

LAST WILL AND TESTAMENT

CLIENT INFORMATION

Name of Client: LAWYER
Date of Interview: Date Will Required

1. TESTATOR

Full Name:

Address:

Telephone: (H) (W)

Date of Birth: Place of Birth:

Citizenship: Occupation:

Is this Will being made in contemplation of marriage: Yes _____ No _____

Have you been married previously: Yes _____ No _____

If so, were there any children of the previous marriage: Yes _____ No _____

Place and Date of Divorce, if applicable:

If you are presently married:

Place of Marriage: Date of Marriage:

Do you have a marriage contract? Yes _____ No _____

2. PROPOSED EXECUTOR

Full Name:

Address:

Telephone: (H) (W)

Relationship to Testator: Sole__or Joint __Executor?

IF JOINT EXECUTOR

Full Name:

Address:

Telephone: (H) (W)

Relationship to Testator:

ALTERNATE EXECUTOR (in the event the appointed executor should predecease the testator, die within a period of thirty days following the testator's death, or is unwilling or unable to act)

Full Name:

Address:

Telephone: (H) (W)

Relationship to Testator:

3. BENEFICIARIES

Spouse:

Full Name:

Address:

Telephone: (H) (W)

Date of Birth: Place of Birth:

Citizenship: Occupation:

Children:

(1) Full Name: Date of Birth

Address:

Marital Status: Name of Spouse:

(2) Full Name: Date of Birth

Address:

Marital Status: Name of Spouse:

(3) Full Name: Date of Birth

Address:

Marital Status: Name of Spouse:

(4) Full Name: Date of Birth

Address:

Marital Status: Name of Spouse:

If there is insufficient space here, please attach list.

Other Beneficiaries:

(1) Full Name: Date of Birth
Address:
Relationship to Testator:

(2) Full Name: Date of Birth
Address:
Relationship to Testator:

(3) Full Name: Date of Birth
Address:
Relationship to Testator:

(4) Full Name: Date of Birth
Address:
Relationship to Testator:

(5) Full Name: Date of Birth
Address:
Relationship to Testator:

(6) Full Name: Date of Birth
Address:
Relationship to Testator:

(7) Full Name: Date of Birth
Address:
Relationship to Testator:

(8) Full Name: Date of Birth
Address:
Relationship to Testator:

4. GUARDIANS

- a. Will the Guardian(s) require funds from your estate to look after your child(ren)? _____
- b. Will the child(ren) be residing outside Ontario? _____ or outside Canada? _____

Proposed Guardian(s)

Full Name: Date of Birth

Address:

Relationship to Testator:

Alternate Guardian(s)

Full Name: Date of Birth

Address:

Relationship to Testator:

5. BURIAL INSTRUCTIONS, if any

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6. LEGACIES or BEQUESTS TO INDIVIDUALS or CHARITIES

TO: I wish to leave:

TO: I wish to leave:

TO: I wish to leave:

TO: I wish to leave:

TO: I wish to leave:

7. INFORMATION ABOUT YOUR ASSETS

a) Principal Residence

Address: Current Value (est.):

Year Purchased: Purchase Value:

Manner of ownership: Alone Joint Tenants with survivorship Tenants in common

Outstanding Mortgage(s) (approx.)

b) Recreational Property

Address: Current Value (est.):

Year Purchased: Purchase Value:

Manner of ownership: Alone Joint Tenants with survivorship Tenants in common

Outstanding Mortgage(s) (approx.)

c) Rental Property

Address: Current Value (approx.):

d) Farm/Business Property

Address: Current Value (approx.):

e) Pension and Other Plans

Do you belong to or contribute to a company pension plan?

Who is the beneficiary? Current Value (Approx.):

Does the plan terminate on your death?

Have you contributed to Canada Pension Plan?

No. of Years:

or Quebec Pension Plan?

No. of Years:

Do you have a Registered Retirement Savings Plan(s)?:

Company: Beneficiary:

Current Value:

Does your spouse have any of the above plans:

f) Life Insurance

Name of Insurance Company: Beneficiary:
Value of Policy: Policy #:
Type of Policy: Does Coverage Terminate?:

g) Group Life Insurance

Name of Insurance Company: Beneficiary:
Value of Policy: Policy #:
Type of Policy: Who pays Premium?:
Does Coverage Terminate?:

h) Investments

Include bonds, stocks, moneys owed to you by mortgage or otherwise:

Item: Value (est.\$):
Item: Value (est.\$):
Item: Value (est.\$):
Item: Value (est.\$):

i) Business or Professional Financial Information

Business Name:
Address:
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Nature of Business:
Has a Buy-Sell or other agreement been entered into:

j) Personal and Household Items

Total Value (est.\$):
Insured Value (\$):
Listed Personal Property (e.g.) paintings, jewellery, stamps, sculptures, etc.):
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.....
.....

k) Bank Accounts

Total Value(est.)\$

Are any accounts held jointly?

l) Interests in Estates, Trust, Expected Inheritances:

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.....
.....

m) Foreign Income (e.g. US Dividends, rents, etc.):

Total Value (est.) \$:

n) Other Assets (including automobiles, boats, etc.):

Item: Value (est.\$):

Item: Value (est.\$):

Item: Value (est.\$):

Item: Value (est.\$):

o) Do you have Disability Benefits .. Value (est.\$):

8. LIABILITIES

List bank loans, mortgages and other significant debts or contingent liabilities:

Owed to: Amount(\$):

Address:

Owed to: Amount(\$):

Address:

Owed to: Amount(\$):

Address:

9. ADDITIONAL DETAILS OR COMMENTS

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