

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

Instructions for Will or Powers of Attorney

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



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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

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

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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

- 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

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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

Percentage / Fraction	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)





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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)





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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)





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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)





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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)



