

Last Will and Testament & Power of Attorney Instructions

Date: _____

Testator No. 1 - Full Legal Name: _____
First Name, Middle Name(s), Surname

Other Names Used (if any): _____

Testator No. 2 - Full Legal Name: _____
First Name, Middle Name(s), Surname

Other Names Used (if any): _____

Please Indicate Your Current Marital Status:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Married, no prior marriages | Date of Marriage: _____ |
| <input type="checkbox"/> Married, previously widowed or divorced | |
| <input type="checkbox"/> Widow/Widower | |
| <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Common Law Partner/Spouse | Date of Cohabitation: _____ |
| <input type="checkbox"/> Single | |
| <input type="checkbox"/> Engaged | Proposed Date of Marriage: _____ |

CONTACT INFORMATION:

Address:

Street No., Street Name, Apartment No., City, Province, Postal Code

Home _____ Business _____ Cell _____

Business _____ Cell _____

Email _____

Email _____

I/We recognize and accept the risks associated with communicating by email, including (but without limitation) the lack of security, unreliability of delivery, and possible loss of confidentiality and privilege. My/Our initials below authorize you to communicate and forward documents to me/us via email and understand that you accept no responsibility or liability in respect of risk associated with its use.

Initials: Testator No. 1 _____ Testator No. 2 _____

PARTICULARS OF TESTATOR No. 1:

Date of Birth: *Month* _____ *Day* _____ *Year* _____

Place of Birth: _____

Citizenship: _____

Are you a citizen of any other country?: _____

Immigration Status (*if applicable*): _____

Domicile (*what country do you regard to be your home*): _____

Occupation: _____

Employer: _____

PARTICULARS OF TESTATOR No. 2:

Date of Birth: *Month* _____ *Day* _____ *Year* _____

Place of Birth: _____

Citizenship: _____

Are you a citizen of any other country?: _____

Immigration Status (*if applicable*): _____

Domicile (*what country do you regard to be your home*): _____

Occupation: _____

Employer: _____

DO YOU HAVE A MARRIAGE CONTRACT/COHABITATION AGREEMENT?:

If yes, what is the date of the Agreement: _____

DO YOU HAVE A CURRENT WILL?:

If yes, what is the date of the Will: _____

PARTICULARS OF ESTATE

REAL ESTATE:

Principal Residence: _____

Gross Value: _____

Mortgage: _____

Manner of Title (*check one*): [] Joint Tenants or [] Tenants in Common

Other Property: _____

Address: _____

Gross Value: _____

Mortgage: _____

Manner of Title (*check one*): [] Joint Tenants or [] Tenants in Common

DO YOU OWN ANY REAL ESTATE OUTSIDE OF THIS PROVINCE?:

If yes, please provide details: _____

BANK ACCOUNTS:

(1) Bank: _____

Account No.: _____ Type of Account: _____

(2) Bank: _____
Account No.: _____ Type of Account: _____

(3) Bank: _____
Account No.: _____ Type of Account: _____

If more space is needed please attach a separate sheet.

DO YOU HAVE A SAFETY DEPOSIT BOX?:

If yes, where is it located: _____

Details of Contents: _____

RRSPs:

(1) Company: _____

Account Holder: _____

Beneficiary *(if any)*: _____

(2) Company: _____

Account Holder: _____

Beneficiary *(if any)*: _____

(3) Company: _____
Account Holder: _____
Beneficiary (if any): _____

If more space is needed please attach a separate sheet.

