Will Information Form

Date:

**Part I. Testator’s Personal and Family Information**

|  |
| --- |
| 1. Full Name:
 |
|  |
| 1. Address:
 |
|  |
| 1. Contact Information

Tel: Email:  |
| 1. Date and Place of Birth
 |
| 1. Citizenship:
 |
| 1. Marital Status:
 |
| 1. Date of Marriage and Place of Marriage:
 |
| 1. Previous Marital History:
 |
| 1. Do you have any domestic contracts, such as Pre-Nuptial Agreements, or Post Nuptial Agreements, Cohabitation Agreements?
 |
| 1. Existing wills and Powers of Attorney? Specify what documents.
 |
| 1. Do you have children?

Name: Date of Birth: Address:  |
| 1. Do you have any support obligations?
 |
| 1. Do you have any dependents?
 |
| 1. Have you made any promises regarding your estate? Please specify, if you intend to maintain those promises in your new last will and testament.
 |
| 1. Name your Beneficiaries (excluding dependents)

Name and Relationship:Date of Birth, if a minor:Address: -----------------------Name and Relationship:Date of Birth, if a minor:Address: -----------------------Name and Relationship: Date of birth, if a minor:Address:  |
| 1. Special Concerns: (here you could specify any family tensions, problems, concerns)
 |
| 1. Are there any heirs in addition to those named that may ever make a claim to your estate, as far as your knowledge at this date?
 |

**Part II: Financial Matters**

|  |
| --- |
| 1. Who Prepares the Taxes? If you, simply state yourself.

Name and Contact Info:  |
| 1. Do you have any Advisors or Financial Planners? If so, please provide name and contact information.
 |
| 1. Home Insurance – Include name of Insurer and Contact info
 |
| 1. Occupation, Employer and Annual Income -
 |
| 1. Ownership in a Business – Please provide details
 |
| 1. Safety Deposit or Lock Box – Identify location and box number
 |
| **Part III: Assets** |
| 1. **Bank Accounts**
2. Bank Name and Address:

Account Number: Account Holder Name:Average Balance: 1. Bank Name and Address:

Account Number: Account Holder Name: Average Balance: 1. Bank Name and Address:

Account Number: Account Holder Name: Average Balance: \*\*\*\* If any of these accounts is held in your name jointly with another person, is it your intention that the other person receive the entire balance in such account upon your death? Yes: No: (Please mark an X)  |
| 1. RRSP’s, RRIF’s, Pensions and Annuities
2. Company Name:
3. Contract Number:
4. Type of Plan:
5. Named Beneficiary:

 1. Value to your Estate:

If more space required, please include information on separate page and attach to this form.  |
| 1. Non – Registered Investments (GIC, Bonds, Shares and Other Investments)

Company Name:Contract/Account Number: In whose name:Named Beneficiary: Investment Type: Average Balance:Value to your Estate: |
| 1. Life Insurance, Disability, Critical Illness, Etc.

Life Insurance: Company Name: Policy Number: Type of Plan: Named Beneficiary: Value to your Estate: \*If you intend to make a change to your beneficiary, please tell us. Notes:  |
| 1. Other Major Assets Excluding Real Estate ( Automobiles, Boats, RV’s)
2. Asset:
3. In whose name(s):
4. Value:
 |
| 1. Any Items of Property Requiring Appraisals? Please describe.
 |
| 1. Approximate Value of Household Goods and Furniture?
 |
| 1. Real Estate and Leasehold Interests

Location:In whose name(s): Value: Location: In whose name(s): Value:  |
| 1. Location of Important Personal Papers and Computer Login Credentials

You can specify the location of personal papers and entrust your computer logins now or at a later date, or to your Attorney if you prefer. Ensure that those are in a safe place, and your trustee/executor and/or beneficiary is able to have that information. Location: Please describe the various locations, if multiple.  |
| 1. Are you an executor or Beneficiary under Another Person’s Estate or Trust?
 |
| 1. Have you set up a Trust to Benefit Another Person?
 |
| 1. Other Matters not covered that you would like to Add:
 |
| **Part IV: Liabilities** |
| 1. Liabilities (Mortgages, Debts, and Exposures to Liability)

Type of Debt: Creditor(s): Debtor(s): Amount: Type of Debt: Creditor(s): Debtor(s): Amount: Type of Debt: Creditor(s): Debtor(s): Amount:  |
| 1. Other Matters not Covered:
 |

Will Instructions

1. Who would you like to Appoint as Trustees, (Please include alternate choices) If not a resident of Canada, please include address.
2. Attorneys for Continuing Power of Attorney for Property, Including alternate choice:
3. Attorney(s) for Power of Attorney Personal Care, including alternate choice:

If you appoint more than one, would you like them to act jointly (must act together), or Jointly and Severally (may act together or independently) – Please Specify:

1. Are executors to have broad powers (regarding the retention, sale and investment of assets?)
2. Specific Gifts

|  |  |
| --- | --- |
| Gift:  | Beneficiary:  |
| Gift:  | Beneficiary: |
| Gift: | Beneficiary: |
| Gift: | Beneficiary: |
| Gift:  | Beneficiary: |
| Gift: | Beneficiary: |

Are any of these gifts conditional upon spouse having predeceased? If so please specify which gifts are conditional by marking each gift with an X in the box provided.

1. Disposition of Residence – To whom is your residence to go?
2. Cash Legacies – If you have cash that you wish to distribute identify the amount, and the beneficiary that is intended. Please specify by marking an X in the box, if the gift is conditional upon your spouse having predeceased the disposition of the cash legacy. These cash legacies include charitable gifts as well:

|  |  |
| --- | --- |
| Amount: | Beneficiary: |
| Amount: | Beneficiary: |
| Amount: | Beneficiary: |
| Amount: | Beneficiary: |

1. Disposition of Residue of the Estate

How would you like the residue of your estate to be distributed if your beneficiary passes?

1. How would you like your estate to be distributed if your beneficiary predeceases you, and there has been no change in the will? Please name a beneficiary.

For the Powers of Attorney:

1. Name and Address of Family Physician:

\*A copy of the Power of Attorney for Personal Care will be provided by you or the Attorney you name, to your doctor.

1. Funeral, Burial and Other Special Instructions:
2. Other Special Powers or Clauses you wish to add for your Power of Attorney, Trustees and Executors. Please identify which powers you are granting to the specific individuals.

Additional Clause:

To Whom:

Additional Clause:

To Whom:

Additional Clause:

To Whom:

END OF FORM

Thank you for filling out this form. It will be reviewed, and a draft will be prepared. If additional information is required, or if you have not provided detailed enough information, we will be in touch with you.

Please Note:

To properly execute a Last Will and Testament and Powers of Attorney, after the documents have been completed, reviewed and approved by you, they must be signed in the presence of two witnesses who are not the lawyer, or the beneficiaries, or the Attorneys in the Power of Attorney documents.

As such, we will call you into our office to sign the documents in the presence of additional, third parties, and then, the documents will be properly executed.

You will be provided with two copies of the original signed documents for each document.

When granting power to an attorney it is incumbent on you to ensure that you have selected an individual or individuals that you trust entirely with your finances and your personal care, as the Attorney you select will essentially have the exact powers that you have to make decisions on property and care. It is important to inform the attorney that they must administer your property in the manner that is reflected in your last will and testament, and as such, it is important that you provide the attorney with a copy of the Will.