KUTTY SYED & MOHAMED
Barristers & Solicitors

WILL QUESTIONNAIRE

The following is a questionnaire that requires information, which is needed by your Lawyer so that he/she can us to prepare your Will. Please take time to read this questionnaire carefully and provide the appropriate information to the best of your knowledge. Should you have any questions or queries please feel free to contact us. All information provided will be used solely for the purposes of preparing your Will and is confidential under the solicitor – client privilege. ***PLEASE FILL OUT ONE QUESTIONNAIRE PER PERSON***

1. Please provide the proper spelling of your name and marital status.

LAST NAME

MIDDLE NAME

FIRST NAME

MARITAL STATUS Married [ ] Single [ ] Separated [ ] Divorced [ ]

2. If you have are using or have used any other name different from the above please spell it properly below.

LAST NAME

MIDDLE NAME

FIRST NAME

3. Date of Birth **D D M M Y Y Y Y**
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

4. Address

Street

City

Province

Postal Code: Country:

5. Home Phone Number: [ ][ ][ ] - [ ][ ][ ] – [ ][ ][ ][ ]

Work Phone Number: [ ][ ][ ] - [ ][ ][ ] – [ ][ ][ ][ ]

Cell Phone/Pager Number: [ ][ ][ ] - [ ][ ][ ] – [ ][ ][ ][ ]

Fax Number [ ][ ][ ] - [ ][ ][ ] – [ ][ ][ ][ ]

6. OCCUPATION

7. ADDRESS OF PLACE OF WORK

Street :

Postal Code: Province: Country:

8. PLACE OF BIRTH

City:

Province: Country:

9. IF MARRIED PLEASE PROVIDE THE PROPER SPELLING OF SPOUSE

LAST NAME

MIDDLE NAME

FIRST NAME

10. PLEASE PROVIDE THE NAMES OF ALL YOUR **CHILDREN (Include adopted and step children if any)**

CHILD # 1

LAST NAME

MIDDLE NAME

FIRST NAME

RELATIONSHIP TO YOU

BIOLOGICAL [ ] STEP [ ] ADOPTED [ ]

CHILD # 2

LAST NAME

MIDDLE NAME

FIRST NAME

RELATIONSHIP TO YOU

BIOLOGICAL [ ] STEP [ ] ADOPTED [ ]

CHILD # 3

LAST NAME

MIDDLE NAME

FIRST NAME

RELATIONSHIP TO YOU

BIOLOGICAL [ ] STEP [ ] ADOPTED [ ]

NOTE: If you have more than 3 children please provide the same details in the same format on a sheet of paper and attach it to this form.

11. Please provide names of anyone who is not a beneficiary under Rules of Inheritance or organization you wish to gift.

ORGANIZATIONS

Name of Organization

Address City

Postal Code Province Country

NOTE: If you wish to gift to more than one organization please provide the same details in the same format on a sheet of paper and attach it to this form.

INDIVIDUALS

LAST NAME

MIDDLE NAME

FIRST NAME

Relationship to you: _____

Current Address: _____

NOTE: If you wish to gift to more than one individual please provide the same details in the same format on a sheet of paper and attach it to this form.

13. NAME OF EXECUTOR (**the person who will administer and distribute your estate)**

LAST NAME

MIDDLE NAME

FIRST NAME

Relationship to you: _____

Current Address: _____

NOTE: You are allowed to appoint more than Executor and if you so wish please provide the same details in the same format on a sheet of paper and attach it to this form.

14. NAME OF AN ALTERNATE EXECUTOR (**a person who will be the Executor in the event that your appointed first appointed Executor is unable to act)**

LAST NAME

MIDDLE NAME

FIRST NAME

Relationship to you: _____

Current Address: _____

NOTE: If you wish to appoint more than one alternate Executor please provide the same details in the same format on a sheet of paper and attach it to this form.

15. At what age would you like your heirs to receive their share?

_____

NOTE: If you wish to have different minimum ages for different heirs please specify by name of heir and minimum age on a sheet of paper and attach it to this form.

Thank you for completing the questionnaire. Please provide two pieces of ID (AT LEAST ONE MUST BE A PICTURE ID) for our records.