

Date:		File No.	
Personal Information – Client #1			
Name (in full):			
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
Address:			
Telephone Number			
Other Residence			Telephone
Occupation		Employer	Telephone
Personal Information – Client #2			
Name (in full):			
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
Address:			
Telephone Number			
Other Residence			Telephone
Occupation:		Employer	Telephone
Marital Status			
~ Single ~Widowed			
~ Engaged		Name of Fiancé(e):	
~ Married ~Common Law			Date of Marriage/Cohab.:
Marriage/Co-habitation Contract? ~No ~Yes			Date of Contract:
~Separated ~Divorced			
Divorce/Separation Agreement: Client #1 ~No ~Yes			Date of Contract/Order:
Divorce/Separation Agreement: Client #2 ~No ~Yes			Date of Contract/Order:
N.B. Review Separation Agreement/Divorce Order			
Client #1: Existing Will? ~No ~Yes		Prepared by:	
Client #2: Existing Will? ~No ~Yes		Prepared by:	
Client #1: Medication that affects mood or thinking? ~No ~Yes Capacity related diagnosis? ~No ~Yes Any reason for urgency? ~No ~Yes Details:			
Client #2: Medication that affects mood or thinking? ~No ~Yes Capacity related diagnosis? ~No ~Yes Any reason for urgency? ~No ~Yes Details:			
Notes:			

Children and Grandchildren			
Name, Address, Telephone	Child of	Date of Birth	Marital Status
1.	1/2/B		
	Notes:		
	C/S/B		
	C/S/B		
	C/S/B		
2.	1/2/B		
	Notes:		
	C/S/B		
	C/S/B		
	C/S/B		
3.	1/2/B		
	Notes:		
	C/S/B		
	C/S/B		
	C/S/B		
4.	1/2/B		
	Notes:		
	C/S/B		
	C/S/B		

Other Dependants		
Name	Address and Telephone	Relationship

Other Advisors (Accountant/Financial Adviser/Medical Doctor)		
Name	Address and Telephone	Relationship

Assets

Cash

Bank Accounts

Institution and Account Number	Client #1	Client #2	Joint	Balance
TOTAL				

GICs, Stocks, Bonds, Mutual Funds, Investment Accounts

Institution and Account Number	Client #1	Client #2	Joint	Balance
TOTAL				

RRSPs and RRIFs

Institution and Account Number	Client #1	Client #2	Beneficiary	Balance
TOTAL				

Personal Property					
Description	Client #1	Client #2	Joint	FMV	Appraised
TOTAL					

Loans Receivable				
Debtor	Client #1	Client #2	Value	Will Treatment
				Col. For. Hotch
				Col. For. Hotch
TOTAL				

Real Estate					
Address/legal description	Client #1	Client #2	JT	TIC	Value
1. Principal Residence					
Mortgage ~No ~Yes	Life Insured: ~No ~Yes				
Institution:	Date Paid:				
2. Vacation Property					
Mortgage ~No ~Yes	Life Insured: ~No ~Yes				
Institution:	Date Paid:				
Date acquired:	ACB:				
3. Other Property					
Mortgage ~No ~Yes	Life Insured: ~No ~Yes				
Institution:	Date Paid:				
Date acquired:	ACB:				
Notes:					

Business Interests		
Name and Address	Ownership Structure	Fair Market Value
	~Sole ~Part. ~Corp.	
Principal Shareholders	Shareholder Agreement ~No ~Yes	
Notes:		

Pension Plans				
Institution	Client #1	Client #2	Beneficiary	Death Benefit
TOTAL				

Life Insurance				
Institution and Policy Number	Client #1	Client #2	Beneficiary	Death Benefit
TOTAL				

Liabilities				
Institution/Creditor	Client #1	Client #2	Joint	Amount

Will Instructions

Executors	
1 st Choice Spouse~ Other~	
Name Address and Telephone	
Relationship	
Alternate	
Name Address and Telephone	
Relationship	

Life Insurance:
~Insurance Trust for:
RRSPs/RRIFs:

Personal Property
~All to spouse, but if spouse has predeceased to:
~Trustee to divide among the children as they agree, but if they do not agree, according to the trustee's discretion
~Trustee to select and hold property for minor children
~Trustees to use their discretion in selling and otherwise disposing of personal property
~Client will make a memorandum
~precatory ~binding
~ Specific bequests:
Shipping and storage to be paid by ~beneficiary ~estate

Residence
~Will pass by right of survivorship
~Give to:
~Life Interest to:

~staged distribution: _____ % at age _____ _____ % at age _____ _____ % at age _____ remainder at age _____
~other (e.g. Henson trust, charitable trust)
Outright distribution of distribution after trust
~all to spouse but if no spouse or if spouse dies within the survivorship period
~equally to children, with substitution of living grandchildren for any predeceased child
~equally to grandchildren
~to the following persons _____ shares to:
~lapse or ~gift over to
_____ shares to:
~lapse or ~gift over to
_____ shares to:
~lapse or ~gift over to
_____ shares to:
~lapse or ~gift over to
_____ shares to:
Common Disaster
~dispose of residue as above or
~to:
Guardians
1 st Choice
Alternate
Funeral Instructions
~include in will ~exclude from will
~pre-arranged funeral with:
Donation of Organs? ~No ~Yes
Donation of body to medical research? ~No ~Yes

Powers of Attorney	
Self	Spouse
Property: ~spouse or	Property: ~spouse or
Attorney(s)	Attorney(s)
Alternate	Alternate
~joint ~ joint and several	~joint ~ joint and several
Hold for release on: ~client's written instructions ~request of attorney ~statement by _____ that assistance is needed	Hold for release on: ~client's written instructions ~request of attorney ~statement by _____ that assistance is needed
Personal Care: ~spouse or	Personal Care: ~spouse or
Attorney(s)	Attorney(s)
Alternate	Alternate
~joint ~joint and several	~joint ~joint and several
"No heroic measures" clause: ~	"No heroic measures" clause: ~

Notes