

WILLS QUESTIONNAIRE

1. TODAY'S DATE: _____

2. CLIENT'S FULL NAME: _____

3. NAME PREFERRED TO BE KNOWN AS: _____

4. CLIENT'S PARTICULARS:

Home Address: **(INCLUDE CITY, PROVINCE & POSTAL CODE)**

Mailing Address: (if different from above) _____

Home Phone: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

E-mail address: _____

Social Insurance No.: _____

Driver's Licence No.: _____

Date of Birth: _____

Place of Birth: _____

5. MARITAL STATUS: _____

6. CHILDREN'S NAMES IF ANY

7. DATE OF LAST WILL: _____

8. SUGGESTED EXECUTOR(S):

9. NAMES, ADDRESS, AND PHONE NO.(S) OF SUGGESTED BENEFICIARIES:

10. SPECIAL GIFTS: (ie. jewellery, artwork etc.) AND WHO IS TO RECEIVE IT

11. ASSETS AND DEBTS IN YOUR ESTATE:

12. FUNERAL DIRECTIONS:

13. DO YOU HAVE A SAFETY DEPOSIT BOX? IF YES, NOTE THE LOCATION:

14. ARE THERE ANY AGREEMENTS THAT MAY AFFECT HOW YOU CAN DISPOSE OF YOUR PROPERTY?

15. WHO REFERRED YOU TO OUR LAW FIRM?

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