

WILL QUESTIONNAIRE

ASSETS AND LIABILITIES

Please note, we do not ask these questions to be nosy. The answers help us to draft your Will in the most effective manner. The answers may also highlight areas where we may be able to help you structure the ownership of assets better or areas that could cause problems for you in the future.

If there is ever a Court case disputing the validity of your Will or because someone is making a claim against your estate, the answers to these questions are the sort of evidence Judges require law firms to produce.

The original of this questionnaire will be held in our deeds with your original Will.

If you have any concerns about answering any of these questions, please contact us.

ARE YOU OVER 70 YEARS OF AGE?

If so, you will need to obtain a letter from your doctor to confirm you have capacity to sign a Will. This is because there are increasing numbers of claims made when people pass away and usually the first accusation made is that the will-maker was not of sound mind. Therefore, it is our policy to obtain a medical letter for all clients over 70 years of age.

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WILL QUESTIONNAIRE

YOUR PERSONAL DETAILS

First name(s):

Surname:

Male / Female:

Are you known by any other name(s):

Do you own assets in both the above names:

Residential Address:

Email Address:

Best Contact Phone Number:

Occupation:

Date of Birth:

Place of Birth:

Nationality and Citizenship:

New Zealand IRD Number:

Are you a tax resident in any other Country?

Yes: ☐ No ☐

If yes, list countries:

WHO IS YOUR DOCTOR?

Name of Doctor:

Name of Medical Practice:

Address:

Phone Number:

ARE YOU CURRENTLY

☐ Married

☐ In a civil union

☐ Separated

☐ Living with another person

☐ Single

☐ Divorced

☐ Do you intend to get married in the near future?

If so, when? _____

☐ Other – if so, please describe relationship status _____

WHY ARE YOU MAKING A NEW WILL?

Do you already have an existing Will?

Yes: ☐ No ☐

If yes, briefly state reasons for making a new Will:

RELATIONSHIP DETAILS (IF APPLICABLE)

Full name of current spouse / partner:

Is your spouse / partner known by any other name:

Type of relationship – marriage / defacto relationship / civil union:

Date of commencement of relationship:

Date of marriage (if applicable):

Date of civil union (if applicable):

Is there an existing pre-nuptial agreement, matrimonial property agreement or property sharing agreement relating to your current relationship?

☐ ☐

Yes: No

If not held by DG Law, where is it:

YOUR CHILDREN

Full names and dates of birth of your children (if any):

STEP CHILDREN OR ADOPTED CHILDREN

Do you have any step children or adopted children:

Yes: ☐ No ☐

Full names and dates of birth of any step children and adopted children:

ANY OTHER DEPENDENT CHILDREN

Full names and dates of birth of any other financially dependent children: (include names of any children under the age of 16 years who live in your home and are not mentioned above:

GRANDCHILDREN

Full names and dates of birth of any grandchildren you have (if any):

FULL NAME OF PARTNER FROM PRIOR RELATIONSHIP (IF ANY)

Full name of ex-spouse /

ex-partner and date of birth:

Are they known by any other name:

Type of relationship
(eg, marriage / defacto
relationship / civil union):

Date of commencement of
relationship / marriage:

Date of separation:

Date of dissolution of marriage /
civil union (if applicable):

Is there any existing separation agreement / matrimonial property
agreement / section 21 agreement and / or defacto property
agreement which resolves the property issues with respect to the
prior relationship:

Yes: ☐ No ☐

If not held by DG Law, where is
it:

YOUR ASSETS

List all major assets held in your sole name and their approximate value:

List all major assets held in your partner / spouses sole name and their approximate value:

List all major assets held in the joint names of yourself and your partner / spouse and their
approximate value:

YOUR LIABILITIES / DEBTS

List all major liabilities (debts owing) in your sole name and the approximate value:

List all major liabilities (debts owing) in your partner / spouses sole name and the approximate value:

List all major liabilities (debts) in the joint names of yourself and your partner / spouse and the approximate value:

ANY OTHER ASSETS OR LIABILITIES / DEBTS

List any other assets / liabilities / debts you have an interest in that are not recorded above:

GUARANTEES

Have you personally guaranteed any loans or hire purchase agreements for any person or legal entity (eg, companies, children, family trust etc)?

Yes: ☐ No ☐

If so, please provide details:

TRUSTS

Are you a trustee, beneficiary or a controlling party for any trusts?

Yes: ☐ No ☐

If yes, advise details:

COMPANIES

Are you a director, shareholder or a controlling party of any companies?

