**Will and Power of Attorney Questionnaire**

This Questionnaire is not intended to be a will. It will be used only to gather information needed for estate planning, drafting of Wills and preparation of your Powers of Attorney.

A lawyer’s obligation in the preparation of a Will or a Power of Attorney is:

1. To satisfy himself/herself that you have the “capacity” to make a Will or Power of Attorneys;
2. To draw your attention to the matters which you ought to consider when you decide what to put into you Will or Power of Attorneys;
3. To take your instructions;
4. To advise you of any legal provisions which will affect the documents; and
5. To draft the documents in accordance with your instructions, subject only to the applicable laws.

This questionnaire is designed to assist us with each of those obligations by collecting information about you, your assets and liabilities, your obligations to family members and other people, and your wishes with respect to the administration of your affairs and the distribution of your estate.

The information which you provide in this questionnaire is strictly confidential, and may only be released to you, to your executor when your estate is being administered, or to a person who acts as your attorney pursuant to a Power of Attorney which you have given.

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| --- | --- |
| **This Questionnaire was completed on:** |  |
|  | **(date)** |

**PERSONAL INFORMATION**

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| --- | --- | --- | --- |
| **Your full legal name (middle name(s) included):** | |  | |
| **Pronouns:** |  | | |
| **Address:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Date of Birth:** |  | **Place of Birth:** |  |
| **Occupation:** |  | **Citizenship:** |  |
| **Is your present residence your permanent home? If not, please provide details of your permanent home:** | | |  |
| **Do you pay income tax in a province, state, or country outside of Ontario?** | | |  |

You may have obligations arising out of either a current or a former marriage or common law relationship, which need to be dealt with when your Will and Powers of Attorney are drafted.

**CURRENT MARITAL INFORMATION**

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| --- | --- |
| **Your marital status:**  **Please confirm all that apply: never married; married; living common law; separated; divorced; widow/widower.** |  |
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| **Date of current marriage or beginning of cohabitation:** |  |
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| **Full name of your current spouse or the person with whom you live common law, and their date of birth:** |  |
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| **Do you have either a cohabitation agreement or a marriage contract? Please provide a copy:** |  |
|  |  |
| **In what province, state or country did you make your home when you were married:** |  |
|  |  |
| **Where were you married?** |  |
|  |  |
| **If you are not married at this time, are you planning a marriage?** |  |

**INFORMATION CONCERNING A PREVIOUS MARRIAGE**

**OR COMMON LAW RELATIONSHIP**

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| --- | --- |
| **Date of previous marriage or start of common law relationship:** |  |
|  |  |
| **Full name of your former spouse or the person with whom you lived common law:** |  |
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| **Was there either a cohabitation agreement or a marriage contract (please provide a copy of it):** |  |
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| **In what province, state or country did you make your home when you were married:** |  |
|  |  |
| **Where were you married:** |  |
|  |  |
| **Do you have a separation agreement or a court order dissolving that marriage (please provide a copy of it)** |  |
|  |  |
| **Date of your divorce or separation:** |  |
|  |  |
| **Date and place of the previous marriage:** |  |

**INFORMATION CONCERNING OTHER WILLS AND**

**POWERS OF ATTORNEY**

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| **Have you ever made a Will (please provide a copy):** |  |
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| **After making your previous Will did you…**  **Get engaged to marry; get married; live common law; separate; divorce; become a widow/widower:** |  |
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| **Have you ever made a Power of Attorney (Please provide a copy):** |  |
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| **Have you been named as the executor or alternate executor of someone else’s Will:** |  |
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| **Are you presently receiving benefits from an estate or trust fund:** |  |

**INFORMATION ABOUT YOUR CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, address & Birthdate of each child (also indicate the name by which this child is usually known)** | **This child was born of your marriage to or cohabitation with** | **Does this child depend on you financially** | **Do you intend to provide for this child in your Will** |
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**INFORMATION ABOUT OTHER PEOPLE FOR WHOM YOU WISH TO INCLUDE PROVISIONS IN YOUR WILL**

