## STEWART, AULINGER & COMPANY

## **BARRISTERS & SOLICITORS**

## **WILL INSTRUCTIONS QUESTIONNAIRE**

This Will Instructions Questionnaire was prepared to assist you when deciding your testamentary intentions. Please complete those sections that are applicable to you. Should some concepts require clarification, please do not hesitate to contact Stewart, Aulinger & Company at (604) 879-0291.

Full Name:	
Address:	
Occupation:	
Telephone: Home:	Office:
Email Address:	
Date of Birth:	Citizenship
Place of Birth:	
	ns to marry):
Date of Marriage:	
Place of Marriage:	
Do you have a marriage cor	ntract?:
Support Obligations: Are you	u presently obliged to support any child o
former partner?	

Address:			
Occupation:			
Telephone: Home:	C	Office:	
Email Address:			
Date of Birth:	Citizens	ship:	
Place of Birth:			
Children: Please provide the full	names and o	dates of birth of	f all you
children, both natural or adopted	. Please not	te with "*" any o	child of a
former marriage of either you or	your spouse	; with "**" any c	child who
be disabled; and with "***" any cl			
SUMMARY OF ASSETS – pleas	se note if ass	set is <u>not</u> locate	ed in Brit
SUMMARY OF ASSETS – pleas	se note if ass	set is <u>not</u> locate	ed in Brit
· ·	se note if ass Party <u>A</u>	set is <u>not</u> locate Party <u>B</u>	ed in Brit Both Names
•	Party	Party	Both
Columbia	Party <u>A</u>	Party <u>B</u>	Both Names
Columbia  Total Cash and Term Deposits:  Life Insurance:  Name of Insurance	Party <u>A</u>	Party <u>B</u>	Both Name:
Total Cash and Term Deposits:  Life Insurance: Name of Insurance	Party <u>A</u> \$	Party <u>B</u> \$  Designated	Both Name:

RRSP or RRIF:	Owner of	Designated	
Name of Institution	RRSP/RRIF	<u>Beneficiary</u>	<u>Amou</u>
	Party <u>A</u>	Party <u>B</u>	Joint <u>Names</u>
Stocks and Bonds:	\$	\$	\$
Pension Plans/Annuities	:		
	\$	\$	\$
	\$	\$	\$
Describe any interest you private companies:			
Real Estate: Address	#1		#2
Registered Owner(s)		<del></del>	
Joint Tenancy or Tenancy in Common?			

	gage Balance mated)	\$			\$	
Mort	gage Life insured?		YES/NO			YES/NO
Appr	oximate equity	\$			\$	
<u>Pers</u>	onal Effects:					
Appr	oximate value of hou	useho	ld goods, furr	niture, jev	vellery,	boats and
auto	mobiles:				\$	
Are a	any of these articles	owne	d jointly with s	someone	else?	YES/NO
If so	, what, and with who	m?				
Do v	ou have any real or <sub>l</sub>	persoi	nal property l	ocated o	utside o	f British
	mbia other than prop					
belov		, o. t.y. p	noviously mo	.04. 11 00	, prodoc	opoony
Delo	vv.					
Misc	ellaneous:					
(a)	Interests in any ex	isting	estates or tru	usts:		
(b)	Other substantial a	assets	S:			
SUM	IMARY OF DEBTS:	(oth	er than mort	gages pr	eviously	noted)
	<u>Creditor</u>	•	insured?		Amou	•
		Υ	es/No	\$		
		Y	es/No	\$		
		Y	es/No	\$		

## D. WILL PARTICULARS:

Full name, address, occupation, and relationship to you (if any) of possible executor(s) and alternate executor(s), including your spouse.
Primary:
Alternate:
Full name, address, and relationship to you of guardian(s) and alternate guardian(s) for infant children.
Primary:
Alternate:
Do you have any specific articles you wish to gift to any particular person(s)? If so, please provide the full name, address, and relationship to you of any such beneficiary below:

	beneficiary below:
be h	ou wish to provide a trust fund for anyone? For instance, funds controlled in trust for a parent or a handicapped child during his/her lifeting which the funds would, for example, form part of the residue of yellow.
(a)	Do you wish to leave the residue of your estate to your spouse he/she survives you?
(b)	If your spouse fails to survive you, do you wish to leave your entry to your children?
(b)	

	If no spouse or child survives you, who do you wish to receive residue of your estate?
(e)	If not your spouse or children, to whom do you wish to leave the residue of your estate?
(f)	If your instructions are other than as contemplated by 6 (a) to above, please outline those instructions below:
Day	usu wish to limit the investment discretion of vour tructs of
Do y	ou wish to limit the investment discretion of your trustee?
	ou wish to limit the investment discretion of your trustee?  ou have funeral or burial wishes which you would like mentioned Will and, if so, what are those wishes?

<u>OTHER</u>	COMME	NTS OR	INSTRU	CTIONS	<u> </u>	

Once you have completed this questionnaire to the best of your knowledge, please send by mail or courier to:

Stewart, Aulinger & Company 1200 - 805 West Broadway Vancouver, BC, V5Z 1K1

If there is some urgency to this matter or you have issues which you would like to discuss with us prior to returning this questionnaire to us, please do not hesitate to call us.

Phone: (604) 879-0291

If you do not hear from us within a week of sending this information sheet, please feel free to contact us.