no

4. PRIOR MARRIAGE(S)

Have you been previously married? yes no

Name(s) of former spouses(s)?

Do you have to pay maintenance to your children or former spouse? yes no

If we do not have a copy of the agreement or court order regarding maintenance provisions, please provide us with one so that we may determine your estate's obligations (if any) under it.

5. OTHER PERSONAL RELATIONS

Are you now cohabiting with someone other than a spouse named above? yes no

Name

If you are not married, but cohabiting with someone, he or she may have a claim for maintenance or an interest in wealth acquired during your relationship.

Have you signed a cohabitation agreement? yes no

If we do not have a copy, please provide us with one so that we may determine your estate's obligations (if any) under it.

Have you ceased cohabiting with someone with whom you cohabited for 2 years or more? yes no

6. YOUR CHILDREN

The word “child” includes a child of your marriage, a child born outside of marriage, and an adopted child. Please provide the following information for each of your children and your spouse or partner’s children.

Full name	Birthdate	Is the child yours? Your spouse/partner’s? Or both?	Does the child reside with you?

Please mark with a “*” if the child has a disability and a “**” if the child is deceased.

7. OTHER DEPENDANTS

Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent?

yes no

If yes, please complete the following:

Full name	Address	Relationship

8. OTHER RESPONSIBILITIES

Are you now serving as the legal guardian for a person under age 19 (other than your own children?)

yes no

If yes, full name, address and relationship to you?

Full name	Address	Relationship

Are you now serving as the committee or other legal guardian for a disabled or incapacitated adult? yes no

If yes, full name, address, and relationship to you?

Are you now serving as executor of an estate of someone who has died? yes no

Who do you want to appoint to act in your place if you die before you complete the administration of the estate?

Full name, address, occupation, and relationship to you?

Have you been appointed as the executor for anyone who is still living? yes no

Are you entitled to appoint someone to act in your place if you die before this person? yes no

Whom do you want to appoint?
Full name, address, occupation, and relationship to you?

Full name	Address	Relationship

PART 2—FINANCIAL INFORMATION

ASSETS

Please record the assets you have and provide the requested information. If you have additional assets, please attach a separate listing.

1. REAL ESTATE

Residence	In your name	In spouse/ partner's name	In joint names <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common

Street address			
Legal description, if known			
Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Acquisition date			
Acquisition cost			
Recreational real estate	In your name	In spouse/ partner's name	In joint names <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street address			
Legal description, if known			
Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Acquisition date			
Acquisition cost			
Investment real estate	In your name	In spouse/ partner's name	In joint names <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street address			
Legal description, if known			

Estimated value			
Estimated mortgage balance			
Is mortgage life insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Acquisition date			

Acquisition cost

Other interests in real estate

Have you granted any option to anyone to buy your real estate? yes no

If yes, details:

Do you have any options to buy any other real estate? yes no

If yes, details:

Do you have a life interest or long-term lease on any property? yes no

If yes, details:

Have you sold any property by way of an ongoing agreement for sale? yes no

If yes, details:

Other:

2. BUSINESS INTERESTS

Interest in a proprietorship (unincorporated business)

	In your name	In spouse/ partner's name	In joint names
Description			
Estimated net value			
Estimated original			

cost (or adjusted cost base)			
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Interest in a partnership

Please attach a copy of your partnership agreement.

	In your name	In spouse/ partner's name	In joint names
Description			
Estimated net value			
Estimated original cost (or adjusted cost base)			

Is your partnership interest life insured? yes no

Interest in private company(ies)

	In your name	In spouse/ partner's name	In joint names
Description			
Estimated net value			
Estimated original cost (or adjusted cost base)			

Location of certificates:

Is there a shareholders' agreement or a buy-sell agreement, or any other restriction on sale? yes no

Please attach a copy of the most recent financial statements and any shareholders' agreement or buy-sell agreement.

Is there life insurance to buy out your interest on your death? yes no

If you are the only director, do you want to appoint an additional director? yes no

Have you used your capital gains exemption
(if shares qualify?)

yes no

3. PERSONAL PROPERTY

Bank accounts & term deposits

	In your name	In spouse/ partner's name	In joint names
Financial institution name			
Account no.			
Amount			

Securities/bonds/shares

(please note any restrictions on sale or trade)

	In your name	In spouse/ partner's name	In joint names
Description			
Location			
Value			
Acquisition date			
Acquisition cost			

Life insurance

	On your life	On spouse/ partner's life	On joint lives
Insurance company			
Policy no.			
Owner			
Designated			

beneficiary			
Amount			

Pension plans & annuities

	In your name	In spouse/ partner's name	In joint names
Plan issuer			
Terms			
Beneficiary			
Amount			

RRSPs & RRIFs

	In your name	In spouse/ partner's name	In joint names
Plan issuer			
Account no.			
Designated beneficiary			
Amount			

Collectibles & other valuables

(indicate if items are not located in or at your home)

	In your name	In spouse/ partner's name	In joint names
Description			
Estimated value			

Personal effects (including furniture, automobiles, boats, etc.)

(indicate if items are not located in or at your home)

	In your name	In spouse/ partner's name	In joint names

Description			
Estimated value			

Other substantial assets

For example, does someone owe you money? Do you have a valuable club membership?

	In your name	In spouse/ partner's name	In joint names
Description			
Estimated value			

Interests in any existing estates or trusts

If you have interests in any existing estates or trusts, provide their description and location:

Foreign assets

Are any of your assets located outside British Columbia?

yes no

What and where:

LIABILITIES

4. SPECIFIC LIABILITIES

Do you have any of the following liabilities?

Loans payable?

yes no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Guarantees?

yes no

	In spouse/	

	In your name	partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Indemnities? yes no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

Other? yes no

	In your name	In spouse/ partner's name	In joint names
Name of creditor			
Amount owing			
Life insured?			

“Other” creditors may include former spouses or partners and their claims for maintenance or the division of family assets.

Have you given any security agreements for any amounts owed by you? yes no

If yes, please provide details:

Have you agreed to buy any property? yes no

If yes, please provide details:

5. ENVIRONMENTAL ISSUES

“Industrial Activity” means chemical, construction, dry-cleaning, electrical, electronic, laboratory, machinery, metal fabrication, photo development, printing or publishing, service stations, textiles and wood preservation, vehicle

maintenance or transportation, and like activities.

Are you now or have you ever in the past been involved in a business (as an owner or operator) that carried on an Industrial Activity?

yes no

Do you now own, or have you ever in the past owned, land on which an Industrial Activity was carried on?

yes no

Are you aware of any environmental contamination on land or buildings you now own or you owned in the past?

yes no

6. ESTIMATED NET VALUE OF ESTATE

	Your name	Spouse/ partner's name	Joint names
Total assets			
Less total debts			
Less estimated tax			
Total net value of estate	=====	=====	=====

PART 3—WILL INSTRUCTIONS

1. EXECUTOR/TRUSTEES

Who do you want to appoint as your executor(s) and trustee(s)? If appointing more than one person, please indicate whether primary, alternate, or joint.

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			

	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>
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Do you wish a majority of your trustees to be able to make decisions? yes no, all must act unanimously

2. APPOINTMENT OF GUARDIAN(S) FOR INFANT CHILDREN

Do you have a child under age or do you anticipate having children? yes no

Who is to be the guardian(s) of your children should you die before they reach age 19? Indicate whether primary, alternate, or joint.

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			
	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate <input type="checkbox"/>

3. PERSONAL EFFECTS

Personal effects include clothing, jewellery, household goods, furniture, automobiles, boats, and art. Do you want to leave a particular personal effect to anyone? yes no

If yes, please complete the following:

Full name	Address	Relationship to you	Description of item

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4. CASH LEGACY

Do you want to give a cash gift to anyone? yes no

If yes, please complete the following:

Full name	Address	Relationship to you	Amount

5. CHARITABLE GIFTS

Do you want to give cash or another gift to charity? yes no

If yes, please complete the following:

Name of charity	Address	Cash amount/ specific assets

We recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Canada Revenue Agency registered charity, and, if the gift is to be used for a particular charitable purpose, that the charity in fact carries on that purpose. Note that gifts of appreciated shares in publicly traded companies to a charity may be very tax effective.

6. GIFT OF RRSP OR RRIF

Have you filed a designation of beneficiary with the plan issuer(s)?

No/Don't know, but I want _____ to be the beneficiary.

- Yes, but I want to change the beneficiary to _____
_____.

Please check with the plan issuer as to the plan's requirements for making a valid designation. Some plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.

If your RRSP/RRIF beneficiary is not the beneficiary of your estate, you should know that the estate (not the RRSP beneficiary) may be responsible for the income taxes payable on your death with respect to your RRSP.

7. GIFT OF PENSION PLAN

Legislation applicable to your pension plans may vary. The B.C. *Pension Benefits Standards Act*, for example, may require that your pension benefits be paid to your spouse. The definition of "spouse" may vary from plan to plan. Have you filed a designation of beneficiary with the plan administrator(s)?

- No/Don't know, but I want _____ to be the beneficiary.

- Yes, but I want to change the beneficiary to _____
_____.

Please check with the pension plan administrator as to the plan's requirements for making a valid designation. Some plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.

8. SPOUSAL RRSP CONTRIBUTION

Within 60 days of the end of the year in which you die, your executors may make a final contribution to a spousal RRSP.

Do you want your estate to make a contribution to an RRSP in your spouse's name? yes no

Do you want the contribution to include any unused contribution room that you may have accumulated in earlier years? yes no

9. LIFE INSURANCE POLICIES

If you have already designated a beneficiary with the insurance company, you do not have to duplicate the designation in your Will.

Do you want to designate a beneficiary or change the beneficiary

of your insurance policy(ies?) yes no

Which policies? all
 some

List the insurance company(ies) and policy no(s):

Beneficiary's full name and relationship to you?

We recommend that you file a designation of beneficiary with the insurance company. If you change your designation by Will, do not file any further documents with the insurance company without consulting your lawyer.

10. SPECIFIC GIFTS—OTHER

Do you want to leave a particular asset such as real estate, shares of a family business, or a club membership to a particular person? yes no

Assets	Beneficiary's name, address, and relationship to you

If the gift is of real estate:

(a) Is there an existing mortgage on the property? yes no

(b) If yes, do you want

the beneficiary to assume the mortgage?

or

your estate to pay off the mortgage?

(c) Who is to pay any Property Transfer Tax on the transfer?

recipient

residue of your estate

(d) Who is to bear income taxes (tax on capital gains) that may arise as a result of the deemed disposition of the asset?

beneficiary

residue of your estate

11. TRUST FUND

Do you want to set aside a fund for the support of a dependant such as a parent or child with a disability during his or her lifetime? yes no

Dependant's full name and relationship to you?

Amount to be put in trust fund (or share of residue of your estate—see section 10 below): no

Is he or she currently receiving disability benefits, or other income subject to a means test? yes no

12. RESIDUE OF YOUR ESTATE

The residue of your estate consists of the assets remaining in your estate after payment of liabilities, taxes, specific gifts, legacies, and so on. If you want the residue of your estate to go to your spouse or partner and children, please complete A and B below. If you want it to go to someone else, please skip to section 13 below.

A. Provision for spouse or partner

Select one option:

Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.

Spouse or partner trust: My executor is to invest my Estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse's or partner's lifetime.

May your executor use capital for the benefit of your spouse or partner if your executor thinks it is necessary? yes no

On the death of my spouse or partner, the remainder is to be distributed to my children or others per B (below)

Other provision for spouse or partner (*please describe*)

None (*why?*)

If your spouse or partner is not happy with what you leave him or her, he or she may be able to make a claim under the B.C. *Wills Variation Act* for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to your spouse or partner or why he or she is neither in need nor deserving.

B. Provision for children

What provision do you want to make for your children after any prior provisions for your spouse or partner?

Select one option:

My estate is to be divided equally among all my children. If a child

predeceases me, his or her share of my estate is to go to his or her children.

-
- My estate is to be divided equally among all my children but they are not to receive their inheritance until the following age(s):

_____ % at age _____, then _____ % at age _____, then balance at age _____.

Before then, my executor can use a child's inheritance for his/her benefit if my executor thinks it is necessary. If a child dies before receiving 100% of his or her share of my estate, what is left is to go to his or her children.

-
- Other provision for children (*please describe*)
(*if unequal, why?*)

-
- None (*why?*)

If any of your children are not happy with what you leave them, any of them can make a claim under the B.C. *Wills Variation Act* for a larger share of your estate. Please prepare and give us a copy of a draft memorandum setting out in as much detail as possible the reasons for excluding or limiting the gifts to a child or why he or she is neither in need nor deserving.

C. Alternate Beneficiaries

Whom do you want to receive your estate if none of your primary intended beneficiaries (that is, spouse/partner, children, grandchildren) lives to inherit?

