

**WILL INFORMATION SHEET**

Date: \_\_\_\_\_

The thoughtful completion of this questionnaire prior to your appointment is helpful for us in a number of ways. It requires that you direct your mind to what your wishes may be, so that you may have a clearer idea of your wishes when you attend at our office.

It also creates a record that we may refer to, in order to ensure that your wills are drafted to carry out your wishes exactly. Please complete this form as completely as possible, considering the following three situations:

1. Where you have died, but your spouse and children have survived you;
2. Where you and your spouse have both died, but your children have survived you; and
3. A total family disaster, where you, your spouse, and all your children and grandchildren have died, leaving no descendants

In your Will, you may want to give specific gifts, and they will come out of your estate first. Then, you will give the rest, or “residue”, of your estate. Consider whether, in each of the above situations, you wish for any specific gifts to be left to anyone. Then consider, in each situation, who you would like to have the residue of your estate.

If you are married and making this will with your spouse, then understand that you will be making two separate wills. Most times, the wills of married people mirror each other, but that is not strictly necessary. If that is your wish, then please fill out this form together.

If you are single, then ignore where it refers to your spouse, except to refer to former spouses or children. We must understand clearly your marital status, to ensure that the operation of law doesn't undermine your wishes.

**PART 1 - CLIENT INFORMATION**

Name in full (Husband):	
Name in full (Wife):	
Address:	
Telephone (hm):	Telephone (cell):
Occupation (husband): Place of work: Address: Telephone (wk):	Occupation (wife): Place of work: Address: Telephone (wk):
Report by email?: <input type="checkbox"/> yes <input type="checkbox"/> no	email address:
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
<i>In the past, Wills were revoked upon a subsequent marriage. Please understand that if you are married after making this Will, it will continue to be in effect and that your spouse will have a claim against your estate if your Will does not provide adequately for him or her.</i>	
Please provide details of any former spouse or common-law spouse, including name and date of separation or divorce:	
Former spouse (Name):	
Date of separation:	Date of divorce:
Please provide details of any financial obligations stemming from a former relationship, i.e. child or spousal support:	
Do you have any children? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipate having (more) children? <input type="checkbox"/> yes <input type="checkbox"/> no	
CHILDREN - (Names in full and birth dates):	
(D/M/Y)	Gender (circle) Full Name
DOB: M/F	Name:
Address:	
DOB: M/F	Name:
Address:	
DOB: M/F	Name:
Address:	
DOB: M/F	Name:
Address:	
Are any of the above-named children from a previous relationship? <input type="checkbox"/> yes <input type="checkbox"/> no	

If yes, names:

Also, if yes, is child support received for that child(ren) from a third party or paid to a third party?

Do any of your children have mental or physical disabilities?  yes  no

If so, please provide details.

Are you responsible for any dependent adults?  yes  no

If so, please provide details.

Have you or do you plan to give any substantial gifts to any beneficiaries during your lifetime? If so, please provide details and indicate whether you would like those gifts to be taken into account on the distribution of your estate. Were they meant to be in addition to gifts in the will or were they meant to be an advance on that person's inheritance?

If the result of the above, or of any other provisions of your will, will result in your children inheriting unequal amounts, can you explain why you are treating them unequally? Factors can be the child's needs, means or circumstances, the relationship you have with that child, contributions that child has made to you during your lifetime, or any other relevant factor. Providing an explanation for unequal treatment of children makes your will more difficult to challenge, because your intentions and the reasons for them will be very clear.

Have you made a beneficiary designation under an RRSP, RIF, GIC or life insurance policy that you would like to change?

**PART 2 – LAST WILL & TESTAMENT INSTRUCTIONS****Situation #1 - HUSBAND DECEASED (with spouse living):**

Would you like your wife to act as your Personal Representative  yes  no  
 If not, who would you like to act?

---

Do you want the gifts to your wife to be revoked in the event you divorce?  yes  no  
 Do you want the appointment of personal representative revoked in the event you divorce?  
 yes  no

Are there any specific gifts that you would like to leave to anyone before the balance of your estate is gifted (i.e. jewellery, art, heirlooms, vehicle, a company or business)?  yes  no

Full name	Description of Item

Would you like your spouse to receive the rest of your estate in this situation?  yes  no  
 If not, who?

---

**Situation #1 - WIFE DECEASED (with spouse living):**

Would you like your husband to act as the Personal Representative  yes  no  
 If not, who would you like to act?

---

Do you want the gifts to your husband to be revoked in the event you divorce?  yes  no  
 Do you want the appointment of personal representative revoked in the event you divorce?  
 yes  no

Are there any specific gifts that you would like to leave to anyone before the balance of your estate is gifted (i.e. jewellery, art, heirlooms, property, a company or business)?  yes  no

Full name	Description of Item

Would you like your husband to receive the rest of your estate in this situation?  yes  no  
 If not, who?

---

Situation #2 - BOTH SPOUSES DECEASED (with children living):

Who would you like to act as your Personal Representative if your spouse is not living?