PENSION PLAN

(1) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (if any): _____

(2) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (if any): _____

TERM DEPOSITS/BONDS/SECURITIES:

Details: _____

Investment Advisor: _____

Contact Information (Company's Name, Address & Telephone No.):

LIFE INSURANCE:

(1) Insured: _____

Insurer: _____

Policy No.: _____

Death Benefit: _____

Beneficiary *(if any)*: _____

(2) Insured: _____

Insurer: _____

Policy No.: _____

Death Benefit: _____

Beneficiary *(if any)*: _____

(3) Insured: _____

Insurer: _____

Policy No.: _____

Death Benefit: _____

Beneficiary *(if any)*: _____

Insurance Agent: _____

Contact Information *(Company's Name, Address & Telephone No.)*:

NOTE: If there are named beneficiaries in the life insurance policy(ies) or RRSP(s), the beneficiary designations over-ride the terms of the will, unless the Will specifically states otherwise. If you want the terms of your Will to govern, the named beneficiary(ies) in the insurance policy and/or RRSP should be set out as "My Estate".

PERSONAL PROPERTY: *(i.e. Vehicles, boats, jewellery, artwork, antiques, etc.)*

Description & Approximate Value: _____

If more space is needed please attach a separate sheet.

PARTICULARS OF DEBTS:

CREDIT CARDS:

_____	_____
Company	Account No.
_____	_____
Company	Account No.
_____	_____
Company	Account No.

Line of Credit: _____
Amount Outstanding: _____
Creditor(s): _____
Amount Outstanding: _____

BUSINESS INTERESTS:

(1) Business Name & Address: _____

What is your role in the business? *(Owner, Director, Officer):* _____

Do You Have a Shareholders Agreement?

If yes, who are the principal shareholders: _____

(2) Business Name & Address: _____

What is your role in the business? (*Owner, Director, Officer*): _____

Do You Have a Shareholders Agreement?

If yes, who are the principal shareholders: _____

Corporate Lawyer: _____

Corporate Accountant: _____

If more space is needed please attach a separate sheet.

EXECUTOR(S) (*also referred to as Estate Trustee*)

[] Spouse (*Do not need to complete information below*)

(1) Full Legal Name: _____

First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____

First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

ALTERNATE EXECUTOR(S)

(1) Full Legal Name: _____

First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

BENEFICIARIES:

Surviving Spouse

If no surviving spouse, then children alive at death

(1) Name of Child: _____ Age: _____

Address *(if they do not live with you)*: _____

Marital Status *(if applicable)*: _____

If married, Spouse's Name: _____

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: _____ Age: _____

(ii) Name: _____ Age: _____

(2) Name of Child: _____ Age: _____

Address *(if they do not live with you)*: _____

Marital Status *(if applicable)*: _____

If married, Spouse's Name: _____

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: _____ Age: _____

(ii) Name: _____ Age: _____

(3) Name of Child: _____ Age: _____

Address *(if they do not live with you)*: _____

Marital Status *(if applicable)*: _____

If married, Spouse's Name: _____

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: _____ Age: _____

(ii) Name: _____ Age: _____

(4) Name of Child: _____ Age: _____

Address *(if they do not live with you)*: _____

Marital Status *(if applicable)*: _____

If married, Spouse's Name: _____

Names and Ages of any Grand-Children *(if applicable)*:

(I) Name: _____ Age: _____

(ii) Name: _____ Age: _____

Please indicate if any of the above children are not your biological children.

Date of Adoption *(if applicable)*: _____

Do any of your children have a physical or mental disability?: [] Yes or [] No

If yes, please provide details: _____

[] Other Beneficiaries

(1) Full Legal Name: _____

First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

If more space is needed please attach a separate sheet and/or schedule.

PARTICULARS OF BEQUEST, DEVISE OR LEGACY: *(specific property or monetary gifts)*

Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

If more space is needed please attach a separate sheet.

NOTE: In some instances where an individual would like to leave personal possessions or property to specific individuals (such as jewellery, furniture, collections, etc.) it is more appropriate to incorporate by reference a handwritten memorandum to your Will.

