



Wills Information Form

NOTE:

Please complete to the best of your ability.
 Where additional space is required, reference a
 numbered additional sheet.

FOR LAW FIRM USE:

File No.: _____
 Record No.: _____

Date: _____

Part I. Testators Personal and Family Information

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



<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Common-Law	<input type="checkbox"/> Separated	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
<input type="checkbox"/> Will being made in contemplation of marriage to _____ on _____			

Client 1	Client 2	
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>		
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

Client 1	Client 2
----------	----------

13. Other Dependents

14. Promises You Have Made Regarding Your Estate

15. Other Beneficiaries to be Named (excluding dependants)

Name & Relationship	Date of Birth, if a minor	Address



16. Special Concerns (<i>spendthrifts, family tensions, etc.</i>)	
17. Name and Address of Family Physician	
	<input type="checkbox"/> Same

Part II. Financial Matters

Client 1	Client 2
18. Who Prepares Taxes? (<i>include name and contact info</i>)	
	<input type="checkbox"/> Same
19. Investment Advisor(s) and/or Financial Planner (<i>include name and contact info</i>)	
	<input type="checkbox"/> Same
20. Home Insurance (<i>include name and contact info for broker and/or company</i>)	
	<input type="checkbox"/> Same
21. Occupation, Employer and Annual Income	



22. Ownership Interest in a Business <i>(provide details)</i>	
	<input type="checkbox"/> Same
23. Previous Lawyers <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
24. Safety Deposit Box or Lock Box <i>(include location and box number)</i>	
	<input type="checkbox"/> Same



Part III. Assets

Client 1	Client 2
25. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. RRSP's, RRIF's, Pensions and Annuities	
Company Name: _____	Company Name: _____
Contract Number: _____	Contract Number: _____
Type of Plan: _____	Type of Plan: _____
Named Beneficiary: _____	Named Beneficiary: _____
Value to Your Estate: _____	Value to Your Estate: _____
Company Name: _____	Company Name: _____
Contract Number: _____	Contract Number: _____
Type of Plan: _____	Type of Plan: _____
Named Beneficiary: _____	Named Beneficiary: _____
Value to Your Estate: _____	Value to Your Estate: _____



Client 1	Client 2
27. Non-Registered Investments (GIC's, Bonds, Shares & Other Investments)	
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
28. Life Insurance, Disability, Critical Illness, etc.	
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: _____



Client 1	Client 2
29. 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): _____	
30. Any Items of Property Requiring Appraisals?	
31. Approximate Value of Household Goods and Furniture	
32. Real Estate and Leasehold Interests	
Location: _____	Value: _____
In Whose Name(s): _____	
Location: _____	Value: _____
In Whose Name(s): _____	
33. Locations of Important Personal Papers and Computer Login Credentials	
	<input type="checkbox"/> Same
34. Are You an Executor or Beneficiary under Another Person's Estate or Trust?	
35. Have You Set Up a Trust to Benefit Another Person?	



36. Other Matters not Covered

Part IV. Liabilities

37. 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): _____

38. Other Matters Not Covered



Part V. Will Instructions

Client 1	Client 2
39. Executors and Trustees, including Alternate Choice(s) <i>(include address, if not resident of Canada)</i>	
	<input type="checkbox"/> Same
40. Are Executors to Have Broad Powers <i>(regarding retention, sale and investment of assets)</i>	
41. Specific Gifts <i>(Household Goods, Personal Effects, Jewellery, Automobiles, etc.)</i>	
<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<input type="checkbox"/> Same
<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: _____	<input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____



42. 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: _____

Client 1	Client 2
-----------------	-----------------

43. Disposition of Residence and/or Cottage

	<input type="checkbox"/> Same
--	-------------------------------

44. Create Trusts for Beneficiaries?

--

45. Disposition of Residue

If you are leaving the residue to your children, specify whether it should be divided equally among your surviving children (<i>per capita</i>) or whether the share of a predeceased child should be divided among his or her children (<i>per stirpes</i>).	<input type="checkbox"/> Same
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------



46. Guardian for Children	
Additional provisions, if any, re expenses, education, retaining house, etc.:	
47. Funeral, Burial and Other Special Instructions	
	<input type="checkbox"/> Same
48. Other Special Powers or Clauses	
	<input type="checkbox"/> Same

Part VI. Power of Attorney Instructions

Client 1	Client 2
49. Attorneys for Continuing Power of Attorney for Property, including Alternate choice(s)	
<p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>	<p><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>



50. Attorneys for Power of Attorney for Personal Care, including Alternate Choice(s)	
<p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>	<p><input type="checkbox"/> Same</p> <p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent)</p>
51. Special Powers, Restrictions or Clauses	
	<p><input type="checkbox"/> Same</p>

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