

Wills Information Form

NOTE:

Please complete to the best of your ability.
Where additional space is required, reference a numbered additional sheet.

FOR LAW FIRM USE:

File No.: _____
Record No.: _____

Date: _____

Part I. Testator's Personal and Family Information

Client 1	Client 2
1. Full Name (mention "also known as" names)	
2. Address	
3. Contact Information	
Home: _____ Work: _____ Cell: _____ Email: _____	Home: _____ Work: _____ Cell: _____ Email: _____
4. Date and Place of Birth	
5. Citizenship	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____
6. Marital Status	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Will being made in contemplation of marriage to _____ on _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed

Client 1		Client 2	
7. Date and Place of Marriage			
8. Previous Marital History <i>(provide copy of Final Decree)</i>			
9. Domestic Contracts <i>(include particulars and status of Separation Agreement, etc.; provide copy)</i>			
10. Existing Wills and Powers of Attorney <i>(specify solicitor who acted)</i>			
		<input type="checkbox"/> Same	
11. Children			
Name	Date of Birth	Address	
If any are not the natural children of Client 1 and Client 2, provide details.			
12. Support Obligations			

Client 1		Client 2
13. Other Dependants		
14. Promises You Have Made Regarding Your Estate		
15. Other Beneficiaries to be Named <i>(excluding dependants)</i>		
Name & Relationship	Date of Birth, if a minor	Address
16. Special Concerns <i>(spendthrifts, family tensions, etc.)</i>		
17. Name and Address of Family Physician		
		<input type="checkbox"/> Same

Part II. Financial Matters

Client 1	Client 2
18. Who Prepares Taxes? <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
19. Investment Advisor(s) and/or Financial Planner <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
20. Home Insurance <i>(include name and contact info for broker and/or company)</i>	
	<input type="checkbox"/> Same
21. Occupation, Employer and Annual Income	
22. Ownership Interest in a Business <i>(provide details)</i>	
	<input type="checkbox"/> Same
23. Previous Lawyers <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
24. Safety Deposit Box or Lock Box <i>(include location and box number)</i>	
	<input type="checkbox"/> Same

Part III. Assets

Client 1	Client 2
25. Bank Accounts	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>If any of these accounts is held in your name with another person, is it your intention that the other person receive the entire balance in such account upon your death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
26. RRSP's, RRIF's, Pensions and Annuities	
<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>	<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>
<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>	<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>

Client 1	Client 2
27. Non-Registered Investments (GIC's, Bonds, Shares & Other Investments)	
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
28. Life Insurance, Disability, Critical Illness, etc.	
Company Name: _____ Policy Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____	Company Name: _____ Policy Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____
Company Name: _____ Policy Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____	Company Name: _____ Policy Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____

Client 1	Client 2
29. Other Major Assets Excluding Real Estate (e.g. Automobiles, Recreational Vehicles, Boats)	
Asset: _____	Value: _____
In Whose Name(s): _____	
Asset: _____	Value: _____
In Whose Name(s): _____	
Asset: _____	Value: _____
In Whose Name(s): _____	
30. Any Items of Property Requiring Appraisals?	
31. Approximate Value of Household Goods and Furniture	
32. Real Estate and Leasehold Interests	
Location: _____	Value: _____
In Whose Name(s): _____	
Location: _____	Value: _____
In Whose Name(s): _____	
33. Locations of Important Personal Papers and Computer Login Credentials	
	<input type="checkbox"/> Same
34. Are You an Executor or Beneficiary under Another Person's Estate or Trust?	
35. Have You Set Up a Trust to Benefit Another Person?	
36. Other Matters not Covered	

Part IV. Liabilities

37. Mortgages, Debts and Other Exposure to Liability *(incl. guarantees, cosigning, line of credit)*

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

38. Other Matters Not Covered

Part V. Will Instructions

Client 1	Client 2
39. Executors and Trustees, including Alternate Choice(s) <i>(include address, if not resident of Canada)</i>	
	<input type="checkbox"/> Same
40. Are Executors to Have Broad Powers <i>(regarding retention, sale and investment of assets)</i>	
41. Specific Gifts <i>(Household Goods, Personal Effects, Jewellery, Automobiles, etc.)</i>	
<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<input type="checkbox"/> Same <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____
42. Cash Legacies <i>(including charitable)</i>	
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Same <input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____

Client 1	Client 2
43. Disposition of Residence and/or Cottage	
	<input type="checkbox"/> Same
44. Create Trusts for Beneficiaries?	
45. Disposition of Residue	
If you are leaving the residue to your children, specify whether it should be divided equally among your surviving children (<i>per capita</i>) or whether the share of a predeceased child should be divided among his or her children (<i>per stirpes</i>).	
	<input type="checkbox"/> Same
46. Guardian for Children	
Additional provisions, if any, re expenses, education, retaining house, etc.:	
47. Funeral, Burial and Other Special Instructions	
	<input type="checkbox"/> Same
48. Other Special Powers or Clauses	
	<input type="checkbox"/> Same

Part VI. Power of Attorney Instructions

Client 1	Client 2
49. Attorneys for Continuing Power of Attorney for Property, including Alternate choice(s)	
<p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>	<p><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>
50. Attorneys for Power of Attorney for Personal Care, including Alternate Choice(s)	
<p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>	<p><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>
51. Special Powers, Restrictions or Clauses (OPTIONAL/MAY BE DELETED OR REVISED)	
<p><u>Express wish to stay in own residence rather than nursing home</u></p> <p>It is my wish and intention to remain in my residence for as long as the same is medically and practically possible. I do not wish to be put in a Nursing Home unless there is no alternative type of care that is practical in the circumstances</p> <p><u>Terminal Care</u></p> <p>With respect to my terminal care, I would request that my attorney act (and ensure that my doctors and other medical personnel act) in a manner consistent with my wishes as expressed herein. If the time comes when I can no longer take part in decisions about my own future, and if at such time, I am resident in a chronic care facility or I am suffering from an extreme physical or mental disability from which there is no reasonable expectation that I will recover, it is my wish and direction that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate my suffering notwithstanding that it may shorten my remaining life. I would request that my attorney act (and ensure that my doctors and other medical personnel act) in a manner consistent with my wishes as so expressed.</p>	<p><input type="checkbox"/> Same</p>

ADDITIONAL NOTES:

PRICING:

<u>SERVICE</u>	<u>SINGLE PERSON</u>	<u>SPOUSES</u>
Will (Standard Residual Will; no trusts; no specific legacies or bequests)	\$350.00	\$550.00
Power of Attorney for Property	\$100.00	\$200.00
Power of Attorney for Personal Care	\$100.00	\$200.00
Additional Drafting (trusts, dual Wills, legacies, bequests, corporate property provisions)	Price Varies	Price Varies
Dual Will (example for standard)	\$350.00	\$500.00
Mutual Will Agreement	n/a	\$200.00
International Will Certificate	\$100.00	\$100.00
Software Charge	\$22.00	\$33.00

- Plus tax and standard office disbursements (\$12.00)

I/WE HEREBY ACKNOWLEDGE that I/we have reviewed and approved of the information and instructions contained herein this day of 20 .

Client 1

Client 2