Yes: ☐ No ☐

If yes, list company names below:

Do you wish to make any special provisions for your business / company?

Yes: ☐ No ☐

If yes, advise details below:

EXECUTORS

An executor is the person who signs all the legal paperwork when you pass away and deals with all your assets and debts in accordance with your Will.

We recommend you name at least two executors.

Executor Details

1.

First name(s):

Surname:

Are they known by any other name(s):

Occupation:

Address:

Relationship to you:

Executor Details

2.

First name(s):

Surname:

Are they known by any other name(s):

Occupation:

Address:

Relationship to you:

Executor Details

3.

First name(s):

Surname:

Are they known by any other name(s):

Occupation:

Address:

Relationship to you:

SPECIFIC GIFTS, CHATTELS & LIFE INTERESTS

Do you want to make any specific gifts, eg sums of money, jewellery etc?

Yes: ☐ No ☐

If yes, advise details below:

Do you want to forgive any debts owed to you, eg loans to family trust or children?

Yes: ☐ No ☐

If yes, advise details below:

Who do you want to leave your personal chattels to:

Do you want to create a life interest for someone upon your death?

Yes: ☐ No ☐

If so, advise full name and date of birth of who you wish to create a life interest for:

BENEFICIARIES

A beneficiary is the person or persons who inherit your assets and money.

Who do you want to leave the residue of your assets (balance of your estate after any gifts and payment of all debts) to? eg, your spouse, partner, children, grandchildren, your family trust or other?

List below full names, addresses, occupations and relationship to you:

1.

2.

3.

4.

5.

Do any of your beneficiaries not have full legal capacity?

Yes: ☐ No ☐

Are any of your beneficiaries disabled or subject to any Court orders relating to their mental health or ability to look after themselves or their assets?

Yes: ☐ No ☐

If yes, provide details below:

MINIMUM AGE TO INHERIT

If your children / grandchildren are beneficiaries, at what age do you want them to receive their inheritance?

_____ years old

CREMATION OR BURIAL

Do you have any preference for cremation or burial?

Cremation / Burial

Do you have any specific instructions re your cremation or burial,
eg pre-purchased plot?

Yes: ☐ No ☐

If so, provide details below:

HEALTH

Do you have any serious health issues at present?

Yes: ☐ No ☐

If so, provide details below:

TESTAMENTARY GUARDIANS OF YOUR CHILDREN

Do you want to appoint guardians for any children under 20 years of age? If so, provide their full names, addresses and occupations:

Guardians Details

1.

First name(s):

Surname:

Are they known by any other
name(s):

Occupation:

Address:

Relationship to you:

2.

First name(s):

Surname:

Are they known by any other
name(s):

Occupation:

Address:

Relationship to you:

POWERS OF ATTORNEY

Do you have current Powers of Attorney and/or Enduring Powers of Attorney?

Yes: ☐ No ☐

If so, are they held by DG Law?

Yes: ☐ No ☐

If not, who are they held by?

If you do not have Powers of Attorney, we highly recommend you discuss with us the benefits of having Enduring Powers of Attorney.

Do you wish us to email you some information regarding Enduring Powers of Attorney?

Yes: ☐ No ☐

PROPERTY (RELATIONSHIPS) ACT

Do you think that any of the arrangements you have made in your Will, will cause problems with a current or former spouse when you die?

Yes: ☐ No ☐

If you are unsure it is extremely important you discuss this with us.

FAMILY PROTECTION ACT

Have you excluded a member of your family from your Will, who would be entitled to make a claim against your estate on your death?

Yes: ☐ No ☐

The people that could be entitled to make a claim would be a spouse, civil union partner, defacto partner, children, grandchildren, stepchildren in certain circumstances and your parents in certain circumstances.

If you are unsure it is extremely important you discuss this with us.

LAW REFORM (TESTAMENTARY PROMISES) ACT

Have you made any promises to anyone to reward them in your Will for work carried out or services rendered to you during your lifetime?

Yes: ☐ No ☐

If you are unsure it is extremely important you discuss this with us.

This image shows a full page of a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing or drawing. There are no margins, text, or other markings on the page.

Name:

[print your full name]

Signature:

Date:

Please note that should you die before completing and signing a formal Will before two witnesses, it is possible this form may be used as the basis of your Will and for the executors named in this questionnaire to administer your estate.

If you do not wish for this to happen, please advise DG Law Limited when you return this questionnaire.