

**ESTATE QUESTIONNAIRE**

1. TODAY'S DATE: \_\_\_\_\_

2. YOUR FULL NAME: \_\_\_\_\_

3. NAME PREFERRED TO BE KNOWN AS:

4. YOUR PARTICULARS: **(INCLUDE CITY, PROVINCE & POSTAL CODE)**

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

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

Home Phone: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_

Age: \_\_\_\_\_

Your relationship to Deceased: \_\_\_\_\_

5. DECEASED'S PARTICULARS:

Surname: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Also known as: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

6. DOES DECEASED HAVE A WILL? IF SO, PROVIDE ORIGINAL AND COPY

Yes     No

7. GENERAL DESCRIPTION OF DISTRIBUTION SET OUT IN WILL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST OF ASSETS AND DEBTS OF ESTATE:

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9. ARE THERE ANY MARRIAGE AGREEMENT(S) THAT MAY AFFECT THE DISTRIBUTION OF THE ESTATE?

Yes     No

10. ADDITIONAL FACTS, MAIN CONCERNS, IF ANY, WITH RESPECT TO WILL OR ESTATE:

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11. WHO REFERRED YOU TO OUR LAW FIRM?

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Penny Paul  
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