

Will and Power of Attorney Planning Document

Date _____

1. PERSONAL INFORMATION AND FAMILY PARTICULARS

1. Full Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: Home: _____ Office: _____
Fax: _____ E-Mail: _____
Date of Birth: _____ Place of Birth: _____
S.I.N.: _____ Citizenship (for tax reasons): Canadian U.S.A.

Marital Status:

Single (never married) Separated Divorced Married Date of Marriage: _____
 Widowed Common Law/Partner (since _____) Place of Marriage: _____

Spouse/Partner's name: _____

I have been married before: Yes No I have a separation agreement: Yes No

I have a marriage contract: Yes No I support someone other than my spouse or child: Yes No

Occupation: _____ Employer: _____

2. If you have a spouse/partner, and he or she will also be making a new Will, then please ask him or her to complete the following:

Full Name: _____

Address: same as above

or: _____

City: _____ Postal Code: _____

Date of Birth: _____ Place of Birth: _____

S.I.N.: _____ Citizenship (for tax reasons): Canadian U.S.A.

I have been married before: Yes No I have a separation agreement: Yes No

I have a marriage contract: Yes No I support someone other than my spouse or child: Yes No

Occupation: _____ Employer: _____

2. YOUR CHILDREN: (include only biological or adopted children)

<i>Full Names</i>	<i>Address</i>	<i>Date of Birth</i>
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None, or as follows:

Do you have stepchildren? Me: Yes No

Spouse/Partner: Yes No

If yes, please provide names: _____

Do any of your children have a disability?

Yes

No

If yes, please provide details:

(Note For B.C. Residents Only: If you have no spouse and no children, please provide names of your next-of-kin, i.e., mother, father, brother, sister, children of any deceased brother or sister.)

3. BENEFICIARIES YOU HAVE NAMED, OR YOU ARE ABOUT TO NAME, IN YOUR WILL

(outside of your children named above – attach a separate list if necessary)

<i>Full Names</i>	<i>Address</i>	<i>Relationship To You</i>	<i>Date of Birth</i>
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4. EXECUTOR(S)* TO BE NAMED IN YOUR WILL: (attach a separate list if necessary)

<i>Full Names</i>	<i>Address</i>	<i>Relationship To You</i>
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* "estate trustee(s)" in Ontario

Type Of Asset and Name of Institution Where Asset Is Held	Ownership		
	Owned Solely By Me (\$)	Owned Jointly (\$)	Owned Solely By Spouse/ Partner (\$)

vi) Business Interest I do not have an interest in a business, OR

I have an interest in my own private:
 Corporation Partnership Sole Proprietorship

If a corporation, is it:
 an investment holding company? an operating company?

I own 100% of the shares
 (if not, please explain ownership on a separate page)

Name of Business: _____

Nature of Business: _____

Value of your interest (or your spouse/partner's) interest in the business: _____

vii) Automobiles, Boats or Other Significant Household Goods or Personal Effects

_____	_____	_____	_____
_____	_____	_____	_____

viii) Other Assets (Please specify)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUB-TOTAL	_____	_____	_____
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Loan Guarantees
 (i.e., Have you guaranteed another person's loan/debt?)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Debts

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. OTHER INFORMATION

i) Lawyer/Notary

My lawyer/notary is: _____

Location: _____

ii) Advisor

My accountant, financial advisor, broker, or other advisor is: _____

Location: _____

iii) Funeral/Burial Arrangements

I have made prepaid funeral arrangements
I have pre-arranged funeral arrangements:

Yes No
 Yes No

Spouse/Partner
 Yes No
 Yes No

If you answered "Yes" to either of the above, with whom have you made the arrangements?

If you have a cemetery plot, please provide the location:

iv) Power of Attorney

a) Enduring or Continuing Power Of Attorney For Property

I currently have, or I am about to make, a power of attorney for property

Yes No

Spouse/Partner
 Yes No

If you answered "Yes", who are the attorneys and what is their relationship to you?

b) Health Care Directive / Power Of Attorney For Personal Care / Representation Agreement

I currently have, or I am about to make, a document that appoints someone to make medical and/or personal care decisions for me

Yes No

Spouse/Partner
 Yes No

If you answered "Yes", who are the attorneys and what is their relationship to you?

same person/people as named in (a) above, or as follows:

v) Personal Papers

Location of Personal Papers: Safety Deposit Box Other (describe)

Spouse/Partner

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| I own a Safety Deposit Box. (if "Yes", please complete one of the following:) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) I own the safety deposit box alone. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) The safety deposit box is owned jointly with my spouse/partner. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) The safety deposit box is owned jointly with another person. (If "Yes", who is the other joint owner?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Location : _____

Safety Deposit Box Number (if known): _____

vi) Trusts

Spouse/Partner

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| I am the beneficiary of a trust: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am the Trustee of a trust: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (If you answer "Yes" to either of the above, please explain on a separate page.)

7. ENVIRONMENTAL SCREENING (Tick all appropriate boxes.)

Note: For the following, "real estate" includes a house, condominium, cottage, farm and vacant land.

- i) I/We do not own real estate.
- ii) I/We own real estate. If so, please complete the following:
- | | | |
|---|------------------------------|-----------------------------|
| There are buried oil tanks on this property. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We own vacant land. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We own real estate that is not purely residential. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We own residential real estate but there are non residential activities occurring on this property (e.g. hobby farming, cottage industry) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- iii) I/We own, control or participate in the management of an operating company, real estate holding company, partnership or proprietorship.

(your signature)

(spouse/partner signature)

(date)

(date)