

# INDIVIDUAL QUESTIONNAIRE

GREEN GERMANN SAKRAN

411 Guelph Line, Burlington, Ontario, L7R 3Y3, Tel: 905-639-1222

Please provide your complete home mailing address and phone number where you are most likely to be reached during the day and evening. Please use full legal names throughout the form. Please send the completed form to us either by submitting it online at [www.ggsllaw.ca](http://www.ggsllaw.ca), emailing it to [wills@ggsllaw.ca](mailto:wills@ggsllaw.ca), faxing it to: 905-632-6977, or simply dropping it off at 411 Guelph Line, Burlington.

Upon submitting the completed form below, you will be contacted to review the information and schedule an appointment to sign your basic Will and Powers of Attorney.

## Your Information

Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

Date of Birth:

Street Address:

City/Town:

Municipality:

Province:

Postal Code:

Email:

Home Telephone Number:

Work Telephone Number:

Cell Number:

## Family Information

Spouse's Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

How do you define your relationship? \_\_\_\_\_  
(ie. husband/wife/partner/spouse or common-law spouse, etc.)

Are you legally married? YES or NO (circle response)

Do you have children of this relationship? YES or NO (circle response)

If YES, list the children's full legal name(s), their common name(s), and their date of birth if under 18.  
(ie. John Michael Smith aka "Mike Smith" - December 6, 2006)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Do you have children of previous relationship(s)? YES or NO (circle response)

If YES, list the children's full legal name(s), their common name(s), and their date of birth if under 18.  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Are you previously divorced? YES or NO (circle response)

**Information necessary for your Will**

Name an individual(s) who you want to be the Estate Trustee of your estate. The Estate Trustee(s) is the person that carries out your wishes and ensures that your estate is distributed in accordance with your wishes (ie. spouse or adult child(ren)).

Full Legal Name: MALE or FEMALE (circle response)  
Commonly known as (if applicable):  
City/Town:  
Relation:

Name an individual(s) who you want as your second choice to be the Estate Trustee of your estate if your first choice were not available (ie. adult child(ren), sibling or friend).

Full Legal Name: MALE or FEMALE (circle response)  
Commonly known as (if applicable):  
City/Town:  
Relation:

Name an individual(s) who you want as the “primary” beneficiary of your estate. A beneficiary is a person who is eligible to receive a distribution from your estate.

Full Legal Name: MALE or FEMALE (circle response)  
Commonly known as (if applicable):  
Relation:

Name an individual(s) who you want as the “secondary” beneficiary of your estate if your “primary” beneficiary predeceases you.

Full Legal Name: MALE or FEMALE (circle response)  
Commonly known as (if applicable):  
Relation:

Full Legal Name: MALE or FEMALE (circle response)  
Commonly known as (if applicable):  
Relation:

If you have children under the age of 18 years at the time of your death and the children’s other parent predeceases you, name the individual(s) you prefer to be the guardian of your children:

Full Legal Name of Guardian:  
Commonly known as (if applicable):  
Relation:

**Information necessary for your Powers of Attorney**

**Financial Affairs**

Name an individual(s) you want to have decision-making authority for your property and financial affairs (ie. spouse or adult child).

Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

Relation:

Who would be the substitute individual(s) having decision-making authority for your property and financial affairs if your first choice were not available?

Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

Relation:

**Personal Care**

Name an individual(s) you want to have decision-making authority for your personal health care needs (ie. spouse or adult child).

Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

Relation:

Who would be the substitute individual(s) having decision-making authority for your personal health care needs if your first choice were not available?

Full Legal Name: MALE or FEMALE (circle response)

Commonly known as (if applicable):

Relation:

**ACKNOWLEDGEMENT**

I understand that I should promptly speak with my financial advisor(s) to confirm the suitability of this basic Will and these Powers of Attorney to my own personal circumstances.

I understand that I should routinely review my basic Will and Powers of Attorney as circumstances in my life change, and to ensure their suitability to my circumstances and compliance with legislative changes.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature