

# ***Sandrock McCrea Law Corporation***

## ***Barristers & Solicitors***

*(Continuing the practice of Larry McCrea Law Corporation)*

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**Larry L. McCrea\***  
**Barrister & Solicitor**  
*\*denotes law corporation*

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**Lindsey J.A. Sandrock**  
**Barrister & Solicitor**

## **Wills Instruction Questionnaire**

We ask that you complete this form as to your 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 filling 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/>.

Single Will

Power of Attorney

Spousal Will (separate)

Health Care Agreement

Spousal Will (mirror)

Reviewed

Yes

No

Notes:

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ID Scanned for each client

Yes

# Part 1 - Client Information

## Information About You

Full Legal Name: \_\_\_\_\_

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

Occupation (if retired please include former occupation): \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Information About Your Spouse/Partner

Full Legal Name: \_\_\_\_\_

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

Occupation (if retired please include former occupation): \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Your Marital Status

- Married       Common-law Relationship  
 Single               Separated       Divorced       Widowed

## 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 Legal Name** **Age**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Part 2 - Financial Information

**List Major Assets:**

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Are any of your assets located outside of British Columbia?       Yes       No

## Part 3 – Will Instructions

**Executors/Trustees**

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.

Spouse  Yes       No

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

**Appointment of Guardian(s) for infant children**

Do you have a child under age?  Yes  No

Do you anticipate having children or more children?  Yes  No

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

If appointing more than one person, please indicate whether Primary, Alternate or Joint.

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

**Specific Gifts**

Do you want to leave a particular valuable asset such as real estate to a particular person?

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**Charitable Gifts**

Do you want to give cash or another gift to charity?  Yes  No

Name of Charity: \_\_\_\_\_

Address of Charity: \_\_\_\_\_

Amount: \_\_\_\_\_

## 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 a deceased child
- Spouse in place of a deceased child

<input type="checkbox"/> Per Capita	<input type="checkbox"/> Per Stirpes
<b>Definition:</b> Only surviving children inherit and no provision is made for a spouse of 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 a child predeceases without children, residue to Surviving Children clause.

**Wills Variation**                       Discussed                       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 Wills, Estates and Succession Act for a larger share of you 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. There are legal ways to avoid this problem such as by the careful use of joint tenancies or creation of a family trust.

**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?

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

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

**Funeral**

Do you wish to be  Buried  Cremated

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

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**Prior Wills**  Yes  No

If yes, location: \_\_\_\_\_

**Register Wills**  Yes  No

If yes, location where Wills will be kept: \_\_\_\_\_

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## Part 4 – Other Matters

**Enduring Power of Attorney**

Yes

No

Spouse

Yes

No

Normal

Benefit of spouse only

Benefit of spouse and children

If other than your spouse, please provide us with the information for the person(s) you wish to act as your attorney(s).

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

## Health Care Representation Agreement

Section 7

Section 9

spouse

Spouse & Alternate

If other than your spouse, please provide us with the information for the person(s) you wish to act as your attorney(s).

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

### Living Will

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

Instructions to transfer joint property to tenants-in-common or common property to joint tenancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_