



## WILLS QUESTIONNAIRE

1. YOUR FULL NAME: \_\_\_\_\_  
BIRTH DATE & PLACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
DATE AND PLACE OF MARRIAGE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_  
DIVORCES (When, Where, Support Obligations): \_\_\_\_\_  
\_\_\_\_\_  
COMMON LAW RELATIONSHIP DURATION: \_\_\_\_\_  
EMAIL \_\_\_\_\_
  
2. EXECUTOR(S): Please indicate whether: alone ( ) or jointly ( )  
FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
3. ALTERNATE EXECUTOR(S): Please indicate whether: alone ( ) or jointly ( )  
FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

4. FAMILY LAW ACT CLAUSES:

Please choose between either clause (a) and (b) or clause (c):

\_\_\_ (a) If my spouse survives me then whether or not my spouse makes an election pursuant to the Family Law Act 1990 to take under my Will or to receive the entitlement under section 5 of the said Act, my spouse will be deemed to survive me for the purpose of being trustee of my Will;

AND

(b) If my spouse is the beneficiary of a policy of life insurance or a pension plan then I direct that my spouse shall receive full payment under the policy or plan in addition to the entitlement under section 5 of the Family Law Act, 1990.

OR:

\_\_\_ (c) If my spouse elects under the provisions of the Family Law Act, 1990, to receive the spouse's entitlement under Section 5 of the said Act, my spouse shall be deemed to have predeceased me for all purposes of Will and any Codicil thereto.

5. SPECIFIC BEQUESTS:

ITEM:	GIVEN TO:	RELATIONSHIP:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. RESIDUE:

\_\_\_(a) All to spouse absolutely for his/her own use, and if my spouse predeceases me or dies within 30 days of my death, then to my children in equal shares per stirpes.

Names and dates of birth of children:

- (i) \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- (ii) \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- (iii) \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- (iv) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_(b) Life interest to spouse, and then to issue in equal shares per stirpes.

\_\_\_(c) If no spouse/children, then print name and relationship of beneficiaries, and basis of division.

(i) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % Share: \_\_\_\_\_  
(ii) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % Share: \_\_\_\_\_  
(iii) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % Share: \_\_\_\_\_  
(iv) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % Share: \_\_\_\_\_  
(v) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % Share: \_\_\_\_\_

Other:

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

7. MINOR CHILDREN:

If minor children, specify age(s) at which bequests shall vest:

( ) 100% at age \_\_\_ OR: ( ) \_\_\_% at age \_\_\_  
& \_\_\_% at age \_\_\_

8. GUARDIAN(S): Indicate whether: alone ( ) or jointly ( )

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALTERNATE GUARDIAN(S): Indicate whether: alone ( ) or jointly ( )

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

9. DO YOU WISH TO HAVE ISSUE BORN OUTSIDE MARRIAGE (if any), or who have been adopted, or who have been born as the result of a previous marriage, to be treated for all purposes of your Will equally with your other issue?

YES ( ) NO ( ) Please specify which: \_\_\_\_\_

10. DO YOU WISH TO BE CREMATED? YES ( ) NO ( )  
DO YOU WISH TO BE BURIED? YES ( ) NO ( )

FUNERAL INSTRUCTIONS:

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

**POWER OF ATTORNEY (PERSONAL CARE)**

11. ATTORNEY(S): Please indicate whether: alone ( ) or jointly ( )

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

12. ALTERNATE ATTORNEY(S): Please indicate whether: alone ( ) or jointly ( )

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

13. SPECIFIC INSTRUCTIONS:

\_\_\_\_\_

