

# Larry McCrea Law Corporation

*Barristers & Solicitors*

#109 Coach House Square, Highway 97

P.O. Box 549, 100 Mile House, B.C. V0K 2E0 Canada

Larry L. McCrea  
Barrister & Solicitor

Telephone: (250) 395-1151  
Facsimile: (250) 395-1153  
E-mail: office@lmccrea.com

## Will Instruction Questionnaire

We ask that you complete this form as to personal information before we meet. Please call us if you have any questions about completing this questionnaire. Please make sure to use full legal names for all people when filing out this questionnaire.

Please note that the Questionnaire assumes that only British Columbia law applies to you. If this is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will. We would be pleased to assist you with seeking counsel in another jurisdiction. Unless expressly requested to do so, we do not check the names of the registered owners of assets.

There is a Wills Information Booklet available from our office or online at <http://www.lmccrea.com/>.

**Reviewed:**

**yes**

**no**

- Single Will
- Spousal Will (separate)
- Spousal Will (mirror)

- Power of Attorney
- Health Care Agreement

Notes:

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## Part 1 - Client Information

### 1. Information about you

Full Name

Other names you are or have been known by (*example: your name is Shaun but you use "Sandy"*)

Address

Occupation (*if retired please also include former occupation*):

dd/mm/yy

City/Province/Country

Date of Birth

Place of Birth

Citizenship:

Canadian  other: \_\_\_\_\_  registered Indian as defined in the *Indian Act*

Telephone No. (home)

Telephone No. (work)

Other Contact Information:

### 2. Information about your spouse/partner

Full Name of

spouse/partner:

Other names your spouse/partner is or has

been known by:

Occupation (*if retired please also include former occupation*):

dd/mm/yy

City/Province/Country

Date of Birth:

Place of Birth:

Citizenship:

Canadian  other: \_\_\_\_\_  registered Indian as defined in the *Indian Act*

Telephone No. (home)

Telephone No. (work)

Other Contact Information:

### 3. Your Marriage

**Marital Status** (including plans to marry)

Single  Contemplation of Marriage  Married

Common-law Relationship  Separated  Divorced  Widowed

**4. Your children**

The word "child" includes a child of your marriage, a child born outside of marriage and an adopted child. Please provide the following information for each of your children.

Full Name*	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

\* Please mark with a "\*\*" if the child has a disability and a "\*\*\*" if the child is deceased.

Do you anticipate having more children?  yes  no

**Part 2 - Financial Information**

**Foreign Assets**

Are any of your assets located outside British Columbia?  yes  no

What and where:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Major Assets:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate current value of your Estate: \$ \_\_\_\_\_  
\_\_\_\_\_

## Part 3 - Will Instructions

### 1. Executors/Trustees

**SPOUSE**

yes

no

Who do you want to appoint as your Executor(s) and Trustee(s)? If appointing more than one person, please indicate whether Primary, Alternate or Joint.

	Person #1	Person #2	Person #3
Full Name			
Address and Phone Number			
Occupation			
Relationship to You			
Capacity	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 2. Appoint of Guardian(s) for infant children

Do you have a child under age or do you anticipate having children?  yes  no

Who is to be their guardian(s) should you die before they reach age 19?

	Person #1	Person #2	Person #3
Full Name			
Address and Phone Number			
Occupation			
Relationship to You			
Capacity	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>

\* Please indicate whether the persons you name are to act as primary, alternate or joint.

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**3. Gift of Articles**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


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**4. Charitable gifts**

Do you want to give cash or another gift to charity?  yes  no

If yes, please complete the following:

Name of Charity	Address	Cash Amount/Specific Assets
_____	_____	_____
_____	_____	_____

 We recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Canada Revenue Agency registered charity and, if the gift is to be used for a particular charitable purpose, that the charity in fact carries on that purpose. Note that gifts of appreciated shares in publicly traded companies to a charity maybe very tax effective.

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**5. Life insurance policies**

Notes:

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**6. Specific gifts**

Do you want to leave a particular valuable asset such as real estate to a particular person?  yes  no

If yes, describe asset: \_\_\_\_\_ Beneficiary's name, address and relationship to you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who should pay the property transfer taxes related to the gift of any real property?  recipient  residue of estate  
Does the recipient receive the property subject to any existing mortgage?  yes  no, estate to pay before transfer

**Gifts of Specific Amounts of Money**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**7. Residue of your estate**

This consists of the assets remaining in your Estate after payment of liabilities, taxes, specific gifts, legacies, etc.


**SPOUSE**                     yes     no                    **CHILDREN**                     yes     no

Grandchildren in place of deceased child  
 Spouse in place of deceased child

<input type="checkbox"/> <b>Per Capita</b>	<input type="checkbox"/> <b>Per Stirpes</b>
<b>Definition:</b> Only Surviving Children inherit and no provision is made for a spouse of a deceased child or children of a deceased child	<b>Definition:</b> My Trustee will divide the share among those descendants of my deceased child equally according to the branches of the family, and not equally according to the number of persons

If child predeceases without children, Residue to Surviving Children clause.

*Wills Variation Act* discussion                     yes                     Not Applicable

 If your spouse/partner or a child is not happy with what you leave him or her, a claim can be made under the B.C. *Wills Variation Act* for a larger share of your Estate. If applicable, please prepare and give us a copy of a draft Memorandum setting out in as much detail as possible the reasons why you have excluded or limited the gifts to your spouse/partner or child and why he or she is neither in need or deserving.

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**8. If All Else Fails**

Who do you want to receive your Estate if none of your primary intended beneficiaries (i.e. spouse/partner, children, grandchildren) live to inherit?

	<b>Person #1</b>	<b>Person #2</b>	<b>Person #3</b>
Full Name			
Address and Phone Number			
Occupation			
Relationship to You			
Date of Birth			

 Please provide dates of birth for anyone under 19 years of age.

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**9. Residue of Estate - other provisions**

If you do not have a spouse/partner or children or do not want to leave your Estate to them, who do you want to receive your Estate? (Full names, addresses and relationships to you.)

	Person #1	Person #2	Person #3
Full Name			
Address and Phone Number			
Occupation			
Relationship to You			
Date of Birth			

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**10. Funeral**

Do you wish to be  buried or  cremated

Do you have any specific wishes for your funeral or memorial service; and if you are being cremated, your ashes?  no

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**11. Prior Wills**

yes  no

LOCATION:

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**12. Register wills?**

yes  no

If yes, location wills to be kept:

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**Part 4 – Other Matters**

**1. Instructions to transfer joint property to tenants-in-common or common property to joint tenancy?**

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**2. Enduring Power Of Attorney**

yes  no

If yes, please provide us with the following information for the person(s) you wish to act as your attorney(s):

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Date of Birth			

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**3. Health Care Representation Agreement**

Have you signed a Health Care Representation Agreement in which you name someone as your legal Representative(s) for health care matters or financial matters or both?

yes  no

If yes, please provide us with the following information for the person(s) you wish to act as your Representative(s) of your health care and personal matters:

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Date of Birth			
Capacity	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>

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**4. Living Will**

A Living Will is available free of charge at <http://www.lmccrea.com/>.