



**OB LAW CHAMBERS**  
Barristers & Solicitors  
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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

Province Postal Code Marital Status: \_\_\_\_\_

Contact Nos: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home work cell

Name of current spouse: \_\_\_\_\_  
Last First

Your date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

Name of ex-spouse (if applicable): \_\_\_\_\_  
(Please provide copy of Divorce Last First  
Certificate)

Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of marriage: \_\_\_\_\_  
(Current) dd/mm/yyyy

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
No. Street

Unit/Suite Province Postal Code

**CHILDREN'S INFORMATION**

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Legal Name Living With: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Legal Name Living With: \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Legal Name Living With: \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Legal Name Living With: \_\_\_\_\_

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

- 1. \_\_\_\_\_  
Full Legal Name Relationship to you \_\_\_\_\_
- 2. \_\_\_\_\_  
Full Legal Name Relationship to you \_\_\_\_\_
- 3. \_\_\_\_\_  
Full Legal Name Relationship to you \_\_\_\_\_

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 Relationship to you \_\_\_\_\_
- 2. \_\_\_\_\_  
Full Legal Name Relationship to you \_\_\_\_\_
- 3. \_\_\_\_\_  
Full Legal Name Relationship to you \_\_\_\_\_

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

**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: \_\_\_\_\_

Details of any Divorce Decrees or Dissolutions: \_\_\_\_\_

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: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_  
 Last First

Address: \_\_\_\_\_  
 No. Street Unit/Suite

Province Postal Code Telephone: \_\_\_\_\_

**Specialists:**

\_\_\_\_\_  
 Name Address

\_\_\_\_\_  
 Name Address

**INCOME**

	<b>Category</b>	<b>Monthly</b>
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)**

<b>Item</b>	<b>Details</b>	<b>Value</b>

**SAFETY DEPOSIT BOXES**

<b>Location</b>	<b>Box No.</b>	<b>Registered Name</b>	<b>Location of Key</b>

**LAND**

<b>Nature of Ownership &amp; Location of Deed</b>	<b>Address of Property</b>	<b>Value</b>

**GENERAL HOUSEHOLD ITEMS AND VEHICLES**

<b>Item</b>	<b>Description</b>	<b>Value</b>
Household goods & furniture		
Cars, boats, recreation vehicles		
Jewellery, art, electronics, tools, sports & hobby, equipment		
Other special items		

**BANK ACCOUNTS, SAVINGS, RRSPS, SECURITIES AND PENSIONS**

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

**LIFE & DISABILITY INSURANCE**

Type	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

\_\_\_\_\_ Relationship to you  
Last Name First Name

Alternate: \_\_\_\_\_ Relationship to you  
Last Name First Name

\_\_\_\_\_ Relationship to you  
Last Name First Name

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

Is this a General Power of Attorney?  Y  N

Restrictions. If yes, please state: \_\_\_\_\_

Attorney to receive compensation?  Y  N

**POWER OF ATTORNEY FOR PERSONAL CARE**

To Whom:

_____	_____	_____
Last Name	First Name	Relationship to you
_____	_____	_____
Last Name	First Name	Relationship to you

Alternate:

_____	_____	_____
Last Name	First Name	Relationship to you
_____	_____	_____
Last Name	First Name	Relationship to you

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

Do you have special instructions with regard to your medical care in the event you are unable to state your wishes? If yes, please state:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney to receive compensation?  Y  N

**RETAINER**

I, \_\_\_\_\_, hereby retain \_\_\_\_\_ in relation to the preparation of Wills and Powers of Attorney.

The cost of this Will is: \_\_\_\_\_

The cost of the Power of Attorney for Property is: \_\_\_\_\_

The cost of the Power of Attorney for Personal Care is: \_\_\_\_\_

Sub-Total	_____
HST 13%	_____
<b>Total</b>	_____

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date