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| **Name & address of each person**  **(also indicate the name by which this person is usually known)** | **Relationship or connection to this person** | **Does he or she depend on you financially** |
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**INFORMATION ABOUT CHARITABLE INSTITUTIONS**

**AND OTHER ORGANIZATIONS FOR WHICH YOU**

**WISH TO INCLUDE PROVISIONS IN YOUR WILL**

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| **Name and address of each organization** | |
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| 1. |  |
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| 2. |  |
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| **What are your instructions for these organizations?** | |
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**EXECUTOR or EXECUTRIX**

Your executor is responsible for your funeral arrangements, and for administering your estate. The executor’s duties will include collecting all of the assets belonging to your estate, paying your debts, filing tax returns for the estate and distributing the estate to your heirs. You may name two or more persons to be joint executors. However, unless you have a complex estate it is **usually (but not always)** preferable to name a single executor.You should also name an alternate executor who will perform those duties is the person named as your first choice cannot be your executor. An executor does not have to live near you, but it is easier to administer an estate when the executor **does not** live far away. An executor who does not live within the British Commonwealth will normally have to post a bond equal to double the value of the estate.

If a trust fund will be created by your Will you must name a trustee. The trustee may be the same person as you executor, or the trustee may be some other person.

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| **Name of Executor or Executrix** | **Address of Executor or Executrix** |
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| **Name of Alternate Executor or Executrix** | **Address of Alternate Executor or Executrix** |
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**Do you wish your executor/executrix to be your trustee (Yes or No)**

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| --- | --- |
| **Name of Trustee**  **(if your Trustee is not your Executor)** | **Address of Trustee** |
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| **Name of Alternate Trustee** | **Address of Alternate Trustee** |
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**REAL ESTATE IN WHICH YOU HAVE AN INTEREST**

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| **Address of the Property** | **Title is Held in the Name(s) of** |
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**CASH, SAVINGS PLANS AND PENSION PLANS**

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| **Name and address of savings institution or pension plan** | **Account Number** | **Bank account, savings plan or pension** |
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| **Name and address of savings institution or pension plan** | **Account Number** | **Bank account, savings plan or pension** |
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**SECURITIES**

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| **Securities** | **Stored At** |
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**CARS, BOATS, COLLECTIONS AND SPECIAL ITEMS**

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| **Item** | **Stored At** |
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**BUSINESS INTERESTS**

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| **Name and Address of Business** | **Type of Business** | **Your Interest in It** |
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**LIFE INSURANCE, ACCOUNTANT & SAFETY DEPOSIT BOX**

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| **Insurance Company** | | **Policy Number** | **Amount** |
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| **Insurance Agent’s Name and Address** |  | | |
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| **Insurance Company** | | **Policy Number** | **Amount** |
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| **Insurance Agent’s Name and Address** |  | | |
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| **Name and Address of your Accountant** |  | | |
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| **Safety Deposit Box Location & Number** |  | | |
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**DEBTS**

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| **Type of Debt** | **Owed To (Name and Address)** | | | **Amount** |
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**SPECIFIC GIFTS**

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| **Item or amount** | **To be given to** | **If the gift cannot be given to that person or to that organization, then distribute it:** | |
| **With the residue of my estate** | **To these people or organizations** |
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You should specify what is to happen to the part of your estate which has not been specifically given to someone (“the residue”). A person or organization named to receive a specific gift may also share in the residue of your estate. If the people or organization to whom you would like to leave the residue were described earlier in this questionnaire you may refer to them in general terms (i.e., “my husband”, “my children”, etc.). You may indicate the share they are to receive as “all”, “equally”, “21%”, and so on.

**I WISH TO DIVIDE THE RESIDUE OF MY ESTATE AMONG THE FOLLOWING PEOPLE OR ORGANIZATIONS**

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| --- | --- |
| **Name of person or Organization** | **Share** |
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Some of the persons or organizations named to receive the residue of your estate may die or cease to exist before becoming entitled to it. You should specify who will receive the residue if that happens. Common provisions include dividing the share of the heir who died among the surviving heirs, or among the children of the heir who died.

**ALTERNATE DISPOSITION OF THE RESIDUE OF MY ESTATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The share designated for** | **Should be given to my:** | | | | |
|  | | | | |
| **Children** | **Grand Children** | **Parents** | **Brothers & Sisters** | **Other** |
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A will may be used to establish a trust fund. This is often done to ensure proper management of assets which are left to children; trusts can also be established for other purposes. **If you do not create a trust fund** gifts which are given to children will be administered by a public official until the children reach the age of majority. You may give the trustee authority to use some or all the assets in the trust fund to benefit the child.

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| **Include a trust provision for the** | |  | | |
| **following heir or group of heirs** | |  | | |
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| **Pay out the trust when the** | |  | | |
| **following condition is satisfied** | |  | | |
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| **The trustee may use the following parts of the trust fund for the beneficiary** | | **If a beneficiary of the trust fund dies before he or she is entitled to receive the trust funds, those funds should be distributed** | | |
|  | |  | | |
|  | |  | | |
| **Assets of the trust fund** | **Income earned by the trust** | **Assets of the trust fund** | **Income earned by the trust** | **Assets of the trust fund** |
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|  | |  | | |
| **Include a trust provision for the** | |  | | |
| **following heir or group of heirs** | |  | | |
|  | |  | | |
|  | |  | | |
| **Pay out the trust when the** | |  | | |
| **following condition is satisfied** | |  | | |
|  | |  | | |
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| **The trustee may use the following parts of the trust fund for the beneficiary** | | **If a beneficiary of the trust fund dies before he or she is entitled to receive the trust funds, those funds should be distributed** | | |
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| **Assets of the trust fund** | **Income earned by the trust** | **To his or her children** | **To other trust beneficiaries** | **With the residue of my estate** |
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You may designate a Guardian for your children. The designation is not binding, and a court may appoint someone else to be the Guardian of your children. However, the designation in your Will would be influential if a court is asked to appoint someone as the Guardian.

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| **Name and Address of Guardian** |  |
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**FUNERAL AND BURIAL INSTRUCTIONS, FINAL MESSAGE**

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**POWER OF ATTORNEY FOR PROPERTY**

An “attorney” is an agent; a “Power of Attorney” is a document which defines the authority given to the agent. A **Continuing Power of Attorney for Property** enables someone else to manage your real estate and personal property when you are ill, away on a trip, or you cannot manage your affairs yourself for any other reason. You may revoke a **Continuing Power of Attorney for Property** which you have previously given, and it is automatically revoked when you die.

You must decide how much authority to give to your agent, when that authority may be used, and whether there are any restrictions or conditions applicable to it. A **Continuing Power of Attorney for Property** may authorize you agent to do:

1. A single act, once;
2. A series of acts for a specific period of time, or under specific circumstances;
3. Any act which you would have been entitled to, subject only to limits established by law.

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| **Name and address of your attorney:** | |  |
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| **Name and address of your alternate attorney:** | |  |
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| **List any conditions, restrictions, limits and purposes of the Power of Attorney:** | | |
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**POWER OF ATTORNEY FOR PERSONAL CARE**

A **Power of Attorney for Personal Care** enables someone else to make health care decisions for you when you are unable to make those decisions yourself. The power is automatically revoked when you die.

You must decide how much authority to give to your agent, when that authority may be used, and whether there are any restrictions or conditions applicable to it. A Power of Attorney **may** authorize your agent to:

1. Decide whether you should receive specific medical treatment;
2. Determine where you should be treated, and by who;
3. Decide to terminate medical treatment; and
4. Make any other health care decision which you might make yourself.

A **Power of Attorney for Personal Care** may be subject to conditions, restrictions and limits which you impose, or it may be given for a specific purpose. A person who is competent to give a **Power of Attorney for Personal Care** may also revoke one which he or she previously gave:

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| **Name and address of your attorney:** | |  |
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| **Name and address of your alternate attorney:** | |  |
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| **List any conditions, restrictions, limits and purposes of the Power of Attorney:** | | |
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