



CATES FORD SOLL & EPP
LLP
LAWYERS & MEDIATORS

WILL PLANNING
General Instructions

Please complete all information as thoroughly as possible. Keep in mind the following points:

*** NAMES AND ADDRESSES**

You must print legibly the full legal names, aliases and addresses of all persons named in your Will. PLEASE ENSURE SPELLINGS ARE CORRECT.

*** EXECUTOR**

Naming your executor is the most important decision you will make regarding your Will. Your executor will have the obligation of making funeral arrangements, probating your Will, collecting estate assets and, where necessary, paying estate debts and liabilities. Your executor must be at least 19 years of age and should be, if at all possible, a Canadian resident. Otherwise, the most important quality that your executor must have is honesty. You must trust your executor. You should probably choose somebody with whom you will have a long term relationship (usually a spouse or a child, but possibly a trust company). If your executor is an individual, it is preferable that your executor lives in fairly close proximity to you, but it is not absolutely necessary. You should also choose at least one (1) alternate executor. Your alternate executor should have the same qualities as your "prime" executor. You may have more than one executor, in which case your co-executors must act together. Ensure that you obtain consent from those persons who you wish to act as your executor(s). Your executor typically has the right to be paid for his or her services by your Estate.

*** SPECIAL INSTRUCTIONS**

There are a number of situations that can arise which may affect your Will. It is therefore important to advise your lawyer of all your circumstances, concerns and future plans. For example, you should advise us about:

- planned marriages, separations, divorces, whether you have children from a previous marriage (including adopted children) stepchildren, step-grandchildren;
- if you have handicapped or dependent children;
- if you have plans to move to a different city or town;
- if you or your spouse are seriously ill or experiencing memory problems;
- if you are expecting to receive a significant inheritance or windfall;

*** WILLS STORAGE**

Your Will must be kept in safekeeping in a place where it can be readily located when required and where it will be free from accidental loss or destruction. A lawyer's office is the best place for storage as most lawyers have special vaults to store important documents. Even if your lawyer moves or retires, if your Will is stored with the lawyer, there is always a record of where your Will is. For a number of reasons, your safe deposit box or your own personal safe located in your residence are not necessarily the best places for storage. Irrespective of where you store your Will, a Notice of where your Will is located should be filed with the Vital Statistics Agency in Victoria. Your lawyer will typically register your Will with Vital Statistics if you store your Will at his or her office.

*** QUESTIONS:** If you have any questions about this worksheet, please call (250) 372-1234.

GENERAL INFORMATION

Date: _____

1. PERSONAL INFORMATION

Full Legal Name: _____

Full Legal Name at Birth: _____
(if different than above)

Aliase(s): _____

Date of Birth: _____

Place of Birth: _____

Resident of Canada: **Yes** or **No**Do you permanently reside in Canada?
(i.e. 183 days or more each year) **Yes** or **No**

Citizenship: _____

Home Address: _____

Mailing Address: _____
(if different than above)

Phone Number(s): Home: _____

Cell: _____

Email Address: _____

Occupation: _____

Work Address: _____

Do you currently have a Will?
(if "**Yes**" please attach copy) **Yes** or **No****2. MARITAL STATUS**

All dates may be approximate. Please note that in many cases you should "**check**" more than one answer in this part. For example, you presently be (a) single, but (e) previously legally married but now divorced from that spouse, AND also (g) previously in a common law relationship to a spouse who you did not legally marry and from whom you are now separated.

 (a) Single (b) Single with intent to marry imminently.

Full Legal Name of Future Spouse: _____

 (c) Legally Married.

Full Legal Name of Spouse: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Date of Marriage: _____

Place of Marriage: _____

(d) Legally Married but Separated (not divorced).

Legal Name of Ex-Spouse: _____

Date of Separation: _____

(e) Previously legally married but divorced.
(Please provide full legal name(s) of each former spouse and date(s) of each divorce)

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

(f) Cohabiting in common-law relationship.

