

**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



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**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):

<b>Full legal name (as on birth certificate)</b>	<b>Date of birth</b>	<b>Place of birth</b>

If you have any other dependents, or are legally obligated to support anyone, please provide details here:

<b>Full legal name</b>	<b>Reason for support obligation</b>	<b>Amount of support &amp; duration</b>

Please list any promises you have made regarding your estate here:

<b>Who was the promise made to</b>	<b>What was promised</b>	<b>Where can it be found</b>

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





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## **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)







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## 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 : \_\_\_\_\_

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

<b>Percentage / Fraction</b>	<b>Institution / Charity</b>	<b>Contact Information</b>	<b>Specific Purpose</b>

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**

<b>Tax preparer / accountant Name</b>	<b>Tax Preparer / Accountant Address</b>
<b>Investment Advisor / Financial Planner Name</b>	<b>Investment Advisor / Financial Planner Address</b>
<b>Home Insurance Company Name / Policy #</b>	<b>Home Insurance Company Address &amp; Contact</b>

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





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

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

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





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

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





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<b>Other death benefit payable (Pension etc)</b>	<b>Designated Beneficiary (If any)</b>

## **Other Major Assets**

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

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









