

## WILL QUESTIONNAIRE

\*\*NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you\*\*

| PART 1: WILL INSTRUCTIONS FOR DISCUSSION  |                            |              |        |                  |       |                         |
|---|----------------------------|--------------|--------|------------------|-------|-------------------------|
| Do you have an existing W   | vill?                      |              |        |                  |       |                         |
| (If yes please provide a copy)  |                            | □ Yes        |        | No               |       |                         |
| <b>EXECUTOR(S):</b>   |                            |              |        |                  |       |                         |
| Please indicate if any person   | on app                     | ointed as an | execut | or is a US Resid | lent. |                         |
| Executor(s) - Names   | Address/Phone Relationship |              |        | Appointment      |       |                         |
|   |                            |              |        |                  |       | Primary                 |
|   |                            |              |        |                  |       | Alternate               |
|   |                            |              |        |                  |       | Joint with others named |
|   |                            |              |        |                  |       | Primary                 |
|   |                            |              |        |                  |       | Alternate               |
|   |                            |              |        |                  |       | Joint with others named |
|   |                            |              |        |                  |       | Primary                 |
|   |                            |              |        |                  |       | Alternate               |
|   |                            |              |        |                  |       | Joint with others named |
|   |                            |              |        |                  |       | Primary                 |
|   |                            |              |        |                  |       | Alternate               |
|   |                            |              |        |                  |       | Joint with others named |
| If you are appointing more you wish that the majority lexecutor does not agree? |                            |              |        |                  | □Ye   | s □ No                  |



| <b>GUARDIAN(S):</b>   |   |                              |  |  |
|---|---|------------------------------|--|--|
| If you have minor children  | n   |                              |  |  |
| Guardian(s)   | Full Name   | Relationship                 |  |  |
|   |   |                              |  |  |
| <b>A1</b>   | E IIV   | D 1 2 12                     |  |  |
| Alternate(s)  | Full Name   | Relationship                 |  |  |
|   |   |                              |  |  |
|   | PART 2: DISTRIBUTION  | N                            |  |  |
| PERSONAL EFFECTS  |   |                              |  |  |
| (Example: jewelry, household items, furniture, automobiles, etc.) |   |                              |  |  |
| How and to whom would   | you like your personal effects dis                                | stributed?                   |  |  |
|   |   |                              |  |  |
|   | rticular personal item to anyone?                                 |                              |  |  |
| If yes, please provide a recipient(s)                             | description of the item(s) and                                    | the names and address of the |  |  |
|   |   |                              |  |  |
|   | rticular asset such as real estate, ess or a club membership to a | □ Yes □ No                   |  |  |
| If yes, please provide deta                                       | ils:  |                              |  |  |
|   |   |                              |  |  |



| CAS          | SH LEGACY   |                 |                        |
|--------------|---|-----------------|------------------------|
| Do y         | ou want to leave a cash gift to anyone?   | □ Yes           | □ No                   |
| If ye        | s, please provide details   |                 |                        |
|              |   |                 |                        |
| CHA          | ARITABLE GIFT   |                 |                        |
| Do y         | ou want to leave a charitable gift?   | □ Yes           | □ No                   |
| If ye        | s, please provide details   |                 |                        |
|              |   |                 |                        |
| RES          | IDUE  |                 |                        |
|              |   |                 |                        |
|              | consists of the assets remaining in your Estate after pay, legacies etc.  | ment of liabili | ities, taxes, specific |
| gifts        |   |                 | Check One:             |
| gifts        | , legacies etc.   |                 |                        |
| gifts.  Prov | Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she   |                 |                        |
| Prov 1.      | Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.  Spousal or partner trust: My executor is to invest my estate and pay my spouse or partner 100% of the net annual income produced by the residue of  |                 |                        |
| Prov  1.  2. | Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.  Spousal or partner trust: My executor is to invest my estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse's or partner's lifetime.  Other provision for Spouse or Partner (please describe) |                 |                        |
| Prov  1.  2. | Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.  Spousal or partner trust: My executor is to invest my estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse's or partner's lifetime.  Other provision for Spouse or Partner (please           |                 |                        |



| Provis  | sion for Children   | Please Check One: |  |  |
|---|---|-------------------|--|--|
| 1.  | My estate is to be divided equally among all my children. If a child predeceases me, his or her share of my estate is to be divided equally among:  |                   |  |  |
|   | his/her children or   |                   |  |  |
|   | my other children   |                   |  |  |
| 2.  | My estate is to be divided equally among all my children but they are not to receive their inheritance until the following age(s):                  |                   |  |  |
|   | % at age  |                   |  |  |
|   | % at age  |                   |  |  |
|   | the balance at age  |                   |  |  |
|   | If any of my children die before reaching the age that they receive the balance of the funds, the balance remaining shall be divided equally among: |                   |  |  |
|   | his/her children or   |                   |  |  |
|   | my other children   |                   |  |  |
| 3.  | Other provision for Children (please describe   |                   |  |  |
|   |   |                   |  |  |
| 4.  | None – please provide reason  |                   |  |  |
|   |   |                   |  |  |
| Are all loans and advances made during your lifetime to any of your beneficiaries to be forgiven on your death? |   | □ Yes □ No        |  |  |
| If not,   | please provide details of any debts owing to your esta  | ate               |  |  |
|   |   |                   |  |  |



| ALL ELSE FAILS   |                     |                 |  |                    |  |
|--|---------------------|-----------------|--|--------------------|--|
| Who do you want to receive is, spouse/partner, children            |                     |                 | of your primary intended be o inherit? | eneficiaries (that |  |
| Person or Charity  | Relation            | ship to you     | Address                                | Percentage         |  |
| -  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
| PROVISIONS IF NO SP  | OUSE OI             | R CHILDR        | EN                                     |                    |  |
| If you do not have a spous who do you want to receive beneficiary: |                     |                 |  |                    |  |
| Name   | Relationship to you |                 | Address                                | Percentage         |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
| FUNERAL WISHES   |                     |                 |  |                    |  |
| Funeral Wishes   |                     | Buried/Cremated |  |                    |  |
| Have you made any pre-paid funeral                                 |                     |                 |  |                    |  |
| arrangements?  |                     | □ Yes           | □ No                                   |                    |  |
| If so, please provide the fu                                       | neral hom           | e name they     | are with                               |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |
|  |                     |                 |  |                    |  |



| Any specific funeral wishes?     |
|----------------------------------|
|                                  |
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| Space for Additional Information |
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