



WILL PLANNING DATA SHEET

PART I –PERSONAL DETAILS

NAME: _____

(Also known as) _____
(if applicable)

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

S.I.N. NUMBER: _____

SPOUSE (IF APPLICABLE)

NAME: _____

(Also known as) _____
(if applicable)

ADDRESS: _____

PHONE NUMBER: _____

(if different from above)

DATE OF BIRTH: _____

S.I.N. NUMBER: _____

CHILDREN (IF APPLICABLE)

NAME: _____

(Also known as) _____
(if applicable)

ADDRESS: _____

PHONE NUMBER: _____

(if not residing with you)

DATE OF BIRTH: _____

NAME: _____

(Also known as) _____
(if applicable)

ADDRESS: _____

PHONE NUMBER: _____

(if not residing with you)

DATE OF BIRTH: _____

NAME: _____

(Also known as) _____
(if applicable)

ADDRESS: _____

PHONE NUMBER: _____

(if not residing with you)

DATE OF BIRTH: _____

GRANDCHILDREN (IF APPLICABLE)

NAMES & AGES:

**IF ANY OF THE ABOVE CHILDREN
ARE FROM A PREVIOUS MARRIAGE,
PLEASE NAME THEM:**

OTHER DEPENDENTS

Are you in fact supporting any other person? If so please give details:

Are there any special considerations relating to any of the children which you consider to be worth in your Will? (e.g. disabilities, birth status, etc.)

DOMESTIC CONTRACT AND COURT ORDERS:

Have you or your spouse ever signed a Separation Agreement, Marriage Contract, or been involved in a court proceeding which might have an impact on your estate?

YES () NO ()

If so, provide details:

PART II –FINANCIAL DETAILS OF YOUR ESTATE

(A) **REAL ESTATE:**

1) (i) Address: _____

(ii) Approximate value: _____

(iii) Mortgage (if any): _____

(iv) Owned by: _____

2) (i) Address: _____

(ii) Approximate value: _____

(iii) Mortgage (if any): _____

(iv) Owned by: _____

(B) **BUSINESS INTERESTS:**

Name: _____

Address: _____

Type of Business: Sole proprietorship ()

Partnership ()

Limited Company ()

(C) **INSURANCE:**

	NAME OF COMPANY	FACE VALUE	POLICY NUMBER	BENEFICIARY
Group Insurance:				
Personal Insurance:				

(D) **RRSPs:**

Name of Owner: _____

Trustee and Plan Number: _____

Approximate current value: _____

Beneficiary: _____

Name of Owner: _____

Trustee and Plan Number: _____

Approximate current value: _____

Beneficiary: _____

(E) **PENSION PLANS:**

Do you have any through employment: Self: YES ()

NO ()

Spouse: YES ()

NO ()

If so, who is the beneficiary: _____

(F) **STOCKS, BONDS AND OTHER SECURITIES:**

Please provide a current list of your stock portfolio or other securities:
(you may wish to attach a separate page, e.g. statement from broker)

(G) **BANK ACCOUNTS, GICs AND OTHER INVESTMENTS:**

Please provide a current list of your accounts and other investments:

(H) **DEBTS AND LIABILITIES:**

Please provide details of monies that you owe to a third person (if any):

PART III –WILL PLAN

(A) **ESTATE TRUSTEE (EXECUTOR):**

What person or persons would you like to act as estate trustee of your estate?

() Spouse

() Other –If other:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

If you have chosen your spouse, and your spouse predeceases or is unable to act, who would be your alternate choice?

FOR MY WILL:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

(PLEASE NOTE THAT A SPOUSE MAY DISPOSE OF HIS/HER ESTATE SEPARATELY FROM HIS/HER HOUSE)

SPOUSE'S WILL (if different):

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

(B) **DETAILS OF WILL**

Please advise us of the general scheme of distribution of your estate. In particular, what portion of your estate is to go to whom? Please advise us of secondary beneficiary in the event the primary beneficiary predeceases. If your children are under eighteen, please advise us of the age at which you wish them to take control of their inheritance. In many cases, people leave their entire estate to their spouse, and then to their children. If this is your intention, please indicate by checking off: ()

If not, please outline the distribution scheme which you prefer:

(C) **GUARDIAN:**

If you have infant children and you and your spouse are not available, to whom would you like to give custody of your children?

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

(D) **POWERS OF ESTATE TRUSTEE (EXECUTOR):**

Do you want any restrictions on the powers of your executor: YES ()

NO ()

If yes, what restrictions do you wish:

(E) **SPECIAL PROVISIONS:**

Do you wish to include in your Will any special provisions relating to funeral arrangements, medical use of your body, etc.? If so, please advise:

POWER OF ATTORNEY

(Under the Ontario Substitute Decisions Act, Powers of Attorney have become increasingly important. Unlike a Will, your Power of Attorney takes effect during your lifetime, if you become incapacitated. The Power of Attorney for managing property enables your attorney to sign on your behalf with respect to business and financial matters. Your Power of Attorney for Personal Care allows your attorney to deal with your doctors and to make medical decisions which you are incapable of making due to your illness.)

(A) **POWERS OF ATTORNEY**

Do you wish a Power of Attorney for managing property? YES ()

NO ()

If so, whom do you wish to be your attorney? SPOUSE ()

OTHER ()

If other:

NAME: _____

ADDRESS: _____

(B) **POWER OF ATTORNEY FOR PERSONAL CARE:**

If so, whom do you wish to be your attorney? SPOUSE ()

OTHER ()

If other:

NAME: _____

ADDRESS: _____

Many people chose to have a "Living Will" incorporated into their Power of Attorney. Essentially, this instructs their attorney that no heroic measures are to be taken to prolong life if there is no possibility of recovery. Do you wish the Living Will provision to be incorporated into your Power of Attorney for Personal Care?

YES ()

NO ()

DOCTOR'S NAME: _____

STORAGE OF YOUR WILLS AND POWERS OF ATTORNEY

WE WOULD BE PLEASED TO STORE YOUR WILLS AND/OR POWER(S) OF ATTORNEY AT NO EXTRA CHARGE TO YOU. PLEASE INDICATE, WITH A CHECKMARK, BELOW, WHETHER OR NOT YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS SERVICE:

() I WOULD LIKE BROOKS LAW OFFICE TO STORE MY WILL AND/OR POWER(S) OF ATTORNEY

() I PREFER TO STORE MY WILL AND POWER(S) OF ATTORNEY MYSELF