

Judith A. Piccolo Notary Corporation

CLIENT WILL INFORMATION QUESTIONNAIRE

Client Names (Testator's):

Full Legal Name: (Mr.) _____

Full Legal Name: (Mrs.) _____

Address: _____

Salient Information & Contact Numbers:

Residence Tel: _____

MR.

MRS.

Work: _____

Cell: _____

Occupation: _____

Date of Birth: _____

Place of Birth: _____

SIN: _____

Judith A. Piccolo Notary Corporation

Date & Place of 1st Marriage: N/A _____ Spouse: _____

Date & Place of 2nd Marriage: N/A _____ Spouse: _____

Date of Cohabitation (if applicable): _____ Spouse: _____

Is Will made in Contemplation of Marriage: Yes No To: _____

Type of Will:

Standard: (Comments) _____

Other: (Comments) _____

Burial or Cremation Wishes:

Executor:

Name: _____

Address: _____

Res: _____ Bus: _____ Cell: _____

Relationship: _____

Joint Executor: _____

Judith A. Piccolo Notary Corporation

Alternate Executor:

Name: _____

Address: _____

Res: _____ Bus: _____ Cell: _____

Relationship: _____

Beneficiaries:

#1

Name: _____

Address: _____

Res: _____ Bus: _____ Cell: _____

Occupation: _____ D.O.B. _____

Place of Birth: _____

#2

Name: _____

Address: _____

Res: _____ Bus: _____ Cell: _____

Occupation: _____ D.O.B. _____

Place of Birth: _____

Judith A. Piccolo Notary Corporation

Beneficiaries (Continued):

#3

Name: _____

Address: _____

Res: _____ Bus: _____ Cell: _____

Occupation: _____ D.O.B. _____

Place of Birth: _____

Children or Grandchildren:

NOTE: Children need to be named if there are specific dispositions to them. They are to be treated "equally" or, they are NOT "natural children")

#1

Name: _____

Place & D.O.B. _____

Address: _____

Natural: Adopted: From Prior Marriage to: _____

#2

Name: _____

Place & D.O.B. _____

Address: _____

Natural: Adopted: From Prior Marriage to: _____

Judith A. Piccolo Notary Corporation

Children or Grandchildren (Continued):

#3

Name: _____

D.O.B./Place: _____

Address: _____

Natural:

Adopted:

From Prior Marriage to: _____

Other Beneficiaries:

#1

Name: _____

Address: _____

Relationship: _____

#2

Name: _____

Address: _____

Relationship: _____

#3

Name: _____

Address: _____

Relationship: _____

Judith A. Piccolo Notary Corporation

Guardians: N/A or,

Name/s: _____

Address: _____

Relationship: _____ Age: _____

Suitability: _____

Financial Ability: _____ Willingness: _____

Alternate Guardian/s:

Name/s: _____

Address: _____

Relationship: _____ Age: _____

Suitability: _____

Financial Ability: _____ Willingness: _____

Specific "Asset" Dispositions:

No Yes: (List Below)

_____	_____
_____	_____
_____	_____

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Specific "Cash" Dispositions:

No Yes: (List Below)

_____	_____
_____	_____
_____	_____

Residue Distribution:

Primary Beneficiaries

Spouse: _____

Children: _____

Grandchildren: _____

Trusts For Minors:

N/A or,

DISTRIBUTION: (Equally at age 19 or when youngest reaches the age of majority?)

_____	_____
_____	_____
_____	_____

Judith A. Piccolo Notary Corporation

Persons Excluded: _____ N/A or state reasons;

_____ Sep. / Div. Since: _____

_____ Marriage Contract: _____

_____ Able to Support Him/Herself Financially:

Real Property:

#1

Address: _____

Registered Owner/s: _____

Estimated Value: _____ Lender/Amount: _____

#2

Address: _____

Registered Owner/s: _____

Estimated Value: _____ Lender/Amount: _____

#3

Address: _____

Registered Owner/s: _____

Estimated Value: _____ Lender/Amount: _____

Bank Accounts:

MR. BANK

Bank: _____ A/C #: _____
Bank: _____ A/C #: _____
Bank: _____ A/C #: _____

MRS. BANK

Bank: _____ A/C #: _____
Bank: _____ A/C #: _____
Bank: _____ A/C #: _____

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Deposits / GIC's / Term Deposits / Cash:

MR. _____ MRS. _____

Beneficiary: _____ Beneficiary: _____

Stocks / Bonds / Mutual Funds:

MR. _____ MRS. _____

Beneficiary: _____ Beneficiary: _____

RRSP's / Mutual Fund RRSP's:

MR. _____ MRS. _____

Beneficiary: _____ Beneficiary: _____

Judith A. Piccolo Notary Corporation

Life Insurance:

MR.

MRS.

Who With: _____

Amount: _____

Beneficiary: _____

Relationship: _____

Other:

MR.

MRS.

NOTES:
