

**Before meeting with your lawyer or notary to create your Will, use this Will Planning Guide. The information in this guide will assist your discussion with your lawyer/notary.**

**Please note that this document is for discussion purposes only and does not constitute or replace a Will.**

## General Information

Date completed: \_\_\_\_\_

### About You

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_

Are you planning on moving in the foreseeable future?  Yes  No

Do you live part of the year outside Canada?  Yes  No

Home phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

### Marital Status

Single (never married)  Married  Common law

Widowed  Divorced  Separated

### About Your Spouse/Partner (if applicable)

#### A. COMPLETE THIS SECTION IF YOU ARE MARRIED OR IN A SIGNIFICANT LONG-TERM RELATIONSHIP.

**FOR THE PURPOSE OF THIS GUIDE, PLEASE INCLUDE COMMON-LAW PARTNERS AS SPOUSE.**

Spouse's name: \_\_\_\_\_

Spouse's address (if different from above): \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_ Spouse's citizenship: \_\_\_\_\_

Date of marriage, if any: \_\_\_\_\_

Was there a marriage contract or prenuptial agreement?\*  Yes  No

\* Often marriage and domestic contracts require that the parties place or maintain life insurance policies. In order to avoid any legal dispute after your death, please make sure you have worked with an insurance advisor to fulfill those obligations, and provide a copy of any agreement(s) and policy(ies) to your lawyer/notary for review. Your insurance advisor and your lawyer/notary need to work together to create your complete estate plan.



**B. COMPLETE IF ANY PREVIOUS MARRIAGE(S).**

Spouse's name: \_\_\_\_\_

If widowed, date of spouse's death: \_\_\_\_\_

If divorced, date of divorce/separation: \_\_\_\_\_

Was there a separation agreement and/or divorce order?\*  Yes  No

Are there financial obligations under the agreement?  Yes  No

\*These types of agreements and orders often contain financial obligations. Take a copy of this agreement/order with you to the meeting with your lawyer/notary to ensure your obligations are met and to avoid litigation after your death.

**About Your Children/Dependants**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City and province: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Number of children/ages: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City and province: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Number of children/ages: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City and province: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Number of children/ages: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City and province: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Number of children/ages: \_\_\_\_\_

If you have other personal information you wish to discuss in more detail with your lawyer/notary (e.g. your own health status, a disabled child, a child's addiction, etc.), take a few minutes to write it down.



## Wills and Records

Do you have a Will?  Yes  No

If yes, when was this Will signed? \_\_\_\_\_

Where is this Will located? \_\_\_\_\_

For ease of retrieval, document the location of other important papers such as financial records and insurance policies.

## Professional Advisors

Keep a list of the names and contact information of your professional advisors such as:

Physician: \_\_\_\_\_

Lawyer: \_\_\_\_\_

Accountant: \_\_\_\_\_

Stock broker: \_\_\_\_\_

Insurance advisor: \_\_\_\_\_

Personal financial advisor: \_\_\_\_\_

Other: \_\_\_\_\_

## Decisions to Make

This section of the guide helps you think about some of the decisions to be made when creating a Will. Write down any notes and questions in advance in order to bring them to the attention of your lawyer/notary at your first meeting.

### Executor(s)

- Will your spouse be an executor?
- Who are your proposed executor(s) if not your spouse? Do you plan to appoint a co-executor with your spouse?
- If there are three or more executors, do you want a “majority decision” binding?

### Proposed Guardian for Children

- First choice for guardian(s)?
- Backup choice for guardian(s)?

## Organ Donations and Disposal of Remains

Think about your wishes regarding organ donations, burial or cremation, disposal of remains (cemetery plot, etc.) and any specific type of funeral memorial or service you desire. Take time to write down any decisions to help guide your loved ones.

## Division of Estate Among Your Family or Other Beneficiaries

### A. HOW DO YOU WANT TO DIVIDE YOUR ESTATE?

Please consider the following possibilities should you die:

- Only your spouse survives you;
- Only your child/ren survive; and
- No immediate family survive.

### B. HOW WOULD YOU DISPOSE OF THE FOLLOWING?

#### Personal Effects

Possibilities could include:

- All to one person
- All divided equally
- Executor/liquidator's sole discretion
- As children agree
- Memorandum of wishes legally binding
- Memorandum of wishes persuasive but non binding
- Other (please specify)

#### Your Real Estate (residential or recreational)

Possibilities to consider:

- Gift
- Leave in trust
- Sell
- Other

### C. WOULD YOU WANT...

- A legacy (e.g. cash, gifts) paid to individuals or charities?
- A special trust (e.g. educational fund for the grandchildren) set up?

#### D. HOW WILL THE REMAINING PROPERTY BE DISTRIBUTED?

If your spouse survives you:

- Will it be passed on as an outright gift (no strings attached)?
- Will it be held in trust? Possible trust terms to think about:
  - Length of trust (e.g. for life)
  - Amount of income from trust assets to be used
  - Whether capital of trust assets can be used for your spouse

If the surviving spouse dies, or if there is no spouse:

- Will all go to children or other beneficiaries?
- If children or beneficiaries are under 18 years, then think about how capital should be distributed: different ages and in different percentages or amounts.
- If a child or beneficiary dies before receiving all capital, then does the remaining capital go to their children or to surviving siblings or other beneficiaries?