Legal Name of Common-Law Spouse: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Commencement Date of Cohabitation: _____

(g) Previously common-law but separated.
(Please provide full legal name(s) of each former spouse and date(s) of each separation)

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Are you a party to a marriage, cohabitation, pre-nuptial, or separation agreement? Yes or No

3. CHILDREN

Please provide the full legal names of all your children (if applicable, indicate in the "Additional Information" box the following: stepchildren, adopted, child with a disability, or deceased):

<u>Children(s) Full Legal Name(s)</u>	<u>Date of Birth</u>	<u>Additional Information</u>

4. CURRENT ASSETS AND DEBT INFORMATION (INDICATE IF ANY ASSETS ARE NOT IN BC)(a) Bank Account(s) and Term Deposits:

<u>Name of Institute</u>	<u>Type of Account</u>	<u>Owner(s) of Account</u>	<u>Approximate Value</u>

(b) Life Insurance:

<u>Name of Insurer</u>	<u>Owner of Policy</u>	<u>Designated Beneficiary</u>	<u>Approximate Value</u>

(c) RRSP(s):

<u>Name of Company</u>	<u>Owner of Policy</u>	<u>Designated Beneficiary</u>	<u>Approximate Value</u>

(d) Do you have any Stocks and Bonds? **Yes** or **No**If **Yes**, please indicate value and whether they are held in your name alone or jointly with someone else. Also indicate if there are any restrictions on trade of the shares:

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(e) Do you have any Pension Plans and/or Annuities? **Yes** or **No**If **Yes**, please indicate whether they are held in your name alone or jointly with someone else:

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(f) Do you have an interest in a business? **Yes** or **No**If **Yes**, describe (proprietorship, partnership, shareholder or assignee of book debts?):

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(g) Real Estate Property:

<u>Address of Property(ies)</u>	<u>Owner(s) Full Legal Name(s) & Jointly Held?</u>	<u>Estimated Value</u>	<u>Estimated Mortgage Balance</u>	<u>Mortgage Life Insured?</u>
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

(h) *Would you like us to order a Title Search to confirm registration particulars? (\$12.82 per title) **Yes** or **No**

****Please note that if a Power of Attorney is being prepared, we will order a Title Search for each property to ensure the name on title is correctly spelled, with the cost added to our account as a disbursement****

(i) Personal Effects (home furnishings, vehicles, collectibles, antiques, etc.):

(j) Are any of these articles jointly owned with someone else? **Yes** or **No**

If **Yes**, with whom? _____

(k) Do you have an interest in an existing estate or trust? **Yes** or **No**

(l) Do you have a safety deposit box? (if **Yes**, please provide the below particulars) **Yes** or **No**

Institution: _____

Address: _____

Box Number: _____

(m) Summary of Debts:

<u>Creditor(s)</u>	<u>Life Insured?</u>	<u>Approximate Balance Owning</u>
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes	

WILL INFORMATION

(Complete only if you would like to have a Will prepared)

1. APPOINTMENT OF EXECUTOR

- (a) Who do you wish to act as executor of your estate?
Preferably someone who lives in BC and is in close proximity. They should not be located outside of Canada.

<u>Primary(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- (b) Who will act as alternate executor if the person(s) above dies or are unable to act?

<u>Alternate(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- (c) Do you have the consent of all of the above person(s) to act as executor? **Yes** or **No**

2. APPOINTMENT OF GUARDIAN OF CHILDREN UNDER 19 YEARS OF AGE

- (a) Who do you wish to act as guardian(s) to your children?

<u>Primary(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- (b) Who will act as an *alternate* guardian(s) if the person(s) above dies or are unable to act?

<u>Alternate(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- (c) Do you have the consent of all of the above person(s) to act as a guardian(s)? **Yes** or **No**

3. TESTAMENTARY WISHES

- (a) Do you wish to leave specific articles or bequests to any particular person or charity?

<u>Full Legal Name / Organization</u>	<u>Address</u>	<u>Article / Amount of Gift</u>

(b) Residue of Estate

i. Do you wish to leave the residue of your estate to your spouse if they survive you? **Yes** or **No**

ii. If your spouse predeceases you, do you wish to leave your estate to your children? **Yes** or **No**

If **Yes**, in what shares? (for example, **equal shares** or **specific percentages equal to 100%**)

<u>Full Legal Name</u>	<u>Relationship to You</u>	<u>Age</u>	<u>Share of Estate</u>

If **No**, who do you wish to leave your estate to and in what shares?
(for example, **equal shares** or **specific percentages equal to 100%**)

<u>Full Legal Name</u>	<u>Relationship to You</u>	<u>Age</u>	<u>Share of Estate</u>

(c) Is a spouse and/or child(ren), including adopted children, being left out of your Will? **Yes** or **No**

If **Yes**, please provide an explanation as to why the individual is being left out of the Will:

(d) Trust Terms for Minor Beneficiaries (those under 19 years of age)

i. Do you want to raise the age (above 19) at which a beneficiary receives their inheritance? **Yes** or **No**

If **Yes**, at what age? _____

ii. If the minor beneficiary should predecease you, who would you like their share to go to?