Request Instructions for Memorandum to Will

DISTRIBUTION OF CHILD'S SHARE (IF ANY)

If child predeceases the Testator then share goes to:

Issue (i.e. grandchildren)

Surviving Siblings (brothers and/or sisters)

Capital Is Distributed as Follows:

Age 18 [] Age 21 [] If Other, Please Provide Details:
Age 24 [] Age 28 []
Age 32 [] Other []

(Example: Deliver 1/3 to children at age 21, Deliver 1/3 to children at age 24, Deliver balance to children at age 28)

GUARDIAN(S) FOR INFANT CHILDREN: *(under 18 years of age)*

Full Legal Name(s): _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Testator: _____

FAMILY DISASTER INSTRUCTIONS:

- Divide half of my estate between my siblings and the other half between my spouse's siblings
- Divide half my estate between my parents and the other half between my spouse's parents
- Other Disposition: _____

ADDITIONAL COMMENTS:

BURIAL INSTRUCTIONS:

Special instructions regarding funeral, cremation or burial instructions are best handled by a letter of instruction (separate from your will) to your family or other responsible person.

**INSTRUCTIONS FOR CONTINUING AND PERSONAL CARE
POWERS OF ATTORNEY**

Date: _____

Grantor No. 1 - Full Legal Name: _____
First Name, Middle Name(s), Surname

Other Names Used (if any): _____

Grantor No. 2 - Full Legal Name: _____
First Name, Middle Name(s), Surname

Other Names Used (if any): _____

CONTACT INFORMATION:

(Please complete if you did not complete the information on page 1 of the Will Intake Form)

Address:

Street No., Street Name, Apartment No., City, Province, Postal Code

Home _____ Business _____ Cell _____

Business _____ Cell _____

Email _____

Email _____

DO YOU HAVE CURRENT POWERS OF ATTORNEY?:

If yes, what is the date of the POA: _____

I. CONTINUING POWER OF ATTORNEY (Property Matters)

ATTORNEY: *(Person to act on your behalf)*

Spouse *(Do not need to complete information below)*

(1) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

ALTERNATE ATTORNEY:

(1) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY:

If yes, what restrictions? _____

II. PERSONAL CARE POWER OF ATTORNEY (Health Related Matters)

Attorney Same as Continuing Power of Attorney *(you do not need to complete this section)*

ATTORNEY: *(Person to act on your behalf)*

Spouse *(Do not need to complete information below)*

(1) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

ALTERNATE ATTORNEY:

(1) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____
First Name, Middle Name(s), Surname

Address: _____

Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY:

If yes, what restrictions? _____

OPTIONAL INSTRUCTIONS:

The following are general clauses that appear in the Personal Care Power of Attorney, please indicate if you DO NOT want any of the clauses included:

- 1) I do not wish to be removed from my residence and placed in an institution, regardless of the costs to my estate, unless my attorney is satisfied that there is no reasonable alternative but to do so.

[] Remove

- 2) I do not wish to have my life unduly prolonged by any course of treatment or any medical procedure which offers no reasonable expectation of my recovery from life threatening physical or mental incapacity, except as may be necessary for the relief of suffering.

[] Remove

- 3) I indemnify from the liability to me, my estate or any third party, any person who, in reliance on this Power of Attorney, acts so as to carry out or act consistently with my wishes expressed herein and who in so doing does not act in a manner that such person considers is in my best interests.

[] Remove

AUTHORIZATION:

I understand that a Last Will and Testament and Powers of Attorney are legal documents that will have a binding effect only when properly signed and witnessed (by two witnesses that are not related to me). I understand that draft documents will be prepared by your office using the information provided on this intake form. By submitting this form I authorize Anna Gurevich to prepare my Last Will and Powers of Attorney. I understand that the completion of this form does not constitute a valid Last Will or POA.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

In order that we can be prepared to meet with you, can you please provide our office with copies of the following documents prior to your appointment:

- the Title/Deed(s) for your property(ies);
- recent statements of any RRSP's;
- recent statements of your investments;
- insurance policies (private and group);
- pension information;
- any domestic contracts (separation agreements, marriage contract etc.);
- any business partnership agreements or shareholder agreements to which you are a party;
- charitable information if any of your beneficiaries is a charity.