

This is a copy of the form that our lawyers use for the initial interview with our wills clients and outlines some of the information that clients should be prepared to discuss with their lawyer. It is not exhaustive of the information that may be required or topics to be discussed. Please attend your initial wills interview prepared to provide this information and discuss these matters.

WILLS / POWERS OF ATTORNEY - INFORMATION QUESTIONNAIRE
Siksay & Fraser Law Offices

A. PERSONAL INFORMATION

Today's Date: _____

Your Full Name: _____

Spouse's Full Name: _____

Address: _____
Street and Number

City/Town Postal Code

Telephone Number: _____
Home Business

Your D.O.B.: _____ Spouse's D.O.B.: _____

Existing wills? _____ Where? _____

Date of Marriage _____

Previous marriages (you or spouse)? _____

If yes, please provide details of the divorce and any support obligations: _____

Do You Have Children? Yes _____ No _____

If You Have Children, State Full Name(s) and Age(s)
and indicate if any are married.

Child's Full Name	Age	Married?
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1. _____

2. _____

3. _____

4. _____

Do You Have Grandchildren? yes _____ no _____

B. ESTATE TRUSTEES AND GUARDIANS

Full Name of Estate Trustee: _____

Residence of Estate Trustee: _____

Full Names - Alternate Trustees: _____

Residence of Alt. Trustee: _____

Full Names - Children's Guardian(s): _____

C. GIFTS AND BEQUESTS (Special Gifts - Personal Property/Bequests)

Full name of Recipient:

Item or Amount:

1. _____

2. _____

3. _____

4. _____

Balance of Personal Items to be Distributed as Follows: _____

D. RESIDUE AND SPECIAL CONCERNS

Residue of Estate to be Divided as Follows: _____

E. FAMILY DISASTER CLAUSE

Special Concerns: (For example, real property to be specifically conveyed such as cottage property, etcetera):

Life Insurance _____ Joint Tenancies _____

Do you own shares in any private corporations or have any interest in a business? _____

Clauses Required:

FLA: _____ Illegitimate Child? _____ Age of Majority: _____

Special Explanation(s) - Details: _____

Persons Mentally Incapacitated?: _____

POWERS OF ATTORNEY

A. Property: Limited _____ Unlimited _____ Details of Limitation: _____

Attorney: _____ Age: _____ Residence: _____

Alt. Attorney: _____ Age: _____ Residence: _____

B. Personal Care:

Attorney: _____ Age: _____ Residence: _____

Alt. Attorney: _____ Age: _____ Residence: _____

Special Concerns: _____

CLIENT ASSETS & LIABILITIES:

List Real Property Owned:

	Property Address	Legal Description	Owners Names	Joint Tenants?	Value	Mortgage 0/S?
1.						
2.						
3.						
4.						

(Continue on back if required)

Other Assets:

	Asset Description	Owner(s) Names	Joint Owners?	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Continue on back if required)

Liabilities:

	Liability Description	Debtor Name(s)	Creditor Name(s)	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Continue on back if required)