<u>Full Legal Name</u>	<u>Relationship to You</u>	<u>Age</u>	<u>Share of Estate</u>

(e) Additional Trust Terms (for example, Disability Trust)

- i. Do you wish to set up an ongoing trust for a beneficiary? **Yes** or **No**
 If **Yes**, for who? (please provide a brief explanation for the trust so we may advise accordingly)

<u>Full Legal Name of Beneficiary of Trust</u>	<u>Additional Notes</u>

- ii. Who do you wish to receive the money left over in the trust when the above person dies?

<u>Full Legal Name</u>	<u>Relationship to You</u>	<u>Age</u>

- iii. Who do you wish to be the trustees of the trust?

<u>Primary(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- iv. Who will act as an alternate trustee(s) if the person(s) names above die or cannot act as trustee?

<u>Alternate(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

- (f) Do you have the consent of all of the above person(s) to act as a Trustee(s)? **Yes** or **No**

4. FUNERAL WISHES AND CLOSING MATTERS

- (a) How do you wish your remains to be disposed of? (Cremated, buried, prepaid arrangements, etc.)

- (b) Would you like your original document stored at our office? (No additional charge) **Yes** or **No**

If **No**, where will your original document be stored? _____

Additional Comments or Concerns:

POWER OF ATTORNEY INFORMATION

(Complete only if you would like to have a Power of Attorney prepared)

1. APPOINTMENT OF ATTORNEY(a) Who would you like to name as your primary Attorney(s)?

<u>Primary(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

(b) If two or more individuals are named, how would you like them to be appointed?
 Appointed together and acting together or Appointed together but acting separately
(c) Who will act as your alternate Attorney(s) if the person(s) above dies or is/are unable to act?

<u>Alternate(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

(d) If two or more alternate individuals are named, how would you like them to be appointed?
 Appointed together and acting together or Appointed together but acting separately
2. EXPRESS POWERS

(a) Please check "Yes" if you would like to add the following additional powers or "No" if you would like them left out:

<u>Deal with Land:</u> buying, selling, dealing with mortgage and signing all property documents on your behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Support Family:</u> Make payments for care, education, and support of your spouse, children, or any other person or pet you may care for in the event of mental infirmity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Gifts and Loans:</u> Make gifts and loans of your assets to family members and provide your Attorney with the ability to donate to registered charities on your behalf if this is something you would do.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Reorganize Affairs:</u> Reorganize your assets for your benefit by allowing your Attorney to deal with investments and taxes, as well as deal with investment and tax advisors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Replace Attorney:</u> Appoint, in writing, one or more individuals to take over as your Attorney and deal with all powers included in the Power of Attorney document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Possession of Documents:</u> Take possession of your Will or any other legal document you are a party to.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. CLOSING MATTERS(a) Would you like your Attorney to be able to claim a fee for acting? Yes or No(b) Would you like your original document stored at our office? (No additional charge) Yes or No

If No, where will your original document be stored? _____

<u>Additional Comments or Concerns:</u>

REPRESENTATION AGREEMENT INFORMATION

(Complete only if you would like to have a Representation Agreement prepared)

1. APPOINTMENT OF REPRESENTATIVE(a) Who would you like to name as your primary Representative(s)?

<u>Primary(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

(b) If two or more individuals are named, how would you like them to be appointed?
 Appointed together and acting together or Appointed together but acting separately
(c) Who will act as your alternate Representative(s) if the person(s) above dies or is unable to act?

<u>Alternate(s) Full Legal Name</u>	<u>Address</u>	<u>Relationship to You</u>

(d) If two or more alternate individuals are named, how would you like them to be appointed?
 Appointed together and acting together or Appointed together but acting separately
2. EXPRESS POWERS – LIVING WILL CLAUSES(b) Please check "Yes" if you would like to add the following additional powers or "No" if you would like them left out:

If there is no reasonable expectation of your recovery from physical or mental disability, do you wish to be allowed to die and not kept alive by artificial means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like your organs and/or other parts of your body to be donated for transplant and research purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
While not currently legally possible, if it should become legal in the future, do you wish to provide your Representative the power to enact Medical Assistance in Death (MAID) on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. CLOSING MATTERS(c) Would you like your original document stored at our office? (No additional charge) **Yes** or **No**If **No**, where will your original document be stored? _____Additional Comments or Concerns: