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WILLS AND ESTATE PLANNING INFORMATION FORM

PERSONAL INFORMATION

Full Name:						Today's Date:	//
	Last		First				dd/mm/yyyy
Address:							
	No.	Street					Unit/Suite
					_ Marital Status	:	
	Province		Postal Co	ode			
Contact No	os:		/			_/	
		home		work		cel	I
Name of cu	urrent spo	use:			···············		
			Last			First	
Your date o	of birth:	//			Spouse's date o	f birth://	
		dd/mm/y	ууу			d	d/mm/yyyy
Name of ex	x-spouse ((if applicabl	e):				
(Please prov Certificate)			,	Last		First	
Date of ma	rriage:			Place of m	narriage:		
Date of ma (Current)		dd/mm/y	ууу				
Occupatior	ו:			Employer:			
Emplover's	Address:						
		No.	Street				
Unit/Suite		Province		Postal Coo	de		
CHILDREN	N'S INFOF	RMATION					
1						Date of Birth:	
Full Lega						Living With:	
2						Date of Birth:	
Full Lega	al Name					Living With:	
3						Date of Birth:	
Full Lega	al Name					Living With:	
4.						Date of Birth [.]	
Full Lega							

EXECUTOR(S) OF ESTATE / ESTATE TRUSTEE(S) (person to carry out your wishes)

If more than one Executor/Trustee, are they to act (please circle): separately or together / separately and together

ALTERNATE EXECUTOR(S)/TRUSTEE(S) (in the event the Executor(s) chosen cannot act)

1.

Full Legal Name

Full Legal Name

2. _____ Full Legal Name

Full Legal Name

3. _

1.

3.

2. _____ Full Legal Name

Full Legal Name

If more than one Alternate Executor/Trustee, are they to act (please circle): separately or together / separately and together

SPECIFIC BEQUESTS (gifts to others from your estate e.g. art, jewellery etc. not money)

No.	Item	To Whom
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

LEGACIES (money from your estate to others)

Amount	To Whom

Wills Estate Planning Information Package 2

Relationship to you

If your entire family should predecease you, who does your estate go to?

No.	Name	Amount or %
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Do you have any Domestic Contracts? If yes, please give details:_____

Detals of	any Divorce	Decrees or Diss	solutic	ons:		
Residence	Residence for Income Tax Purposes:					
			No.	Street		
Unit/Suite		Province		Postal Code		
Financial	Advisor: _					
		Last		First		
Address:						
	No.	Street			Unit/Suite	
Province		Postal Code		Telephone:		
Province		Postal Code				
Family D	octor:					
		Last		First		
Address:						
	No.	Street			Unit/Suite	
				Telephone:	·····	
Province		Postal Code				
Specialis	ts:					
Name				Address		
Name				-		
				Address		

INCOME

	Category	Monthly
1	Pay, wages, salary, including overtime	
2	Bonuses, fees, commissions	
3	Social Assistance	
4	Employment Insurance	
5	Worker's compensation	
6	Pensions	
7	Dividends	
8	Interest	
9	Rent, board received	
10	Canada Child Tax Benefit	
11	Support payments actually received	
12	Income received by children	
13	GST refund	
14	Payments from trust funds	
15	Gifts received	
16	Other (specify):	

OTHER BENEFITS (non-cash benefits, for e.g. company car, club membership or benefits that are charged through or written off by your business)

Item	Details	Value

SAFETY DEPOSIT BOXES

Location	Box No.	Registered Name	Location of Key

LAND

Nature of Ownership& Location of Deed	Address of Property	Value

GENERAL HOUSEHOLD ITEMS AND VEHICLES

ltem	Description	Value
Household goods &		
furniture		
Cars, boats,		
recreation vehicles		
Jewellery, art,		
electronics, tools,		
sports & hobby,		
equipment		
Other special items		

BANK ACCOUNTS, SAVINGS, RRSPS, SECURITES AND PENSIONS

Type of Account/ No.	Institution (including address)	Approximate Balance
		-

LIFE & DISABILITY INSURANCE

Туре	Company (including address)	Policy No.	Beneficiary	Value

BUSINESS INTERESTS

Name of Firm or Company	Address	Interest	Value

MONEY OWED TO YOU

Details	Amount

DEBTS AND OTHER LIABILITIES

Category	Details	Amount

POWER OF ATTORNEY FOR THE MANAGEMENT OF PROPERTY

To Whom:			
	Last Name	First Name	Relationship to you
Alternate:	Last Name	First Name	Relationship to you
Alternate.	Last Name	First Name	Relationship to you
	Last Name	First Name	Relationship to you
	n one Attorney, are they to act (p or together / separately and toge		
Is this a Ge	eneral Power of Attorney?	□ Y □ N	
Restriction	s. If yes, please state:		
Attorney to	receive compensation?	□ Y □ N	

POWER OF ATTORNEY FOR PERSONAL CARE

To Whom:				
	Last Name	First Name	9	Relationship to you
	Last Name	First Name	;	Relationship to you
Alternate:				
	Last Name	First Name	;	Relationship to you
	Last Name	First Name	9	Relationship to you
	n one Attorney, are they to act (p or together / separately and toge):	
	ve special instructions with regard wishes? If yes, please state:	d to your me	dical care in the e	event you are unable to
Attorney to	preceive compensation?	LΥ	N	
		DETA		
		RETAI	NER	
I, preparatio	, n of Wills and Powers of Attorney		in	in relation to the
The cost o	f this Will is:			
The cost o	f the Power of Attorney for Prope	erty is:		
The cost of the Power of Attorney for Personal Care is:				
	,		Sub-Total	
			HST 13% Total	
Client Sigr	ature			Date