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## LSLAP Will Instructions Questionnaire

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### **PART 1 – CLIENT INFORMATION**

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#### **Information about Testator:**

Name (full) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation (if retired, ask for former occupations) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting  
(including plans to marry) \_\_\_\_\_

Citizenship – Canadian or registered Indian as defined in the *Indian Act* \_\_\_\_\_

Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

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

#### **Information about Spouse or Partner:**

Name (full) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation (if retired, ask for former occupations) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting  
(including plans to marry) \_\_\_\_\_

Citizenship – Canadian or registered Indian as defined in the *Indian Act* \_\_\_\_\_

Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

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

**Testator's Current Marital Status:**

Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

Place of residence when testator was married: \_\_\_\_\_

Has a marriage agreement been signed? \_\_\_\_\_

Has the Testator provided LSLAP with a copy? \_\_\_\_\_

Has a separation agreement been signed? \_\_\_\_\_

Has the Testator provided LSLAP with a copy? \_\_\_\_\_

Has any family law proceeding taken place or been commenced? \_\_\_\_\_

**Prior Marriages of Testator:**

Has the Testator been previously married? \_\_\_\_\_

If so, name(s) of former spouse(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Testator required to pay maintenance to children or former spouse? What are the terms of the maintenance agreement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prior Marriages:**

Has the Testator been previously married? \_\_\_\_\_

If so, name(s) of former spouse(s): \_\_\_\_\_

\_\_\_\_\_

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Is the Testator required to pay maintenance to children or former spouse?\_ What are the terms of the maintenance agreement?\_\_\_\_\_

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**Other Personal Relations of the Testator:**

Is the Testator currently cohabiting with someone and is unmarried?\_\_\_\_\_

Is the Testator currently cohabiting with someone other than spouse named above?\_\_\_\_\_

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Name of the cohabitant:\_\_\_\_\_

Has the Testator signed a cohabitation agreement?\_\_\_\_\_

Has the Testator provided LSLAP with a copy of the cohabitation agreement?\_\_\_\_\_

Has the Testator ceased cohabiting with someone with whom s/he cohabited for two years or more?\_\_\_\_\_

**Children:**

Ask the Testator about his/her children's full name, date of birth, place of residence (i.e. whether s/he lives with the Testator), birth status (i.e. biological child? born outside of wedlock? adopted? from which partner? born with a disability?), and current status (i.e. living or deceased?):\_\_\_\_\_

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**Next-of-Kin:**

If the Testator does not have a spouse or child, ask about the Testator's closest relatives – parents, siblings, nieces or nephews, etc. – and their full name, age, and address: \_\_\_\_\_

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**Other Dependants:**

Ask the Testator if s/he has someone dependant on him/her for financial support for whom the Testator wish to provide – such as an elderly parent – and their full name, age, and address: \_\_\_\_\_

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**Other Responsibilities:**

Ask if the Testator is currently:

- serving as the legal guardian for a person under age of 19 (other than the Testator's own children);
- serving as the committee or other legal guardian for a disabled or incapacitated adult; and
- serving as Executor of an estate of a deceased.

*\*If the Testator is service as an Executor for another, the terms of the will may provide for an alternative Executor on the death of the Testator or provide no alternate. In the latter case, the Testator's appointed Executor of the Testator's will would take over the Testator's role as Executor of the other deceased. The Testator may therefore wish to appoint two Executors: one as Executor of his/her own estate and the other to take over the executorship of the previous will. \_\_\_\_\_*

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**PART 2 – FINANCIAL INFORMATION**

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*\*LSLAP can only assist clients whose estate consists of personal properties and does not include real properties and business interests such as proprietorships and partnerships.*

*\*LSLAP cannot advice clients with disposition of foreign assets.*

**Financial and Personal Assets:**

Bank accounts & term deposits: \_\_\_\_\_

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Securities/bonds/shares: \_\_\_\_\_

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Life insurance: \_\_\_\_\_

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Pension plans & annuities: \_\_\_\_\_

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RRSPs & RRIFs: \_\_\_\_\_

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TFSAs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Collectibles & other valuables: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal effects (e.g. furniture, automobiles, boats, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other substantial assets (e.g. promissory notes, valuable club memberships, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Liabilities:**

Ask about the details of the Testator's loans payable, guarantees, indemnities, and other debts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Net Value of Estate:**

	Testator's name	Partner's name	Joint names
Total assets			

Less – total debts			
Total value of estate, before tax			

**PART 3 – WILL INSTRUCTIONS**

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**Information about the Primary Executor:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

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

\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

\_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**Information about the Alternate Executor:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

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

\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

\_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**Appointment of Guardian(s) for Infant Children (i.e. under 19):**

**Primary Guardian:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

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

\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

\_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**Alternate Guardian:**

Name (full): \_\_\_\_\_ Alias: \_\_\_\_\_

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

\_\_\_\_\_

Occupation (if retired, ask for former occupations): \_\_\_\_\_

\_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**Specific Bequests of Personal Effects:**

Full name of the beneficiary	Address	Relationship to Testator	Descrip. Of item

**Specific Bequests of Cash Legacies:**

Full name of the beneficiary	Address	Relationship to Testator	Amount


**Charitable Gifts:**

Name of charity	Address	Cash amount/ specific assets

**Residue of Testator's Estate:**

Full name of the beneficiary	Address	Relationship to Testator	Amount/ Portion of residue

**“Clean-up” Clauses:**

If the Executor needs to invest the estate, the restriction the Testator would like to place on the Executor is:

- Unrestricted (any investment the Executor thinks is appropriate): \_\_\_\_\_  
\_\_\_\_\_
- Restricted, the restrictions being: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If minors are to receive gifts, the trustee and his/her name, address, and relationship to child are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The age the child can receive the gift absolutely is: \_\_\_\_\_

Can money be used for the benefit of the child (eg. education) before he or she becomes entitled absolutely? \_\_\_\_\_

Other limitations on the gift(s) to the minor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a child fails to survive to above age, the gift/share is to be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Per stirpes (i.e. Testator's child's inheritance will go to Testator's grandchild if child predeceases Testator)? Please circle: **YES** or **NO**

What is to be done with the Testator's remains? \_\_\_\_\_

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Persons the Testator wishes to exclude from the will and the reasons why:

Name of the person	Relationship to Testator	Reason for exclusion