

**Please be sure to use full legal names (as shown on birth/marriage certificate)**  
**If you are unsure of an answer or question please insert words: NEEDS DISCUSSION**

**YOUR LAST WILL AND TESTAMENT**

**YOU AND YOUR SPOUSE's INFO**

**YOU**

**SPOUSE**

<b>Full Legal Name:</b>		
<b>What name are you commonly known as? (Nickname):</b>		
<b>Address &amp; Postal Code:</b>		
<b>Marital Status:</b>		
Married? If yes, what is the date of marriage?		
Common-law? If yes, when did you begin residing together or register your relationship?		
Widow(er)? If yes, what was name of prior spouse and date of decease?		
Separated? If yes, what was the date of separation?		
Divorced? If yes, what was date of Divorce finalization?		
Terminated Common-law Relation? If yes, what date did cohabitation cease?		
<b>Email:</b>		
<b>Home/Cell Phone:</b>		
<b>Work Phone:</b>		
<b>Occupation</b> (if retired, please put retired and list previous occupation):		
<b>Employer:</b>		
<b>Date of Birth:</b>		
<b>Place of Birth:</b>		
<b>Citizenship:</b>		
<b>Do you have a prior Will? YES OR NO</b>	YES or NO	YES or NO
<b>Is there any contract in place that would prevent you from distributing your property as you'd like? YES OR NO</b>	YES or NO	YES or NO
<b>If YES to the above question, please provide details:</b>		

**YOUR CHILDREN's INFO (if more than 4 children please use another page)**

**Child 1**

**Child 2**

<b>Full Legal Name:</b>		
<b>What is your child commonly known as (Nickname?):</b>		
<b>Address &amp; Postal Code:</b>		
<b>Marital Status:</b>		
<b>Email:</b>		
<b>Home/Cell Phone:</b>		
<b>Work Phone:</b>		

<b>Date of Birth:</b>		
<b>Citizenship:</b>		
<b>Is this child a...</b>		
Joint child of your current relationship?		
Non-joint child of a prior relationship?		
Adopted?		
Foster-child?		
Other?		
<b>Name &amp; Ages of their children (your grandchildren)</b>		
	<b>Child 3</b>	<b>Child 4</b>
<b>Full Legal Name:</b>		
<b>What is your child commonly known as (Nickname?):</b>		
<b>Address &amp; Postal Code:</b>		
<b>Marital Status:</b>		
<b>Email:</b>		
<b>Home/Cell Phone:</b>		
<b>Work Phone:</b>		
<b>Date of Birth:</b>		
<b>Citizenship:</b>		
<b>Is this child a...</b>		
Joint child of your current relationship?		
Non-joint child of a prior relationship?		
Adopted?		
Foster-child?		
Other?		
<b>Name &amp; Ages of their children (your grandchildren)</b>		
<b>Are any of these children or their children mentally or physically incapacitated? (Details)</b>		
<b>Have any children or grandchildren predeceased you? (Details)</b>		
<b>EXECUTORS</b>	<b>YOU</b>	<b>SPOUSE (IF DIFFERENT FROM YOURS)</b>
Who will be your <b>FIRST NAMED</b> executor(s)? (generally your spouse is the first choice)		
Name		
Address		
Phone Number		
Relationship		

Who will be your alternate executor(s) in case your first is unable to act?		
<b>Alternate #1</b>	Name	
	Address	
	Phone Number	
	Relationship	
<b>Alternate #2</b>	Name	
	Address	
	Phone Number	
	Relationship	
<b>Alternate #3</b>	Name	
	Address	
	Phone Number	
	Relationship	

Do you want any of the executors listed above to act together at the same time (as a team)?  
If so, please specify whom?

Would your executor be compensated for their work? If so, how much per year minimum?  
This is especially important if your executor will have to take time off work in order to manage your affairs,  
or if your affairs are complicated and you feel they should be paid for their time.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

PARENTAL GUARDIANS OF MINOR CHILDREN	GUARDIAN FOR YOUR KIDS	SPOUSE (IF DIFFERENT FROM YOURS)
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Do you have any minor children? (YES or NO)  
If so, who would be their guardian(s)?

<b>NAME of GUARDIAN 1</b>	Address		
	Phone Number		
	Relationship		
	<b>NAME of GUARDIAN 2</b>		
Address	Phone Number		
	Relationship		
	<b>NAME of GUARDIAN 3</b>		
Address	Phone Number		
	Relationship		

Do each of the above Guardians act in series, or jointly? Please provide details?

