
Date: _____

Do you have an existing Will or Power of Attorney?

Yes, Existing Will(s)

Yes, Existing Powers of Attorney.

If yes, have the Powers of Attorney ever been used? _____

No, Will(s) No, Powers of Attorney

PART I - FAMILY INFORMATION

Personal Information:

1. Full legal name:

2. Also known as:

3. Birthdate:

4. Occupation (please advise if self-employed or do you own shares in a Private Corporation):

- If yes, please provide details:

5. Spouse or Partner's full legal name: _____

6. Also known as:

7. Birthdate:

8. Occupation (please advise if self-employed or do you own shares in a Private Corporation):

- If yes, please provide details:

9. Address: _____

10. Telephone (home):

11. Telephone (work/cell):

12. Email address:

13. Residence for income tax purposes:

14. Current marital status:

Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
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Are we acting for both you and your spouse/ partner: Yes No

Do you have a marriage contract or co-habitation Agreement? Yes No

If yes, are you aware that no information received from either of you can be treated as confidential from the other, and that if a conflict arises between the two of you that we cannot resolve, we may be unable to act for either of you: Yes No

If Single, are you contemplating married Yes No

If Separated or Divorced, approximately when? _____

You are aware that if separated, a Will cannot revoke, or alter in anyway your contractual rights and obligations under said contract: Yes No

15. Information regarding previous marriages, if applicable:

- Name of ex-spouse:
- Date of divorce or separation:
- Do you have a separation agreement or final divorce order?:

Children Information:

Are any of your children from a previous marriage?: Yes No

Do you have any stepchildren?: Yes No

- Are you aware that your Spouse/ Partner can change their Will at any time to remove a spouse or step-children of a late spouse: Yes No

Do any of your children have special needs, and/or have a disability? If yes, does he/she receive any government benefits, including the Ontario Disability Support Program?:

Please Specify: Yes No

This is very important, as if anyone entitled to inherit in your Will collects any government disability support an inheritance could negatively affect their entitlement to same. Accordingly, we will need to set-up a Henson Trust to protect said benefits.

Have any of your children predeceased you? Yes No

Are you not including any children to inherit? Yes No

- If yes, please include the reason(s) why you do not wish for said child to inherit or be named as a beneficiary to your estate:

You are aware that not including any children or child to inherit could open your Will up for challenge? Yes No

1. Full legal name:

Address:

Birthdate:

Marital Status:

2. Full legal name:

Address:

Birthdate:

Marital Status:

3. Full legal name:

Address:

Birthdate:

Marital Status:

4. Full legal name:

Address:

Birthdate:

Marital Status:

PART II ASSETS

Estate Administration tax may be payable upon death, if a Certificate of Appointment (formally referred to as “probate”) is required, for personal effects in the house. If required, it is the total value of the deceased assets as of the date of death. Further, Effective January 1, 2015, the government has legislated that estate trustees are required to file forms (Estate Information Return) itemizing the value of all personal effects, property value, etc. upon the death of the testator where a Certificate of appointment has been issued by the Superior Court. A strategy used to lessen the impact of any potential estate administration tax is creating a Secondary Will, which can be used for personal effects and/or corporate interests.

The Estate Administration Tax amounts to approximately 1.5% of the value of assets. Please visit the Ministry of Finance website at

<https://www.fin.gov.on.ca/en/tax/eat/> for further information on what assets are included.

1. Automobiles and boats

Item:	Item:
Value:	Value:
In whose name:	In whose name:
Item:	Item:
Value:	Value:
In whose name:	In whose name:

2. Approximate value of household goods and contents (this includes everyday items): _____

Do you feel that any of your household goods or personal effects warrant having a Secondary Will to shelter them from estate administration tax (larger ticket items?) Yes No

3. Real estate (principle residence, cottage property, investment property, vacant land, etc.). *Please note that if you own property outside of Ontario, we cannot advise with respect to same, and it is your responsibility to contact a Lawyer in said Jurisdiction to confirm how your foreign assets will be distributed, and whether there are any steps that you are required to take regarding same.*

Principle Residence

Address:

Current value:

Original cost:

Name(s) on title/deed:

If more than one owner, is title held as Joint Tenants or Tenants in Common?

- Please Specify: _____

Other property

Address:

Current value:

Original cost:

Name(s) on title/deed:

If more than one owner, is title held as Joint Tenants or Tenants in Common?

- Please Specify: _____

If you are unsure as to how title is held, did you want us to search title (this will be an added cost and disbursement to this matter): Yes No

Do you have a mortgage or secured line of credit on any of these properties?

Yes No

- If yes, what is the Approximate value for each:
-

4. Bank accounts

Name and address of bank:
Account number:
In whose name:
Average balance:

Name and address of bank:
Account number:
In whose name:
Average balance:

Name and address of bank:
Account number:
In whose name:
Average balance:

Name and address of bank:
Account number:
In whose name:
Average balance:

5. Safety deposit box

Location:
Box number:

6. Life insurance

Name of company:
Policy number:
Type of plan:
Named beneficiary:
Value to your estate:

Name of company:
Policy number:
Type of plan:
Named beneficiary:
Value to your estate:

7. Do you have your own accountant or life insurance agent?

Name:
Address:

Name:
Address:

7. Registered Investments

RRSPs or RIFs

Name:
Contract number:
Named beneficiary:
Value to your estate:

Name:
Contract number:
Named beneficiary:
Value to your estate:

Pensions and Annuities

Name:
Contract number:
Named beneficiary:
Value to your estate:

Name:
Contract number:
Named beneficiary:
Value to your estate:

8. Investments

Please list all stocks and/or bonds and their original costs and estimated market values:

PART III LIABILITIES

1. Mortgages payable by you

Amount owing:
Name of mortgagee:

Amount owing:
Name of mortgagee:

2. Other debts

Amount owing:
Name of creditor:
Amount owing:
Name of creditor:

Amount owing:
Name of creditor:
Amount owing:
Name of creditor:

PART IV WILL INSTRUCTIONS

Executors: *This will be the person responsible for administration of the estate.*

1. Primary Executor of Estate (ie. spouse, children, etc.):
Relationship to you:
Address:
Contact information:
Age:

Alternate Executor of Estate:
(should your primary predecease you, or is unable or unwilling to act)
Relationship to you:

Address:
Contact information:
Age:

Second Alternate Executor of Estate:
(should your 1st & 2nd predecease you, or is unable or unwilling to act)
Relationship to you:
Address:
Contact information:
Age:

2. **Funeral wishes and other special instructions:**

Do you wish to include instructions regarding organ donation? If yes, please indicate: _____

Do you wish to include instructions regarding funeral/ceremony arrangements? If yes, please indicate: _____

Do you wish to include instructions regarding your burial instructions, cremation, etc.? If yes, please indicate: _____

3. **Disposition of household goods, personal effects, jewelry, automobiles, etc. (everyday items).** If you wish to gift someone a specific item (i.e. jewelry), please indicate:

4. **Disposition of principle residence, property, and/or cottage** (*please note, that if you are registered on title as Joint Tenants with your spouse, this will pass by a right of Survivorship to the survivor of you, we simply register a Survivorship Application with the Land Registry Office*).

5. **Cash legacies (specified cash gifts):**

Name	Relationship	Age	Amount
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1.

2.

- 3.
- 4.
- 5.
- 6.

6. Would you like to leave any Charitable Gifts? Yes No

If yes, please specify: _____

7. Disposition of: *(please note if these already have named beneficiaries designated with the Institution or Company, these assets will flow “outside” the estate directly to whom is named – it is your responsibility to ensure that these designations are correct and do not contradict the Will)*

- RRSPs, RIFs, annuities, pensions:

- Disposition of Life Insurance:
 - Trust for children as per will:

8. **Distribution of the RESIDUE of your Estate:** *The residue of your Estate includes anything that is left over once any debts are paid, funeral expenses, executor fees, taxes, legal fees, other expenses, and specific cash legacies or bequest are paid out, as applicable. This will exclude any assets jointly held, or that have a named Beneficiary attached to said asset.*

Beneficiaries

1. Do you wish for the residue of your Estate to go to your spouse? If you do not have a spouse, please indicate who the Primary Beneficiary shall be:

You are aware that if you do not leave your spouse as a Beneficiary under your estate that he/she may make a claim under the *Family Law Act*: Yes No

2. Should your spouse predecease you, or if you have no spouse, please indicate who shall receive the residue or share of your Estate, as an Alternate Beneficiary (i.e. Children):

Name:

Name:

Age:

Age:

Relationship to you:

Relationship to you:

Name:

Name:

Age:

Age:

Relationship to you:

Relationship to you:

3. In the event that any person named above should predecease you, please advise if you wish to name an alternative (*ie. if you named your children above in #2, you can choose to transfer your child's share to their issue, being your grandchildren or that child's children, or choose to divide or transfer your child's share to their surviving sibling(s), being your remaining child or children*):

Trust for Minor Beneficiaries: In the event that any person listed as a beneficiary to your estate is under age, please indicate at what age you wish for them to receive such share of your estate? **Please Specify Age:** _____

- This could relate to your children, or your grandchildren;

Do you wish to intentionally exclude a relative from receiving a share of your estate? If yes, please indicate: _____

4. **Disaster Clause:** In the event that your entire family and beneficiaries have predeceased you, please advise who you wish to receive the residue of your estate (person, charity, organization, etc.):

9. Guardians for Minor Children

1. Guardian of Children (if underage):

Relationship to you:

Address:

Contact information:

Age:

Alternate Guardian of Children:

Relationship to you:

Address:

Contact information:

Age:

PART V POWER OF ATTORNEY INSTRUCTIONS

9. **Do you wish to have a General Financial Power of Attorney, should you become unable or mentally incapable of handling your property or finances?**

Please note you may appoint more than one person as your primary POA if you wish, and authorize them to act either jointly at all times or jointly and severally (they can act either together or alone).

Primary attorney(s)(ie. spouse, children, etc.):

Relationship to you:

Address:

Age:

Alternative attorney(s):

(should your primary attorney(s) be unable or unwilling to act)

Relationship to you:

Address:

Age:

Do you want to include any restrictions or conditions: Yes No

10. **Do you wish to have a Continuing Power of Attorney for Personal Care, should you become unable or mentally incapable of making decisions concerning your personal care (i.e. health, living and accommodation, food hygiene etc.)? As per the above, you may appoint more than one person to act.**

Primary attorney(s)(ie. spouse, children, etc.):

Relationship to you:

Address:

Age:

Alternative attorney(s):

(should your primary be unable or unwilling to act)

Relationship to you:

Address:

Age:

Would you like to include Do Not Resuscitate (“DNR”) instructions? If yes, please indicate any special instructions you wish to include and confirm if there are any potential conflicts with respect to any religious or cultural beliefs you may have.

This would essentially state that should you be deemed to have no reasonable expectation of recovery from extreme physical or mental disability that you would not want to be kept alive using any artificial means whatsoever.

Do you want to include any restrictions or conditions: Yes No

Signature

Date

Signature

Date