

## Will Information Form

Date: \_\_\_\_\_

### Personal and Family History

Client Name:
<b>1. Full Name</b> ( <i>mention "also known as" names</i> )
<b>2. Address</b>
<b>3. Contact Information</b>
Home: _____ Work: _____ Cell: _____ Email: _____
<b>4. Date and Place of Birth</b>
<b>5. Citizenship</b>
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____
<b>6. Marital Status</b>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Will being made in contemplation of marriage to _____ on _____

**7. Date and Place of Marriage**

**8. Previous Marital History** *(provide copy of Final Decree)*

**9. Domestic Contracts** *(include particulars and status of Separation Agreement, etc.; provide copy)*

**10. Existing Wills and Powers of Attorney** *(specify solicitor who acted)*

Same

**11. Children**

Name	Date of Birth	Address

If any are not the natural children of Client 1 and Client 2, provide details.

**12. Support Obligations**

**13. Other Dependants**

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**14. Promises You Have Made Regarding Your Estate**

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**15. Other Beneficiaries to be Named** *(excluding dependants)*

Name & Relationship	Date of Birth, if a minor	Address

**16. Special Concerns** *(spendthrifts, family tensions, etc.)*

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**17. Name and Address of Family Physician**

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## Will Drafting Instructions

### 18. Executors and Trustees, including Alternate Choice(s)

First Choice:

Second Choice (if applicable):

Third Choice (if applicable):

### 19. Specific Gifts (*Household Goods, Personal Effects, Jewellery, Automobiles, etc.*)

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

### 20. Cash Legacies (*including charitable*)

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

Gift: \_\_\_\_\_  Conditional on spouse having predeceased?  
Beneficiary: \_\_\_\_\_

**21. Disposition of Residence and/or Cottage**

**22. Create Trusts for Beneficiaries?**

**23. Disposition of Residue**

If you are leaving the residue to your children, specify whether it should be divided equally among your surviving children (*per capita*) or whether the share of a predeceased child should be divided among his or her children (*per stirpes*).

**24. Guardian for Children**

Name:

Relationship (aunt, uncle, friend, etc.):

Additional provisions, if any, re expenses, education, retaining house, etc.:

**25. Funeral, Burial and Other Special Instructions**

**26. Other Special Powers or Clauses**

**Power of Attorney Instructions**  
**Power of Attorney for Property**

**27. Attorneys for Continuing Power of Attorney for Property, including Alternate choice(s)**

Name(s):

Relationship to you (spouse/child/friend/other):

If more than one concurrently, are they to act:

- Jointly (must act together); or
- Jointly and Severally (together or independent)

**28. Special Powers, Restrictions or Clauses**

## Power of Attorney for Health Care

### 1. Attorneys for Power of Attorney for Personal Care, including Alternate Choice(s)

Name(s):

Relationship to you (spouse/child/friend/other):

If more than one concurrently, are they to act:

- Jointly (must act together); or
- Jointly and Severally (together or independent)

### 2. Special Powers, Restrictions or Clauses

### 3. Living Will / Advanced Health Care Directive

**I/WE HEREBY ACKNOWLEDGE** that I/we have reviewed and approved of the information and instructions contained herein this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Client 1

\_\_\_\_\_  
Client 2

## Part II. Financial Matters

<b>Client Name:</b>
<b>4. Who Prepares Taxes? (include name and contact info)</b>
<b>5. Investment Advisor(s) and/or Financial Planner (include name and contact info)</b>
<b>6. Home Insurance (include name and contact info for broker and/or company)</b>
<b>7. Occupation, Employer and Annual Income</b>
<b>8. Ownership Interest in a Business (provide details)</b>
<b>9. Previous Lawyers (include name and contact info)</b>
<b>10. Safety Deposit Box or Lock Box (include location and box number)</b>



### Part III. Assets

Client Name: \_\_\_\_\_

#### 11. Bank Accounts

Bank Name & Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Accountholder Name(s): \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Accountholder Name(s): \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Accountholder Name(s): \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Accountholder Name(s): \_\_\_\_\_

If any of these accounts is held in your name with another person, is it your intention that the other person receive the entire balance in such account upon your death?  Yes  No

#### 12. RRSP's, RRIF's, Pensions and Annuities

Company Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Value to Your Estate: \_\_\_\_\_

**13. Non-Registered Investments (GIC's, Bonds, Shares & Other Investments)**

Company Name: \_\_\_\_\_ Investment Type: \_\_\_\_\_  
Contract/Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_ Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_ Investment Type: \_\_\_\_\_  
Contract/Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_ Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_ Investment Type: \_\_\_\_\_  
Contract/Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_ Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_ Investment Type: \_\_\_\_\_  
Contract/Account No.: \_\_\_\_\_ Average Balance: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_ Value to Your Estate: \_\_\_\_\_

**14. Life Insurance, Disability, Critical Illness, etc.**

Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Type of Plan: \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_  
Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Type of Plan: \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_  
Value to Your Estate: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Type of Plan: \_\_\_\_\_  
Named Beneficiary: \_\_\_\_\_  
Value to Your Estate: \_\_\_\_\_

**Client Name:**

**15. Other Major Assets Excluding Real Estate** (e.g. Automobiles, Recreational Vehicles, Boats)

Asset: \_\_\_\_\_ Value: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_

Asset: \_\_\_\_\_ Value: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_

Asset: \_\_\_\_\_ Value: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_

**16. Any Items of Property Requiring Appraisals?**

**17. Approximate Value of Household Goods and Furniture**

**18. Real Estate and Leasehold Interests**

Location: \_\_\_\_\_ Value: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_

Location: \_\_\_\_\_ Value: \_\_\_\_\_  
In Whose Name(s): \_\_\_\_\_

**19. Locations of Important Personal Papers and Computer Login Credentials**

**20. Are You an Executor or Beneficiary under Another Person's Estate or Trust?**

**21. Have You Set Up a Trust to Benefit Another Person?**

**22. Other Matters not Covered**

**Part IV. Liabilities**

**23. Mortgages, Debts and Other Exposure to Liability** *(incl. guarantees, cosigning, line of credit)*

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

**24. Other Matters Not Covered**