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# Will planning

## Worksheet 10

This Worksheet is intended to:

- assist you in compiling information to take to your lawyer when you wish to make your Will
- assist in making you aware of decisions you will need to make and to help you make them.

After completing the worksheet you will be ready to contact a lawyer of your choice to make the Will. This worksheet does not give any legal advice. To draft a Will, you need to see a qualified lawyer.

### A. Personal and Family Particulars

Date \_\_\_\_\_

**1** Full Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Marital Status (including plans to marry) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Do you have a marriage contract? \_\_\_\_\_

Have you or your spouse been married or lived in a common law relationship before? \_\_\_\_\_

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**2** Marriage or Common Law Relationship \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

**3** Children (Please list all children of either spouse.)

Please note with an \* any child of a former marriage of either spouse and with \*\* any child with a disability. Please include children you have adopted and children of any previous marriages or common law relationships. Have any of your children died?)

Full Name

Date of Birth

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#### 4 Other Dependents

Is there someone who is dependent upon you for financial support for whom you wish to provide, such as an elderly parent? \_\_\_\_\_

If yes, please complete the following:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

#### 5 Other Responsibilities

Are you now serving as the legal guardian or trustee for an adult who has a disability or lacks capacity?

If yes, full name, address and relationship to you:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship to you \_\_\_\_\_

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## B. Will Particulars

### 1 Appointment of Guardian(s) for Infant Children

Do you have a child under the age of 19?

**It is important to note that you CANNOT appoint a guardian for your child with a disability who is older than 19.**

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

Name	Address	Relationship to you	Occupation

Who will be their alternate guardian(s) before they reach age 19?

Name	Address	Relationship to you	Occupation

### 2 Distribution of Your Estate

(a) Do you wish to leave your estate to your spouse if he/she survives you? \_\_\_\_\_

(b) Do you wish to share your estate between your spouse and your children? \_\_\_\_\_

If so, how? \_\_\_\_\_

(c) If your spouse dies before you, do you wish to leave your estate to your children? \_\_\_\_\_

If so, in equal shares? \_\_\_\_\_

If in unequal shares, what proportion or amount is each child to get? \_\_\_\_\_

(d) At what age(s) do you wish your children to receive their share? \_\_\_\_\_

(e) If any child fails to survive to that age, do you wish his or her children to receive the share? \_\_\_\_\_

(f) If one of your children dies before you do, who do you wish to receive his or her share of your estate? \_\_\_\_\_

(g) If your spouse and children all die before you do, who do you want to receive your estate? \_\_\_\_\_

### 3 Discretionary Trust for someone receiving BC Disability Benefits

(a) Do you have a relative who is in receipt (or likely in the future to be in receipt) of BC Disability Benefits?  Yes  No

(b) Do you wish to set up a trust for this relative?  Yes  No

(c) Do you wish it to be a discretionary trust?  Yes  No

(d) Who do you wish to be trustees of this trust?

Name	Address	Relationship to you	Occupation