

Wills Information Form

NOTE:
Where additional space is required,
reference a numbered additional sheet.

FOR LAW FIRM USE:
File No.: _____
Record No.: _____

Date: _____

Part I. Testator's Personal and Family Information

Client 1	Client 2
1. Full Name (mention "also known as" names)	
2. Address	
3. Contact Information	
Home: _____ Work: _____ Cell: _____ Email: _____	Home: _____ Work: _____ Cell: _____ Email: _____
4. Date and Place of Birth	
5. Citizenship	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____
6. Marital Status	
<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 _____	<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

7. Date and Place of Marriage		
8. Previous Marital History <i>(provide copy of Final Decree)</i>		
9. Domestic Contracts <i>(include particulars and status of Separation Agreement, etc.; provide copy)</i>		
10. Existing Wills and Powers of Attorney <i>(specify solicitor who acted)</i>		
		<input type="checkbox"/> 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

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13. Other Dependents

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14. Promises you have made regarding your Estate

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15. Other Beneficiaries to be named *(excluding dependents)*

Name & Relationship	Date of Birth, if a minor	Address

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

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Part II. Financial Matters

Client 1	Client 2
17. Who Prepares Taxes? <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
18. Investment Advisor(s) and/or Financial Planner <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
19. Home Insurance <i>(include name and contact info for broker and/or company)</i>	
	<input type="checkbox"/> Same
20. Occupation, Employer and Annual Income	
21. Ownership Interest in a Business <i>(provide details)</i>	
	<input type="checkbox"/> Same
22. Previous Lawyers <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
23. Safety Deposit Box or Lock Box <i>(include location and box number)</i>	
	<input type="checkbox"/> Same

Part III. Assets

Client 1	Client 2
24. Bank Accounts	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>Bank Name & Address: _____</p> <p>Account No.: _____ Average Balance: _____</p> <p>Accountholder Name(s): _____</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
25. RRSP's, RRIF's, Pensions and Annuities	
<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>	<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>
<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>	<p>Company Name: _____</p> <p>Contract Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Value to Your Estate: _____</p>

26. 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: _____

27. 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: _____

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

28. 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): _____

29. Any Items of Property Requiring Appraisals?

30. Approximate Value of Household Goods and Furniture

31. Real Estate and Leasehold Interests

Location: _____ Value: _____

In Whose Name(s): _____

Location: _____ Value: _____

In Whose Name(s): _____

32. Locations of Important Personal Papers and Computer Login Credentials

Same

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

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

35. Other Matters not Covered

Part IV. Liabilities

36. 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):

37. Other Matters Not Covered

Part V. Will Instructions

Client 1	Client 2
38. Executors and Trustees, including alternate choice(s) <i>(include address, if not resident of Canada)</i>	
	<input type="checkbox"/> Same
39. Attorneys for Continuing Power of Attorney for Property, including alternate choice(s)	
<p>If more than one concurrently, are they to act:</p> <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)	<p style="text-align: center;"><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)
40. Attorneys for Power of Attorney for Personal Care, including alternate choice(s)	
<p>If more than one concurrently, are they to act:</p> <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)	<p style="text-align: center;"><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)
41. Are executors to have broad powers <i>(regarding retention, sale and investment of assets)</i>	
42. Specific Gifts <i>(Household Goods, Personal Effects, Jewellery, Automobiles, etc.)</i>	
<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____ <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____ <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<p style="text-align: center;"><input type="checkbox"/> Same</p> <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____ <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____ <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____

43. Disposition of Residence and/or Cottage	
	<input type="checkbox"/> Same
44. Cash Legacies (including charitable)	
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Same <input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____
<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____	<input type="checkbox"/> Conditional on spouse having predeceased Amount: _____ Beneficiary: _____
45. Disposition of Residue (Per Stirpes, Per Capita, etc.)	
	<input type="checkbox"/> Same
46. Create Trusts for Beneficiaries?	
47. Guardian for Children	
Additional provisions, if any, re expenses, education, retaining house, etc.:	

48. Name and Address of Family Physician	
	<input type="checkbox"/> Same
49. Funeral, Burial and Other Special Instructions:	
	<input type="checkbox"/> Same
50. Other Special Powers or Clauses:	
	<input type="checkbox"/> Same

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

Print Client #1 Name: _____	Print Client #2 Name: _____
Signature Client #1: _____	Signature Client #2: _____