	Full Name	Address
1 <sup>st</sup> choice		
Alternate		

Would you like your personal representative to also act as trustee of any children's trusts?

yes  no

If not, who would you like to act as trustee? \_\_\_\_\_

Are there any specific gifts that you would like to leave to anyone before the balance of your estate is gifted?  yes  no

Full name	Description of item (from husband)
Full name	Description of item (from wife)

Would you like to leave the rest of your estate to your children in equal shares in this situation?

yes  no

If not, who?

\_\_\_\_\_

If any of your children predecease you, would you like their share to go to their living children (your grandchildren) or to your remaining children?  grandchildren  remaining children

If no, then to whom?

\_\_\_\_\_

And if any of your children predecease you and they **don't** have living children would you like their share to go to your remaining children?  yes  no

If no, then to whom?

\_\_\_\_\_

Situation #3 - COMMON DEATH OF BOTH SPOUSES AND CHILDREN (with no grandchildren):

Are there any specific gifts that you would like to leave to anyone before the balance of your estate is gifted?  yes  no

Full name	Description of item (from husband)
Full name	Description of item (from wife)

Who would you like to leave the rest of your estate to?

Full Name:

If any of the beneficiaries in this situation predecease you, would you like their share to go to their living children?  yes  no  
If no, then to whom?

---

And if any of your beneficiaries predecease you and they **don't** have living children would you like their share to go to your remaining beneficiaries?  yes  no  
If no, then to whom?

---

Charities?

Charity	Registered Foundation Number:

If any charity you have designated above no longer exists, do you want your executor to give the gift to a charity with a similar mandate?  yes  no

TRUST – At what age do you want your property/inheritance left to any minor children/grandchildren to be held in trust by your personal representative?

18    21    25

Other: \_\_\_\_\_

GUARDIAN(S) FOR MINOR CHILDREN

Who would you like to act as guardians for any minor children?

	Full Name	Address
Ist choice		
Alternate		

REMAINS – (optional)

Husband       buried     cremated

Do you have any specific wishes for funeral service?

Wife             buried     cremated

Do you have any specific wishes for funeral service?

### PART 3 - ENDURING POWER OF ATTORNEY INSTRUCTIONS

An enduring power of attorney is a document you sign authorizing another person to manage your legal and personal financial affairs. It is valid even though you lose mental capacity. A court order is not required to make it valid. At your choice, an enduring power of attorney can take effect immediately or only when you lose mental capacity (which is called a 'springing' enduring power of attorney). The powers associated with it are generally very comprehensive and may include the ability to transfer real property. The named attorney must ensure your property is used only for your benefit or for the benefit of others you have specifically named. It is critical you exercise great care in choosing the person who will be your attorney since you are placing a great deal of power and trust in them.

#### ATTORNEY

**Husband:** Who would you like to act as your Attorney?

	Full Name	Address
Ist choice		
Alternate		
Alternate		

#### DECLARATION OF INCAPACITY

When would you like the Enduring Power of Attorney to take effect?

- Declaration of Attorney (immediately)  
 Declaration of 1 medical doctor (springing)  
 Declaration of 2 medical doctors (springing)

**Wife:** Who would you like to act as your Attorney?

	Full Name	Address
Ist choice		
Alternate		
Alternate		

#### DECLARATION OF INCAPACITY

When would you like the Enduring Power of Attorney to take effect?

- Declaration of Attorney (immediately)  
 Declaration of 1 medical doctor (springing)  
 Declaration of 2 medical doctors (springing)



**PART 4 - PERSONAL DIRECTIVE INSTRUCTIONS**

Personal directives are written statements directed to your chosen agent and health care providers which state your wishes pertaining to your medical care if you become seriously ill and unable to make those decisions for yourself. The personal directive is signed at a time when you have sufficient mental capacity to make sound decisions and should be done in the presence of a lawyer. The personal directive can be shown to your health care providers and those persons would be obliged to follow the lawful wishes stated in the directive.

**Husband:** Who would you like to act as your Agent?

	Full Name	Address
Ist choice		
Alternate		
Alternate		

**DECLARATION OF INCAPACITY**

When would you like the Personal Directive to take effect?

- with declaration of 1 medical doctor
- with declaration of 2 medical doctors

Do you wish that all useful organs and tissues used for transplantation?  yes  no

**OR**

Do you wish that your body be used for research purposes?  yes  no

***Keep in mind if you donate any of your organs and/or tissues for transplantation, most institutions will not take your body for research.***

**Wife:** Who would you like to act as your Agent?

	Full Name	Address
Ist choice		
Alternate		
Alternate		

**DECLARATION OF INCAPACITY**

When would you like the Personal Directive to take effect?

- with declaration of 1 medical doctor
- with declaration of 2 medical doctors

Do you wish that all useful organs and tissues used for transplantation?  yes  no

**OR**

Do you wish that your body be used for research purposes?  yes  no

***Keep in mind if you donate any of your organs and/or tissues for transplantation, most institutions will not take your body for research.***