

WILL AND POWER OF ATTORNEY PLANNING FORM

For law firm use:

| | |
|---|--|
| File number: _____ | Assigned Lawyer: _____ |
| <input type="checkbox"/> Reciprocal Wills | <input type="checkbox"/> P.O.A. Property |
| <input type="checkbox"/> P.O.A. Personal Care | |

Please complete this form to the best of your ability. If you need more space than is provided please add as many additional pages as are required to clearly answer each question. Our lawyer will review this form with you at your initial appointment and may have more questions or request additional information from you so that we can be sure that the documents we prepare for you are clear, complete, and set out your instructions

PART I – YOUR IDENTIFYING INFORMATION

Full legal name (as on your birth certificate): _____

Also known as: _____
(include any maiden name, former married name, nickname)

Date of birth: _____ Place of birth: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email address(es): _____

Citizenship status: _____ Marital Status: _____

Place and date of marriage: _____

Previous marital history: _____
(If you were previously married, how did that marriage end and when did it end? Please attach a copy of any Court Order or Separation Agreement) **Copy attached** _____ Pages

Please list and attach a copy of any existing domestic contract such as a cohabitation or pre-nuptial agreement.

If you have any earlier Will or Power of Attorney, where are they stored?: _____

Do you want your earlier Will or Power of Attorney Retrieved Destroyed Left where it is



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If more space is needed, please attach additional pages with the requested information

Is this Will being made in contemplation of marriage? No Yes

If yes, expected date of marriage: _____ To: _____

Please provide details about your children below:
(attach additional pages if needed)

| Full legal name (as on birth certificate) | Date of birth | Place of birth |
|--|----------------------|-----------------------|
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If you have any other dependents, or are legally obligated to support anyone, please provide details here:

| Full legal name | Reason for support obligation | Amount of support & duration |
|------------------------|--------------------------------------|---|
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Please list any promises you have made regarding your estate here:

| Who was the promise made to | What was promised | Where can it be found |
|------------------------------------|--------------------------|------------------------------|
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Additional page(s) attached re: information requested on this page: _____ page(s)





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Executors (include in quotations a unique quick reference name for each Executor)

| Full legal name | Date of birth | Place of birth | Current residence | Relationship |
|-----------------|---------------|----------------|-------------------|--------------|
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- Public Guardian and Trustee if none of the above are willing and able to serve
- Additional Executors listed on _____ attached page(s)

Beneficiary Identification – Specific Bequests / Gifts

If you have specific gifts to make (e.g. a set amount or specific thing or things), please set out details here:
(underline or put in quotations a short reference name unique for each beneficiary)

| Full legal name | Date of birth | Place of birth | Current residence | Relationship |
|-----------------|---------------|----------------|-------------------|--------------|
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Specific Bequest particulars

| Item or Amount | To whom | Where can it be found? | Specific Purpose |
|----------------|---------|------------------------|------------------|
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Do you want a requirement that a beneficiary survive you to receive a specific bequest? Yes No

If yes, for how long? 30 clear days (standard) Other period: _____

Include “Contesting Beneficiary” clause? YES NO

If a specific bequest fails, the item or amount should:

be distributed to issue *per stirpes* *per capita*

be distributed to children *per stirpes* *per capita*

Fall into residue

Other : _____

Additional page(s) attached re: information requested on this page: _____ page(s)





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Residual Bequests

| Percentage / Fraction | To (Beneficiary) | Alternate Beneficiary | Second Alternate |
|------------------------------|-------------------------|------------------------------|-------------------------|
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Do you want a requirement that a beneficiary survive you to receive a residual bequest? Yes No
 If yes, for how long? 30 days (standard) Other period: _____

Include "Contesting Beneficiary" clause? YES NO

If a residual bequest fails, the item or amount should:

- be distributed to issue *per stirpes* *per capita*
- be distributed to children *per stirpes* *per capita*
- Fall into residue
- Other : _____

Gift Over – Institution(s) or Charity(ies)

| Percentage / Fraction | Institution / Charity | Contact Information | Specific Purpose |
|------------------------------|------------------------------|----------------------------|-------------------------|
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Include "Successor Organization" clause? YES NO

If yes, Trustee Discretion? YES NO

Include "Receipt constitutes full release" clause? YES NO

Include "Securities" clause? YES NO

Additional page(s) attached re: information requested on this page: _____ page(s)





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Financial Information

| Tax preparer / accountant Name | Tax Preparer / Accountant Address |
|--|--|
| | |
| Investment Advisor / Financial Planner Name | Investment Advisor / Financial Planner Address |
| | |
| Home Insurance Company Name / Policy # | Home Insurance Company Address & Contact |
| | |
| R.R.S.P. / R.S.P. / T.F.S.A. Investments (list) | Contact Details / Account # for each investment |
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Additional page(s) attached re: information requested on this page: _____ page(s)





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| Business Ownership (Name / Interest) | Location of Share Certificates / Contact Info |
|---|--|
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| Bank Account (Branch, Account Number) | Safety Deposit Box (Bank, Box #, Location of Key) |
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| Real Estate Owned (Address and Interest) | Real Estate Owned (Address and Interest) |
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Additional page(s) attached re: information requested on this page: _____ page(s)





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| Insurance Policies (Details of insurance) | Designated Beneficiary (If any) |
|--|--|
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| Other death benefit payable (Pension etc) | Designated Beneficiary (If any) |
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Other Major Assets

| Asset description | Details / Location of asset | Value (monetary / sentimental) |
|--------------------------|------------------------------------|---------------------------------------|
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Liabilities / Responsibilities / Support Obligations

| Type of Debt / Obligation | Owed to | Total amount | Details |
|---------------------------|---------|--------------|---------|
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Power Of Attorney for Personal Care

| Order Number | Attorney Name | Address | Relationship | Joint / Joint & Several |
|--------------|---------------|---------|--------------|-------------------------|
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Quality of Life over Quantity Quantity of Life – All possible efforts Other (see attached)

Additional page(s) attached re: information requested on this page: _____ page(s)





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Power Of Attorney for Property

| Order Number | Attorney Name | Address | Relationship | Joint / Joint & Several |
|---------------------|----------------------|----------------|---------------------|------------------------------------|
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- Restricted (See attached page(s) for restrictions)
- Letter of Instruction
- To be stored at Ecclestone Law
- Authorization and Direction

Additional page(s) attached re: information requested on this page: _____ page(s)





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Questions / Issues to raise at meeting with lawyer or Client's Notes

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