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# CHECKLIST FOR WILLS AND POWERS OF ATTORNEY

**This checklist cannot replace a full interview with the lawyer handling your file and is to be completed after reviewing the client advisories on estate planning which are attached hereto. Please use the back or last page of this questionnaire if further space is required for any question.**

## A PERSONAL INFORMATION

1. Your Full Legal Name:

________________________________________________________________________

2. Full Address: ____________________________________________________

________________________________________________________________________

3. **All** Phone Numbers:

Res.:______________________________ Bus.: ______________________________

Mobile: ____________________________ Fax: ______________________________

Email:

________________________________________________________________________

4. Your Occupation & Employer: ________________________________________

________________________________________________________________________

5. Date of Birth: _______________________ SIN: __________________________

6. Describe briefly your matrimonial situation: ______________________________
(eg.) <u>legally married, common law spouse, divorced, separated, etc</u>. If you are separated we must receive a copy of your separation agreement.)

7. Spouse's full name, occupation, all phone numbers and date of birth.

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8. Do you have an existing Will and/or Powers of Attorney? __________ If so, we would like to review them with you. Please provide us with copies.

9. Please list your children's full names and birthdates and indicate whether they are financially dependent on you and whether they have families.

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10. Please list any other people who are financially dependent on you.

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11. Are you or is any member of your family subject to any disability or is there any other situation or information that might require us to make special provisions in your Will? (Example – disability, terminal illness, divorce, separation agreement, insolvency, creditor proofing, tax problems, stepchildren, etc.)

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**B** **FINANCIAL INFORMATION**

1. **REAL PROPERTY ASSETS**:

| Property | Approx. Value | Mortgage | Approx. Equity | How is Title Held |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. List all bank accounts, RRSP'S, Stock Portfolios, Insurance policies and other financial assets and advise who owns each asset and who is the beneficiary and approximate amount of each asset.

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3. Briefly describe your other main assets and liabilities with rough estimate of value and advise who the registered owner of each major asset is. Also please indicate whether you own any out of province assets.

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## C **WILL INSTRUCTIONS**

1. Who do you want to be your executor or trustee (usually spouse) and who will be your alternate. (often adult children or other family member) (***Please give full name and address unless shown above***)

2. Do you need to appoint a guardian for minor children in the event of a joint accident? (***Please give full name and address and relationship to you***)

3. Are any specific assets to be left to specified people? (examples: cottage, family heirloom, etc.)

4. Do you wish to make any specific cash bequests?………. Any charitable bequests?

______________________________________________________________________________

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5. Who will get the balance of your estate and who are your alternate beneficiaries in the event of a joint accident, etc.?

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## D POWERS OF ATTORNEY INSTRUCTIONS

1. Who will be your Attorney (usually spouse) and who is the alternate for your Powers of Attorney? (***Please give relationship, full name and address unless shown above***)

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2. Will you appoint the same Attorney for both Personal Care and Property Powers of Attorney? If no, please advise.

______________________________________________________________________________

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3. Your Personal Care Power of Attorney will include a “Health Directive” (death with dignity) clause unless you instruct us otherwise:

**<u>Further information:</u>**