Do you want to provide financial support to the guardians of your children? Details:

ESTATE PLANNING INSTRUCTIONS: Please provide details for your Will		
Will all of your estate pass to your spouse?	YES or NO	YES or NO
IF NO, please provide details:		
Are you leaving specific gifts to people?	YES or NO	YES or NO
IF YES provide details		
If your spouse predeceases you, to whom do you want your estate to pass? See the options below, but there are MANY OTHERS that can be discussed		
<b>Option #1:</b> to all of my children (by blood and adoption) equally	YES or NO	YES or NO
<b>Option #2: these children are excluded:</b>		
EXCLUDED CHILD: Name and reason		
EXCLUDED CHILD: Name and reason		
EXCLUDED CHILD: Name and reason		
If any of your beneficiaries predecease you, do you want their share to pass to their children equally?	YES or NO	YES or NO
IF NO, please provide details:		
<b>Option #3: OTHER - give brief details</b>		
Do you want money passing to a young beneficiary to be distributed all at once at the age of 18? (large inheritances at a young age can be harmful) OR distributed to them in stages as follows:	<b>AGES</b>	<b>PERCENTAGE TO BE PAID</b>
PLEASE NOTE -- we can give your trustee authority to give them more, but these ages and stages are only there in case the child is not responsible in the opinion of the Trustee WE have inserted a common choice but feel free to modify.	18 21 23 25	10% 20% 20% 50%
If all of your immediate family (yourself, spouse and all descendants) predeceases you, who gets your estate?	<b>YOU</b>	<b>SPOUSE (IF DIFFERENT FROM YOURS)</b>
Other Family Members / Friends / Non-Relatives / Charities? Please list Legal names, current address and percentage of estate to be given:		
Do you want any of your estate to pass to parents and or siblings of you and your spouse?		
Any exclusions?		

<b>Please describe your Valuable Assets</b> <b>(please specify if any are owned jointly or already have named beneficiaries):</b>	<b>YOU</b>	<b>SPOUSE</b>
Bank accounts: (How much and where)		
RRSPs: (how much, held by whom, and is there a designated beneficiary)		
Other investments: (how much, held by whom, and is there a designated beneficiary)		
Vehicles:		
Other Valuables:		
Real estate:		
Do you want your joint accounts to pass to the joint holder outside of your estate? (So that it does not form part of your estate)		
Please list any debts:		
LIFE & CRITICAL ILLNESS INSURANCE DETAILS:		

**YOUR POWER OF ATTORNEY**

A Power of Attorney is a document giving authority to a person(s) that you trust (absolute trust is required) to manage your affairs while you are living. An **Enduring** Power of Attorney is effective immediately and survives your incapacity, a **Springing** Power of Attorney only springs into effect once you can no longer manage your own financial affairs. These documents can grant limited specific authority (eg. to sell a home) or be comprehensive and grant full authority to assist you with all financial matters.

**Here is the information we need to get started:**

Do you require a Springing or Enduring Power of Attorney?  
Please select either (a) (b) (c)

- (a) Enduring (effective now) for your Spouse, and Springing for other listed attorneys
- (b) Enduring (effective now) for all listed attorneys
- (c) Springing (effective ONLY WHEN you lose capacity)

	YOU	SPOUSE
(a) Enduring (effective now) for your Spouse, and Springing for other listed attorneys		
(b) Enduring (effective now) for all listed attorneys		
(c) Springing (effective ONLY WHEN you lose capacity)		

**WHO WILL BE YOUR ATTORNEY:**

YOU

SPOUSE (IF DIFFERENT FROM YOURS)

Who will be your FIRST NAMED Attorney(s)? (generally your spouse is the first choice)

Name

Address

Phone Number

Relationship

Who will be your Alternate Attorney(s) in case your first is unable to act?

**Alternate #1**

Name

Address

Phone Number

Relationship

**Alternate #2**

Name

Address

Phone Number

Relationship

**Alternate #3**

Name

Address		
Phone Number		
Relationship		

Do you want any Attorneys listed above to act together at the same time (as a team)? If so, whom?		
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Who will be the Recipient of Accounts? (this is the person you appoint to watch over your attorney, that can review the bank statements from time to time)		
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Would your attorney be compensated for their work? If so, how much per year minimum? This is especially important if your attorney will have to take time off work in order to manage your affairs, or if your affairs are complicated and you feel they should be paid for their time.	\$	\$
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<b>Would you like your named attorneys to be able to substitute themselves for someone else?</b> For example, your attorney may be away on a trip and needs to get something signed for you while they are away.		
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IF YES PLEASE ADVISE:	YOU (CHECK HERE IF APPLIES)	SPOUSE (CHECK HERE IF APPLIES)
a. Can they substitute themselves with whomever they choose?		
b. Substitute with anyone named in the POA document?		
c. Substitute with any of your children?		
d. Substitute with any of your siblings?		
d. Other, describe.		

