

LECLAIR THIBEAULT

WILLS/ESTATE PLANNING QUESTIONNAIRE

FULL NAME OF TESTATOR:

PHONE:

ADDRESS:

EMAIL:

FULL NAME OF PERSONAL REPRESENTATIVE:

RELATIONSHIP TO PERSONAL REPRESENTATIVE:

FULL NAMES OF BENEFICIARIES:

VESTING AGE(S):

NAMES OF ALTERNATE BENEFICIARIES:

FULL NAMES OF GUARDIANS:

FUNERAL INSTRUCTIONS:

SPECIFIC BEQUESTS:

(If numerous, prepare a list
to be left with your Personal
Representative or attached to
your will)

INSURANCE/RRSP BENEFICIARIES:

WIPEOUT CLAUSE:

(who receives if your named
beneficiaries are deceased)

NOTES OR OTHER CONCERNS:

ENDURING POWER OF ATTORNEY

ATTORNEY:

ALTERNATE ATTORNEY