



Last Will and Testament or Powers of Attorney - Client Information

Date: _____ Responsible Lawyer: _____

Date Will Required: _____ Name of Client: _____

Powers of Attorney Required: Property Yes No
 Personal Care Yes No

1. Testator Identification

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Occupation: _____

Current Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

1.1 Testator's Marital Status

Are you presently married? Yes No

Full legal name of your spouse: _____

Place of marriage: _____

Date of marriage: _____

Do you have a marriage contract or equivalent? Yes No

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

If yes, to whom (full legal name) : _____

Date: _____ Place: _____

Have you been married previously? Yes No

If yes, were there any children from the previous marriage? Yes No

Name(s), date(s) and place(s) of birth : _____

Have you ever been Divorced? Yes No

Place of Divorce: _____ Date: _____

2. Proposed Executor(s)

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Sole Executor? or Joint Executor?

If Joint Executor

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Alternate Executor (if the appointed testator should predecease the testator or be unwilling or unable to act or to continue to act as the executor)

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Sole Executor? or Joint Executor?

If Joint Executor

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Second Alternate Executor (if any)

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Sole Executor? or Joint Executor?

If Joint Executor

Full Name: _____

Relationship to Testator: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

3. Beneficiaries

Spouse: Full Name: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Occupation: _____

Child(ren):

(1) Full Name: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Date of Birth: _____ Marital Status: _____

Name of Spouse (if applicable): _____

(2) Full Name: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Date of Birth: _____ Marital Status: _____

Name of Spouse (if applicable): _____

(3) Full Name: _____

Address: _____

Telephone: (h) _____ (w) _____

Fax : (h) _____ (w) _____

Email: (h) _____ (w) _____

Date of Birth: _____ Marital Status: _____

Name of Spouse (if applicable): _____

Other Beneficiaries:

(1) Full Name: _____

Address: _____

Date of Birth: _____ (or Approximate Age if Date of Birth be unknown) _____

Marital Status: _____ Relationship to Testator: _____

(2) Full Name: _____

Address: _____

Date of Birth: _____ (or Approximate Age if Date of Birth be unknown) _____

Marital Status: _____ Relationship to Testator: _____

(3) Full Name: _____

Address: _____

Date of Birth: _____ (or Approximate Age if Date of Birth be unknown) _____

Marital Status: _____ Relationship to Testator: _____

If there be insufficient space above for Children or for Other Beneficiaries, please attach a list as required.

4. Guardians

Are guardians needed for any of your children? Yes No

If "Yes", will the guardians require funds from your estate to look after your children?
Yes No

Will the child(ren) be residing outside of Ontario? _____ or outside of Canada? _____

Proposed Guardian(s)

(1) Full Name: _____

Address: _____

Date of Birth: _____ (or Approximate Age if Date of Birth be unknown) _____

Marital Status: _____ Relationship to Testator: _____

Alternate Guardian(s)

(1) Full Name: _____

Address: _____

Date of Birth: _____ (or Approximate Age if Date of Birth be unknown) _____

Marital Status: _____ Relationship to Testator: _____

5. Burial Instructions, if any

6. Specific Legacies or Specific Bequests to Individuals or to Charities

To: _____ I wish to leave _____

To: _____ I wish to leave _____

To: _____ I wish to leave _____

To: _____ I wish to leave _____

To: _____ I wish to leave _____

To: _____ I wish to leave _____

To: _____ I wish to leave _____

7. Information about your assets

Principal Residence

Address: _____

Current Value (estimated): _____

Year Purchased: _____ Purchase Value: \$ _____

Manner of ownership: Alone Joint Tenants Tenants in common

Value of Outstanding Mortgage(s) (est.): \$ _____

Recreational Property

Address: _____

Current Value (estimated): _____

Year Purchased: _____ Purchase Value: \$ _____

Manner of ownership: Alone Joint Tenants Tenants in common

Value of Outstanding Mortgage(s) (approximate): _____

Rental Property

Address: _____

Current Value (estimated): _____

Year Purchased: _____ Purchase Value: \$ _____

Manner of ownership: Alone Joint Tenants Tenants in common

Value of Outstanding Mortgage(s) (approximate): _____

Farm / Business Property

Address: _____

Current Value (est.): \$ _____

Year Purchased: _____ Purchase Value: \$ _____

Manner of ownership: Alone Joint Tenants Tenants in common

Value of Outstanding Mortgage(s) (approximate): _____

Pensions and Other Plans

Do you belong to or contribute to a company pension plan? Yes No

Who is the beneficiary? _____

Current Value (est.) \$ _____

Does the Plan terminate on your death? Yes No

Have you contributed to the Canada Pension Plan? Yes No

If "Yes", number of years: _____

Have you contributed to the Québec Pension Plan? Yes _____ No _____

If "Yes", number of years: _____

Pensions and Other Plans (continued)

Do you have a Registered Retirement Savings Plan(s)? Yes No

Do you have a Registered Retirement Income Fund(s)? Yes No

If "Yes" to either, Name of Company: _____

Beneficiary: _____

Current Value (est.): \$ _____

Does your spouse have any of the above plans? Yes No

If “Yes”, provide whatever details you can below: _____

Life Insurance

Name of Insurance Company: _____

Beneficiary: _____

Policy Number: _____

Value of the Policy: \$ _____

Type of Policy: _____

Does Coverage Terminate? Yes No

If “Yes”, when (at what age or under what circumstances)? _____

Group Life Insurance

Name of Insurance Company: _____

Beneficiary: _____

Policy Number: _____

Value of the Policy: \$ _____

Type of Policy: _____

Does Coverage Terminate? Yes No

If “Yes”, when (at what age or under what circumstances)? _____

Investments

Include all bonds, stocks, moneys owed to you by mortgage or otherwise:

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Business or Professional Financial Information

Business Name: _____

Business Address: _____

Nature of Business: _____

Has a Buy-Sell or other agreement been entered into? Yes No

Personal and Household Items

Total Value (est.) \$ _____ Insured Value \$ _____

Listed Personal Property (e.g., paintings, jewellery, stamps, sculptures, etc.) \$ _____

Bank Accounts:

Total Value (est.) \$ _____ Are any accounts jointly held? _____

Interests in Estates, Trusts, Expected Inheritances: _____

Foreign Income (e.g., U.S. dividends, rents, etc.)

Total Value (est.) \$ _____

Other Assets (including automobiles, boats, etc.)

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Item: _____ Value (est.) \$ _____

Do you have Disability Benefits? Yes No Value (est.) \$ _____

8. Liabilities

List all bank loans, mortgages, and other significant debts or contingent liabilities:

Owed to: _____ Amount \$ _____

Address: _____

Owed to: _____ Amount \$ _____

Address: _____

Owed to: _____ Amount \$ _____

Address: _____

Owed to: _____ Amount \$ _____

Address: _____