#### E. FAMILY DISASTER

If you have no spouse or children, or if they all die before you or with you, please consider whom you wish to become the beneficiaries of your estate (individuals and/or charities).

#### Power of Attorney for Your Property

A Power of Attorney grants an individual the power to make decisions on the management of your property if you are incapacitated and unable to make these decisions for yourself.

If you have already granted Power of Attorney for your property, please provide a copy of this document to your lawyer or notary. If not or if you wish to update it, please consider the following:

Would you prefer to grant Power of Attorney for your property to:

- Your spouse?
- Someone else?
- Someone else and your spouse as co-attorneys?

Who could be a back-up person with this responsibility?

#### Power of Attorney of Your Personal Care (i.e. Living Will)

A Power of Attorney for your personal care grants an individual the power to make personal care decisions (medical, living arrangements, etc.) if you are incapacitated and unable to make these decisions for yourself. Please consider how you would like issues of your personal care decided.

If you have already granted Power of Attorney for your personal care, please provide a copy of this document to your lawyer or notary.

If not, please consider the following:

Would you prefer to grant Power of Attorney for your personal care to:

- Your spouse?
- Someone else?
- Someone else and your spouse as co-attorneys?

Who could be a back-up person with this responsibility?



# Financial Information

## Information About Your Assets

### A. YOUR REAL ESTATE

#### Primary residence

Address of primary residence: \_\_\_\_\_

Type of ownership:

- Alone                       Joint tenants with survivorship                       Tenants in common
- Partnership                       Through corporation                       Other: \_\_\_\_\_

Approximate current value of property: \_\_\_\_\_

Mortgage(s) with: \_\_\_\_\_ Approximate balance owed: \_\_\_\_\_

Is the mortgage life-insured?    Yes    No

#### Your recreational, rental or secondary property

Address of other property: \_\_\_\_\_

Type of ownership:

- Alone                       Joint tenants with survivorship                       Tenants in common
- Partnership                       Through corporation                       Other: \_\_\_\_\_

Approximate current value of property: \_\_\_\_\_

Mortgage(s) with: \_\_\_\_\_ Approximate balance owed: \_\_\_\_\_

Is the mortgage life-insured?    Yes    No

### B. YOUR BUSINESS

Business name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Type and percentage of ownership:

Corporation                      \_\_\_\_\_ %

Partnership                      \_\_\_\_\_ %

Sole proprietor                      \_\_\_\_\_ %

Approximate current value of your business interest: \_\_\_\_\_

Has a buy-sell or shareholders agreement\* been entered into?    Yes    No

\*Often business arrangements require that the parties place or maintain life insurance policies. In order to avoid any legal dispute after your death, please make sure you have worked with an insurance advisor to fulfill those obligations, and provide a copy of any agreement(s) and policy(ies) to your lawyer/notary for review. Your insurance advisor and your lawyer/notary need to work together to create your complete estate plan.



**C. YOUR BANK ACCOUNTS**

	Name of Bank	Location	Amount	Ownership (sole or joint)
1				
2				
3				
4				

Location of safety deposit box(es) and key(s): \_\_\_\_\_

**D. YOUR PERSONAL AND HOUSEHOLD ITEMS INCLUDING VEHICLES**

List any items of personal property you wish to discuss: \_\_\_\_\_

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**E. YOUR PENSION PLANS, ANNUITIES, RRSPS, RESPS, RETIREMENT INCOME FUNDS AND TAX-FREE SAVINGS ACCOUNTS (TFSA)**

Are you a member of a pension plan?  Yes  No

Is your spouse a member a pension plan?  Yes  No

Do you or does your spouse have:

- An Annuity  Yes  No
- A Registered Retirement Savings Plan (RRSP)  Yes  No
- A Registered Education Savings Plan (RESP)  Yes  No
- A Tax-Free Savings Account (TFSA)  Yes  No

Record details of the plan(s) including where they are held, the beneficiaries and the plan’s approximate value.

	Pension	Annuity	RRSP	RESP	TFSA
<b>You</b>					
Held with					
Named beneficiary					
Value					
<b>Your Spouse</b>					
Held with					
Named beneficiary					
Value					



**F. YOUR OTHER ASSETS AND INVESTMENTS**

Provide a description and financial details of your assets and investments (e.g. investment assets, bonds, secured creditor interests in mortgages, interests in trust or estate).

**Your holdings**

**Spouse's holdings**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

Do you hold any assets in trust for another person?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**G. YOUR LIFE INSURANCE – GROUP AND INDIVIDUAL**

**Individual Policies**

Do you own a life insurance policy?

On your life:  Yes  No

On spouse's life:  Yes  No

On child's life:  Yes  No

Insurance Company: \_\_\_\_\_

Policy death benefit(s): \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

**Group Coverage**

Do you have group coverage?  Yes  No

If yes, is your coverage through:

An association  Your employer  Your spouse's employer

Other: \_\_\_\_\_  Does not apply

Death benefit(s): \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

When does coverage expire? \_\_\_\_\_



**H. DEBT AND TAXES**

Make a list of your lines of credit, car loans and other significant debts (other than the personal debt listed above) as well as the corresponding creditor for each debt.

Type of Liability	Creditor	Amount	Owner
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint

Do you anticipate future debts arising upon death (e.g. taxes arising from capital gains or registered plans)?  Yes  No

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