

SST LAW FIRM - Will and Power of Attorney Planning Document

Date _____

1. PERSONAL INFORMATION AND FAMILY PARTICULARS

a) Full Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: Home: _____ Office: _____
Cell: _____ E-Mail: _____
Date of Birth: _____ Place of Birth: _____
S.I.N.: _____ Citizenship (for tax reasons): Canadian U.S.A.

MARITAL STATUS:

Single (never married) Separated Divorced Married - Date of Marriage: _____
 Widowed Common Law/Partner (since _____) Place of Marriage: _____
Spouse/Partner's Name: _____
I have been married before: Yes No I have separation agreement: Yes No
I have a marriage contract: Yes No I support someone other than my spouse or child: Yes No
Occupation: _____ Employer: _____

b) If you have a spouse/partner, and he or she will also be making a new Will, then please ask him the following:

Full Name: _____
Address: same as above
or: _____
E-mail address: _____ Cell: _____
Date of Birth: _____ Place of Birth: _____
S.I.N. _____ Citizenship (for tax reasons): Canadian U.S.A.
I have been married before: Yes No I have a separation agreement: Yes No
I have a marriage contract: Yes No I support someone other than my spouse or child: Yes No
Occupation: _____ Employer: _____

2. YOUR CHILDREN: (Include only biological or adopted children) None, or as Follows

<i>Full Names</i>	<i>Address</i>	<i>Date of Birth</i>

Do you have stepchildren? Me: Yes No Spouse/Partner: Yes No
If yes, please provide names: _____
Do any of your children have a disability? Yes No If yes, please provide details:

(Note For B.C. Residents Only: If you have no spouse and no children, please provide names of your next-of-kin, ie., mother, father, brother, sister, children of any deceased brother or sister.)

3. BENEFICIARIES YOU HAVE NAMED, OR YOU ARE ABOUT TO NAME IN YOUR WILL
(outside of your children named above – attach a separate list if necessary)

<i>Full Names</i>	<i>Address</i>	<i>Relationship To You</i>	<i>Date of Birth</i>

4. *EXECUTOR(S) TO BE NAMED IN YOUR WILL: (attach a separate list if necessary)

<i>Full Names</i>	<i>Address</i>	<i>Relationship To You</i>

Substitute: _____
Alternate: _____

5. LEGAL GUARDIAN(S) OF CHILDREN (if applicable)

<i>Full Names</i>	<i>Address</i>	<i>Relationship To You</i>

Substitute: _____
Alternate: _____

Additional provisions , if any, re: expenses, education, retaining house etc.:

* “estate trustee(s)” in Ontario

6. FINANCIAL INFORMATION

Type of Asset & Name of Institution Where The Asset is Held	<u>Ownership</u>		
	Owned Solely By Me (\$)	Owned Jointly (\$)	Owned Solely By Spouse/Partner (\$)

i) Bank Accounts, Cash, Term Deposits, GICs, Canada Savings Bonds, Other Bonds

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ii) Mutual Funds

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

iii) Stocks / Investment Account

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

iv) Life Insurance / Policy Number	Beneficiary
_____	_____
_____	_____
_____	_____

v) 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: _____

Type of Asset & Name of Institution Where The Asset is Held (continued)	<u>Ownership</u>		
	Owned Solely By Me (\$)	Owned Jointly (\$)	Owned Solely By Spouse/Partner (\$)

vi) Real Estate I do not own any real estate. **OR**

- Principal Residence** (location)

If there is a mortgage on the property, how much is owing? _____

- Vacation Property** (location)

If there is a mortgage on the property, how much is owing? _____

- Other Property** (location)
(attach a separate page if necessary) _____

If there is a mortgage on the property, how much is owing? _____

vii) Business Interest I do not have an interest in a business, **OR**

I have an interest in my own private:
 Corporation (Business Corporation No: _____) Partnership Sole Proprietorship

If a corporation, is it:
 an investment holding company? an operating company?

I own 100% of the shares
(if not, explain ownership on a separate page)

Name of Business _____

Nature of Business _____

Value of your interest (or your spouse/partner's) interest in the business:

viii) Automobiles, Boats or Other Significant Household Goods or Personal Effects

ix) Other Assets (Please Specify)

SUB-TOTAL _____

Loan Guarantees
 (i.e.), Have you guaranteed another person's loan/debt?)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Debts

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. OTHER INFORMATION

i) **Lawyer/Notary** (If applicable, name of previous lawyer)

My lawyer/notary is: _____
 Previous Lawyer: _____

ii) **Advisor**

My accountant, financial advisor, broker, or other advisor is: _____
 Location: _____

Funeral / Burial Arrangements

I have made prepaid funeral arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Partner
I have pre-arranged funeral arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to either of the above, with whom have you made the arrangements?		

If you have a cemetery plot, please provide the location:

iii) **Power of Attorney Instructions**

a) **Enduring or Continuing Power of Attorney for Property**

I currently have, or I am about to make, a power of attorney for property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Partner
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes", who are the attorneys and what is their relationship to you?

Substitute: _____

Alternate: _____

b) Health Care Directive / Power of Attorney For Personal Care / Representation Agreement

Spouse/Partner

I currently have, or I am about to make, a document that appoints someone to make medical and/or personal care decisions for me

Yes No

Yes No

If you answered "Yes", who are the attorneys and what is their relationship to you?

same person/people as named in (a) above, or as follows:

Substitute: _____

Alternate: _____

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

iv) Personal Papers

Location of Personal Papers:

Safety Deposit Box (include name and box number)

Other (describe)

Spouse/Partner

I own a Safety Deposit Box. (if "Yes", please complete one of the following:)

Yes No

Yes No

i) I own the safety deposit box alone.

Yes No

Yes No

ii) The safety deposit box is owned jointly with my spouse/partner.

Yes No

Yes No

iii) The safety deposit box is owned jointly with another person. (if "Yes", who is the other joint owner?)

Yes No

Yes No

Location: _____

Safety Deposit Box Number (if known): _____

v) **Trusts**

I am the beneficiary of a trust: _____

Yes No

Spouse/Partner

Yes No

I am the Trustee of a trust: _____

Yes No

Yes No

(If you answer "Yes" to either of the above, please explain on a separate page.)

vi) **Any Items of Property Requiring Appraisals?**

8. ENVIRONMENTAL SCREENING (Tick all appropriate boxes.)

Note: For the following, "real estate" includes a house, condominium, cottage, farm and vacant land.

i) I/We do not own real estate.

ii) I/We own real estate. If so, please complete the following:

There are buried oil tanks on this property.

Yes No

I/We own vacant land.

Yes No

I/We own real estate that is not purely residential.

Yes No

I/We own residential real estate but there are non-residential activities occurring on this property (eg. hobby farming, cottage industry)

Yes No

iii) I/We own, control or participate in the management of an operating company, real estate holding company, partnership or proprietorship.

(your signature)

(spouse/partner signature)

(date)

(date)