

**CLIENT INFORMATION FOR PREPARATION OF A
LAST WILL AND TESTAMENT**

1. TESTATOR

Your Full Legal Name:

The name you commonly use, if different from above:

Home Address:

Telephone: (Home) (Work) (Cell)

Email Address:

Date of Birth: Citizenship:

Occupation: Marital Status:

Work Address:

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

Have you been married previously: **Yes** **No**

If so, full legal name(s) of former spouse(s):

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

If so, full legal names of all children from **previous** marriages:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

Are any children disabled and on social assistance, like the Ontario Disability Support Program (ODSP)? If so, please indicate the name or name(s) of the child:

.....

If you are presently married:

If so, full legal names of all children from **current** marriage:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

Are any children disabled and on social assistance, like the Ontario Disability Support Program (ODSP)? If so, please indicate the name or name(s) of the child:

.....

Do you have a signed Cohabitation Agreement or Marriage Contract? **Yes** **No**

(If “Yes”, please provide us with a copy of either your Cohabitation Agreement or Marriage Contract, **not** your Marriage Licence.)

2. PROPOSED EXECUTOR

(who will administer your estate on your behalf and distribute your assets or manage trusts established for your beneficiaries in your Will when you pass away – you may wish to consider appointing your spouse either alone or with one or more other people)

Full Legal Name:

Address:

Telephone: (Home) (Work)

Relationship to Testator: Sole or Joint Executor?

IF JOINT EXECUTOR

Full Legal Name:

Address:

Telephone: (Home) (Work)

Relationship to Testator:..... Jointly or Jointly and Severally

Jointly: Executors acting together

Jointly and Severally: Executors acting together, but can act solely if the other named Executor is unable to act on your behalf for whatever reason

ALTERNATE EXECUTOR *(in the event the appointed executor should predecease you, die within a period of thirty days following your death, or is unwilling or unable to act, it is recommended that you appoint at least one alternate – this is especially important if you have only chosen ONE executor)*

Full Legal Name:

Address:

Telephone: (Home) (Work)

Relationship to Testator: Sole or Joint Alternate Executor?

IF JOINT ALTERNATE EXECUTOR

Full Legal Name:

Address:

Telephone: (Home) (Work)

Relationship to Testator: Jointly or Jointly and Severally

Jointly: Executors acting together

Jointly and Severally: Executors acting together, but can act solely if the other named Executor is unable to act on your behalf for whatever reason

3. BENEFICIARIES (if you have specific instructions as to the distribution of the residue of your estate, please indicate in the margin of this page or on the space provided on the last page.)

Spouse:

Full Legal Name:
 Address:
 Telephone: (Home) (Work)
 Date of Birth: Citizenship:

Children (the residue of your estate will be held in trust until your children reach the age of eighteen (18) years – unless otherwise indicated below):

(1) Full Legal Name:Date of Birth
 Address:
 (2) Full Legal Name: Date of Birth
 Address:
 (3) Full Legal Name:Date of Birth
 Address:
 (4) Full Legal Name:Date of Birth
 Address:

If there is insufficient space here, please attach list.

If you wish for the residue of your estate to be held in trust for your children other than until they reach the age of eighteen (18) years, please indicate the age or ages that you want it to be distributed and in what percentages or amounts:

<i>Age</i>	<i>%</i>	<i>Age</i>	<i>%</i>	<i>Age</i>	<i>%</i>

Is there to be a giftover to your grandchildren if a child of yours is not then alive? Yes No

Other Beneficiaries:

(1) Full Legal Name: Date of Birth
 Address:
 Relationship to Testator:
 (2) Full Legal Name: Date of Birth
 Address:
 Relationship to Testator:
 (3) Full Legal Name: Date of Birth
 Address:
 Relationship to Testator:
 (4) Full Legal Name: Date of Birth
 Address:
 Relationship to Testator:

4. **GUARDIANS** (should both you and the other parent of your child(ren) pass away):

Proposed Guardian(s)

(1) Full Legal Name: Date of Birth

Address:

Relationship to Testator:

(2) Full Legal Name: Date of Birth

Address:

Relationship to Testator:

IMPORTANT: If you have named more than one guardian and if, for example, one of the named guardians predeceases you or is unwilling or unable to act, do you wish for the surviving named guardian to act as guardian solely? Yes No

Alternate Guardian(s)

(1) Full Legal Name: Date of Birth

Address:

Relationship to Testator:

(2) Full Legal Name: Date of Birth

Address:

Relationship to Testator:

IMPORTANT: If you have named more than one alternate guardian and if, for example, one of the named alternate guardians predeceases you or is unwilling or unable to act, do you wish for the surviving named alternate guardian to act as alternate guardian solely? Yes No

5. **CREMATION** Yes No

6. **GIFTS OF PERSONAL PROPERTY, LEGACIES OR BEQUESTS TO INDIVIDUALS or CHARITIES** (please provide full legal names below)

TO: I wish to leave:

TO: I wish to leave:

TO: I wish to leave:

TO: I wish to leave:

7. REAL ESTATE

Your Home Address:
Names on title:
Joint Tenants
Tenants in Common Percentage ownership

Other Real Estate:

Property 1 – Street address or location:
Names on title:
Joint Tenants
Tenants in Common Percentage ownership

Property 2 – Street address or location:
Names on title:
Joint Tenants
Tenants in Common Percentage ownership

If you own the above properties solely or as Tenants in Common and you wish to leave such property to a particular person or people or give someone the right to use such property during their lifetime with the provision that when they pass away the property is to go to someone else. This type of arrangement is a trust and requires you to consider matters such as who will pay ongoing expenses, such as insurance and regular maintenance costs, who will be responsible for repairs outside the course of everyday living expenses, etc..

Please describe the property you wish to deal with and set how the property is to be distributed:

8. CORPORATE INFORMATION – Do you have any shares in a private corporation? *Yes* *No*

Full Legal Name of Corporation:
Is there a Shareholders' Agreement? *Yes* *No* If yes, please provide a copy.

If not, please provide the full legal name(s) of the individual(s) that you wish to leave the shares to:
.....

In the event the above named individual(s) predecease you, please provide the full legal name(s) of the individual(s) that you wish to leave the shares to:
.....

9. ADDITIONAL DETAILS OR COMMENTS you wish to be outlined in your Will, if any: