

**Lenore Morris**  
*Barrister and Solicitor*

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**WILL QUESTIONNAIRE INSTRUCTIONS**

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To start the Will process, please:

- 1) Fill in this Will questionnaire as fully as possible and return to us, preferably by scan/ email to [info@lenoremorris.com](mailto:info@lenoremorris.com).
- 2) Be prepared to provide the \$250.00 deposit by way of e-transfer, once we confirm and accept receipt of your Will Questionnaire.

We will then use the information you provide in the questionnaire to produce a draft Will that we will send back to you for your review. Once you are satisfied with the Will, we will set up a time for you to come in and sign.

We charge \$500.00 plus GST to prepare a Will of typical complexity, which includes a \$250.00 deposit. If you and your partner would like identical Wills, our fee for preparation of 2 “mirror” Wills is \$750.00 plus GST if they are of typical complexity. Our fee includes obtaining your instructions, drafting and editing your Will, meeting with you to sign the Will, executing Affidavits of Witness and reporting to you.

**A Complex Will** would most likely include: any extra instructions beyond those provided in the Will questionnaire; if instructions become more complicated due to having a blended family with guardianship complexities; if you and your partner have different wishes and instructions (where they are not “mirrors” of each other), etc.

Unless you and your partner’s Wills will be very different from one another (e.g. if you one or both of you were previously married and have children from prior marriages) you only need to complete one Questionnaire per couple. Please make it clear where the instructions differ (different colour ink/ font, indicate with initials).

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The questionnaire is divided into three parts. The **first part** of the questionnaire asks for information about you and your family. The **second part** of the questionnaire is intended to assist you in deciding what should be in your Will. Even if you cannot answer all of the questions in Part 2, you will at least have an opportunity to think about them. The **third part** of the questionnaire is *optional*. It asks for information about your assets. The assets you own at the time of your death are likely to be substantially different from what you own now, so the purpose of this exercise is to help us advise you.

The questionnaire may not elicit from you all the information you wish to give us or that we will need to obtain from you. Please tell us any additional information concerning you, your family, assets, and liabilities that you feel may be necessary or helpful to Lenore in advising you.

Please note that the questionnaire assumes that only Yukon law applies to your estate. If this is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will.

Unless you specifically request us to do so, we will not check the information you provide.  
Thank you! We look forward to working with you!

**PART 1—CLIENT INFORMATION**

<b>1.1 INFORMATION ABOUT YOU</b>	
Name (full):	
Other names you have, or have been known by: (e.g., your name is Theodore but you use "Ted" or if you use your middle instead of your first name):	
Address:	
Date of birth (month/day/year):	Place of birth (city/province/country):
Marital status (circle one): single – married - cohabitating - divorced - widowed - engaged	
Occupation (if retired, also include former occupation):	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other:
Telephone no.(home):	Telephone no. (work or cell):
Email address:	
<b>1.2 IF YOU ARE MARRIED OR IN A COMMON LAW RELATIONSHIP</b>	
Date of wedding, if legal marriage	Place of marriage
Date you began to co-habit	
<u><b>INFORMATION ABOUT YOUR SPOUSE OR PARTNER:</b></u>	
First and last names	Occupation (if retired, also include former occupation)
Date of birth (month/day/year)	Place of birth (city/province/country)
<b><i>Does your spouse/partner also want a Will prepared?</i></b> <input type="checkbox"/> yes <input type="checkbox"/> no	

**1.3 DOMESTIC AGREEMENTS**

Have you signed a marriage or separation agreement? ☐ yes ☐ no

*If yes, please provide me with a copy so that I can determine your estate's obligations (if any) under it.*

**1.4 PRIOR MARRIAGE(S)**

Have you been previously married? ☐ yes ☐ no

Name(s) of former spouses(s)?

Do you have to pay maintenance to your children or former spouse? ☐ yes ☐ no

*If yes, please provide me with a copy of any agreement or court order imposing maintenance obligations, so that I can determine your estate's obligations (if any) under it.*

**1.5 YOUR CHILDREN, IF ANY**

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 and your spouse or partner's children.

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

First and last names	Date of birth (if under 19)	Is the child hers alone, his alone or from this marriage?	Does the child reside with you? If not, state community where living.

**1.6 OTHER DEPENDANTS IF ANY**

Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent? ☐ yes ☐ no

If yes, please complete the following:

Full Name	Address	Relationship

## PART 2—WILL INSTRUCTIONS

### 1. EXECUTOR

Who do you want to appoint as your executor(s)? If appointing more than one person, please indicate whether primary, alternate, or joint. We recommend that married (legal or common law) people name their spouse as their Executor unless there is a reason not to do so. *We recommend that at least one alternate be named.*

	Person 1	Person 2	Person 3
First and last names			
Address			
Occupation			
Relationship to you			
<i>please specify</i>	Primary <input type="checkbox"/> Joint with other <input type="checkbox"/> Alternative <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with other <input type="checkbox"/> Alternative <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with other <input type="checkbox"/> Alternative <input type="checkbox"/>

### EXECUTOR COMPENSATION

Do you wish to compensate your Executor? If so how much? Note: Serving as an Executor is a lot of work, so we recommend you compensate yours if they are not already a beneficiary under the Will. You can choose a flat fee or a percentage of the gross or net value of the estate. *We usually recommend compensation of \$5,000, or 5% of the value of the estate, whichever you prefer.*

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### 2. PERSONAL ITEMS

Personal effects include items such as clothing, jewellery, household goods and art. Do you wish to:

- ☐ Let your family and/or friends divide your personal effects among themselves, overseen by the Executor.
- ☐ Make a list separate from the Will, which would not be legally binding but which you can ask your Executor to honour.
- ☐ Leave specific items to particular individuals (please fill out chart below).

**If you want to leave any particular personal item(s) to named individual(s), then please complete the following (you can add another page if needed):**

Full name	Address	Relationship to you	Description of item

### 3. CASH LEGACY - GIFT

Do you want to give a cash gift to anyone? ☐ yes ☐ no

If yes, please complete the following:

Full name	Address	Relationship to you	Amount

### 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

I recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Revenue Canada registered charity, and, if the gift is for a particular charitable purpose, that the charity continues to carry out that purpose.

### 5. BALANCE ("RESIDUE") OF YOUR ESTATE

The residue of your estate consists of the assets remaining in your estate after payment of liabilities, or partner taxes, specific gifts, legacies, and so on. If you want the residue of your estate to go to your spouse or partner and children, please complete sections A and B below. If you want it to go to someone else, please complete section C.

#### A. Provision for spouse or partner, if applicable

Select one option:

- ☐ **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. If my spouse does not survive me for 30 days, my estate is to be distributed to my children or others per section B or C below.

☐ **Other provision for spouse or partner** (describe)

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**B. Provision for my children, if applicable:**

What provision do you want to make for your children or others after any prior provisions for your spouse or partner? Select applicable options:

- ☐ My estate is to be divided equally among my children and:
- If a child predeceases me leaving a child or children, his / her share of my estate is to go to his / her child or children, **OR**
  - My estate is to be divided among my living children only.

OR

☐ Other: \_\_\_\_\_

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Optional:

- ☐ My descendants are not to receive their inheritance until the following age(s):  
 \_\_\_\_\_% at age \_\_\_\_\_, then \_\_\_\_\_% at age \_\_\_\_\_, then balance at age \_\_\_\_\_.

**C. Other Beneficiaries**

If you do not have a spouse/partner or children or do not want to leave all of your estate to them, to whom do you want to leave a portion, or all, of your estate?

Full name	Address	Relationship	Portion of residue

*Please provide dates of birth for any minors (under age of 19).*

**D. Alternate Beneficiaries**

If all of the above gifts are ineffective (e.g. because the named individuals predecease you), where do you want your Estate to go?

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**6. GUARDIAN(S) FOR MINOR CHILDREN**

Do you have a child(ren) under the age of 19? ☐ yes ☐ no

If yes, and if you die before your child(ren) turn 19, their other parent will automatically be their caregiver. You may however name another person to be the guardian(s) of your child(ren) should the other parent be unable to care for them. If so, complete the following:

Guardian(s)	Person 1	Person 2
Full name		
Address		
Occupation		
Relationship to you		
	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternative <input type="checkbox"/>	Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternative <input type="checkbox"/>

**7. DISPOSITION OF REMAINS, FUNERAL**

**\*\* Please also inform your family of your wishes and request that they honour them at the time of your death; your Will may not be read until some time after your death.**

Do you wish to be ☐ buried ☐ cremated ☐ other \_\_\_\_\_

Do you have any specific wishes for your funeral or memorial service, and if you are to be cremated, your ashes? ☐ yes ☐ no

If yes, please describe any details below.

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### PART 3 —FINANCIAL INFORMATION - Optional

*Provision of the information below is optional. We ask for this information so that we may be able to provide advice to you, if necessary. We do not need account numbers or exact balances.*

**ASSETS** Please record the assets you have and provide the requested information. If you have additional assets, please attach a separate list.

#### 1. REAL ESTATE

##### (a) Home

*Please specify:*

\_\_\_\_\_ In your name

\_\_\_\_\_ In spouse/partner's name

\_\_\_\_\_ In joint names

If in joint names, as ☐ joint tenants or ☐ tenants in common

Street Address \_\_\_\_\_

Legal Description, if known \_\_\_\_\_

Estimated value \_\_\_\_\_

Estimated mortgage balance \_\_\_\_\_

Is mortgage life insured ☐ yes ☐ no

##### (b) Recreational Real Estate

*Please specify:*

\_\_\_\_\_ In your name

\_\_\_\_\_ In spouse/partner's name

\_\_\_\_\_ In joint names

If in joint names, as ☐ joint tenants or ☐ tenants in common

Street Address \_\_\_\_\_

Legal Description, if known \_\_\_\_\_

Estimated value \_\_\_\_\_

Estimated mortgage balance \_\_\_\_\_



Is mortgage life insured      ☐ yes ☐ no

## 2. BUSINESS INTERESTS

Interest in a proprietorship (unincorporated business)/partnerships

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Interest in incorporated business(es)

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## 3. FINANCIAL ASSETS

### A. Bank accounts & term deposits

Bank/financial institution	In your name?	In spouse's or joint names?	Approx. balance

### B. Securities/investments

(please note any restrictions on sale or trade)

Financial institution	In your name?	In spouse's or joint names?	Approx. balance

### C. Life Insurance

	On your life	On spouse/ partner's life	On joint lives
Insurance Company			
Owner			
Designated Beneficiary			
Amount			

**D. Pension Plans and Annuities**

	In your name	In spouse/partner's name	In joint names
Plan issuer			
Terms			
Beneficiary			
Amount			

**E. RRSPs & RRIFs**

	In your name	In spouse/partner's name	In joint names
Bank/financial institution			
Designated beneficiary			
Amount			

**4. DEBTS / LIABILITIES**

Do you have any of the following liabilities (debts or potential debts): Loans, Guarantees, Indemnities? If so, list with estimated values.

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Is there anything else you would like to note about your Will instructions? Questions?

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**Thank you for completing the questionnaire!** Please send your completed questionnaire to [info@lenoremorris.com](mailto:info@lenoremorris.com), or 4133 Fourth Avenue, Unit 201, Whitehorse, YT Y1A 1H8.

Once we confirm and accept receipt of your Will Questionnaire, be prepared to provide the \$250.00 deposit by way of e-transfer.

Thank you!