Full name	Address	Relationship	Portion of residue

Please provide dates of birth for any minors.

13. RESIDUE OF ESTATE—OTHER PROVISIONS

If you do not have a spouse/partner or children or do not want to leave your estate to them, whom do you want to receive your estate?

Full name	Address	Relationship	Portion of residue

14. EXECUTOR'S POWERS

Investments

If your executor needs to invest your estate, what kind of investments can your executor invest in?

Select one option:

- unrestricted (any investment my executor thinks is appropriate)
- restricted (to be discussed with lawyer)

Dealing with privately owned business

If your estate owns shares of a private company, or an interest in a business:

- Can your executor carry on that business? yes no
- Can your estate make loans to the business? yes no
- Can the loans be unsecured? yes no
- Can the loans be interest free? yes no
- Can your executor act as a director and get paid as a director? yes no

Loans to beneficiaries

- Can your executor make loans to beneficiaries? yes no
- Can the loans be unsecured? yes no
- Can the loans be interest free? yes no

Guarantees

- Can your executor renew a guarantee you gave before your death? yes no

Can your executor give new guarantees? yes no

Borrowing power

Can your executor borrow on behalf of your estate on the security of estate assets? yes no

Estate assets

Can your executor hold, as estate investments, investments you own at your death? yes no

Can your executor give a beneficiary his or her share of the estate by way of specific items or investments other than cash only? yes no

Can your executor repair assets before selling or distributing them? yes no

Can your executor purchase estate assets? yes no

The general rule is that an executor cannot purchase an estate asset.

15. FUNERAL

Do you wish to be buried cremated

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes? yes no

If yes, please describe below. Please inform your family of your wishes and request that they honour them.

Have any pre-paid arrangements been made? yes no

If yes, with whom?

16. MUTUAL WILL

If you and your spouse or partner sign Wills leaving your estates to each other, is your spouse free to change his or her Will at any time, including after your death should you die first? yes no

If no, we recommend that your estate be held in trust for your spouse/partner rather than be an outright gift. (See 12A above.) Discuss this decision with your lawyer.

17. ORGAN DONOR

Have you completed an organ donor card? yes no

Please inform your family of your wishes in this regard and request that they honour them.

18. LIVING WILL

Have you signed a living will, alternate medical directive, or medical care proxy setting out your wishes for the medical care you wish to receive if you should become incapacitated?

Yes (*please provide us with a copy*)

No

Would you like to?

yes no

19. NOMINATION OF COMMITTEE

Have you signed a Nomination of Committee in which you name the person or corporate trustee you would like the court to appoint as your legal guardian if you should become incapable of managing your *financial* affairs/your person?

Yes (*please provide us with a copy*)

No

Would you like to?

yes no

If yes, please provide us with the following information for the person(s) you wish to act as Committee(s) of your financial affairs:*

Full name	Address	Relationship to you

* Please indicate whether the persons you name are to act as primary, alternate, or co-Committees.

Please provide us with the following information for the person(s) you wish to act as Committee(s) of your *person*:**

Same person(s) as I want to be Committee(s) of my financial affairs

Full name	Address	Relationship to you
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** Please indicate whether the persons you name are to act as primary, alternate, or co-Committees.

20. ENDURING POWER OF ATTORNEY

Would you like to have an Enduring Power of Attorney giving someone authority to look after your financial affairs if you should become incapacitated? yes no

If yes, please provide us with the following information for the person(s) you wish to act as your attorney(s):

Full name	Address	Relationship to you

If you wish to have more than one attorney, please tell us whether the attorneys must act together, or whether they may act separately.

Do you have an existing Power of Attorney? yes no

If yes, do you wish to revoke it? yes no

21. ADDITIONAL COPIES

Do you want to send a copy of your Will and any other documents we prepare for you to anyone? yes no

If yes, set out name, address, and relationship to you:

We typically do not recommend giving copies to friends or relatives—only to a corporate trustee or other professional advisor who is obliged to keep the contents confidential.

22. CORPORATE EXECUTOR

If you appoint a financial institution as an original or alternate executor and

trustee, may we provide to it:

- a copy of your executed Will? yes no
 - information from this questionnaire? yes no
-

23. SPECIAL INSTRUCTIONS

Is there anything else you want included in your Will or to discuss with us about your Will or your personal circumstances?