Do you want your attorney to be able to give gifts on your behalf once you have lost capacity?		
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If yes, please advise:	YOUR DECISION	YOUR SPOUSE's DECISION
a. Is there an amount of money that your attorney should always keep in your accounts? (Medical equipment may need to be purchased for your care)	How much: \$	How much: \$
b. Is there a maximum amount of money you want your attorney to give to each person per year?	How much: \$	How much: \$
c. Gifts to children equal, or gifts to their families equal?		

This document specifies who will make your healthcare decisions in the event that you are unconscious or otherwise unable to respond on your own behalf.  
Please consider: Who would you like to make your healthcare decisions?  
(you can name several people who can act as Proxies)

WHO WILL BE THE PROXY FOR:	YOU	SPOUSE (IF DIFFERENT FROM YOURS)
Who will be your FIRST NAMED PROXY? (generally your spouse is the first choice)		
Name		
Address		
Phone Number		
Relationship		
Who will be your Alternate Proxy in case your first is unable to act?		
<b>Alternate #1</b>		
Name		
Address		
Phone Number		
Relationship		
<b>Alternate #2</b>		
Name		
Address		
Phone Number		
Relationship		
<b>Alternate #3</b>		
Name		
Address		
Phone Number		
Relationship		
Do you want your listed proxies to make decisions jointly, or in the order named? <b>Please Write "Jointly" or "Order Named"</b>		
Do you want to be cremated or full body burial or indifferent?	CREMATE or FULL BODY BURIAL or INDIFFERENT	CREMATE or FULL BODY BURIAL or INDIFFERENT



<b>HEALTH CARE DIRECTIVE : COMFORT CARE ONLY OPTIONS:</b>		
<b>Comfort Care Only:</b> I hereby choose to refuse medical intervention except as may be needed to alleviate or relieve the pain or suffering I might be experiencing, such interventions directed at maximal comfort. Without limiting the generality of the foregoing, I do not want food, water, resuscitation, antibiotics, respiratory support, intravenous fluids nor feeding tubes, and I do not want my usual medications administered to me except for my <b>(LIST MEDS THAT WOULD CAUSE DISCOMFORT IN YOUR PASSING IF TERMINATED: Eg Asthma, Anti-Seizure)</b>		
I want the Comfort Care Only Order above to apply when: (circle YES or NO)		
<b>IMMEDIATELY</b> as my quality of life is compromised in my personal opinion and as such I hereby direct that effective upon my signing of my health care directive, if at some time in the future I do not have the capacity to make my own medical decisions, I confirm that I direct that I <b>do not want any medical intervention other than comfort care.</b>	YES NO	YES NO
<b>UNCONSCIOUS</b> for more than _____ consecutive days in the written opinion of two medical practitioners ("unconscious" herein meaning I am unable to respond to or communicate with my loved ones and that state is/was not being medically induced during that time) and in their medical opinion I am not likely to resume consciousness to a state that I could enjoy life both physically and mentally thereafter;	YES NO	YES NO
<b>TERMINALLY ILL</b> and the condition cannot be reversed by treatment with reasonable expectation that I could enjoy life both physically and mentally thereafter, in the written opinion of two medical practitioners;	YES NO	YES NO
<b>DEMENTIA OR ALZHEIMERS</b> or a comparable degenerative disease and have passed certain Benchmarks known to my Health Care Decision Maker, some of which are: a. I no longer understand that I need to eat or swallow. I no longer understand that I need to void my bowels and urinate in a bathroom; and, c. I am no longer able to recognize my living: spouse, and all of my siblings and children. The determination of whether or not I have met these Benchmarks shall be at the sole and absolute discretion of my Decision Maker;	YES NO	YES NO
<b>OTHER:</b> Details		

**THAT IS IT - GREAT JOB - PLEASE SEND/DELIVER US YOUR COMPLETED FORM AND LETS MEET!** The hard part is done for you. Enjoy your day!