

T: (613) 384-0735

F: (613) 384-0731

EMAIL: EMAIL@ECCLAW.NET

HTTP://WWW.ECCLAW.NET

WILL AND POWER OF ATTORNEY PLANNING FORM

For law firm use: File number: _____ Assigned Lawyer: _____
☐ Reciprocal Wills ☐ P.O.A. Property ☐ 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

Instructions for Will or Powers of Attorney

To be completed with a lawyer from Ecclestone Law P.C.S.P.



WILL AND POWER OF ATTORNEY PLANNING FORM

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

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

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

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

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Executors (underline or put in quotations a unique quick reference name to be used for each Executor)

Full legal name	Date of birth	Place of birth	Current residence	Relationship

☐ 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

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Specific Bequest particulars

Item or Amount	To which beneficiary	Where can it be found?	Specific Purpose

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)





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Beneficiary Identification – Residual 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

Residual Bequests - (use circled or underlined short form reference to beneficiary from above list)

Percentage / Fraction / etc	To (Beneficiary)	Alternate Beneficiary	Second Alternate

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 : _____

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

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

Percentage / Fraction	Institution / Charity	Contact Information	Specific Purpose

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

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

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

R.R.S.P. / R.S.P. / T.F.S.A. Investments (list)	Contact Details / Account # for each investment

Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Bank Account (Branch, Account Number)	Safety Deposit Box (Bank, Box #, Location of Key)
Real Estate Owned (Address and Interest)	Real Estate Owned (Address and Interest)
Insurance Policies (Details of insurance)	Designated Beneficiary (If any)

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Other death benefit payable (Pension etc)	Designated Beneficiary (If any)

Other Major Assets

Asset description	Details / Location of asset	Value (monetary / sentimental)

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Liabilities / Responsibilities / Support Obligations

Type of Debt / Obligation	Owed to	Total amount	Details

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Power Of Attorney for Personal Care

Order Number	Attorney Name, date and Place of birth	Current Address	Relationship to you	Joint / Joint & Several (with?)

☐ 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)





WILL AND POWER OF ATTORNEY PLANNING FORM

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

Power Of Attorney for Property

Order Number	Attorney Name, date and Place of birth	Current Address	Relationship to you	Joint / Joint & Several (with?)

☐ Restricted (See attached page(s) for restrictions)

☐ To be stored at Ecclestone Law

☐ Letter of Instruction

☐ Authorization and Direction

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





WILL AND POWER OF ATTORNEY PLANNING FORM

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

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

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

Submit data by email

Print Form

Reset form

