

ANDREA PARLIAMENT LAW

PROFESSIONAL CORPORATION

Wills and Powers of Attorney – Client Instructions

PART A: Names and Contact Information	
Client No. 1 (Primary Contact)	Client No. 2
Full Legal Name:	Full Legal Name:
Maiden Name / Also Known As:	Maiden Name / Also Known As:
Occupation & Employer:	Occupation & Employer:
Date & Place of Birth: _____ _____ [dd/mmm/yyyy]	Date & Place of Birth: _____ _____ [dd/mmm/yyyy]
Home / Cell Phone Number [H]: [C]:	Home / Cell Phone Number [H]: [C]:
Home Address:	
<i>Due to the sensitive nature of the documents and drafts we will be sending you, for confidentiality reasons we ask that you provide us with a personal email address if available instead of a business email address.</i>	
Email Address:	Email Address:
Citizenship	
Canadian Citizen Canadian Resident Other: _____	Canadian Citizen Canadian Resident Other: _____

Marital Status			
Legally Married Common-Law Separated I am not a Spouse (Widowed, Single, Divorced) Single but made in contemplation of a legal marriage Will being made in contemplation of marriage to: _____ On: _____ [dd/mmm/yyyy]	Legally Married Common-Law Separated I am not a Spouse (Widowed, Single, Divorced) Single but made in contemplation of a legal marriage Will being made in contemplation of marriage to: _____ On: _____ [dd/mmm/yyyy]		
Have you been previously married?			
Yes	No	Yes	No
If Yes, please provide your: Previous spouse's Date of Death: _____ [dd/mmm/yyyy] Date of Separation: _____ [dd/mmm/yyyy]	If Yes, please provide your: Previous spouse's Date of Death: _____ [dd/mmm/yyyy] Date of Separation: _____ [dd/mmm/yyyy]		
Domestic Contracts			
Separation Agreement Pre-Nuptial Agreement	Separation Agreement Pre-Nuptial Agreement		

Do you have children from a prior relationship?				
Yes	No	Yes	No	
Do you have any prepaid funeral arrangements?				
Yes	No	Yes	No	
PART B: Please specify which of the following documents you would like prepared.				
1) Will: <i>*If No, skip parts C through G. (Pages 4 – 9)</i>	Yes	*No		
For Couples, please mark which of the following types of Wills you would like to have prepared: Mutual Contract: Cannot be changed after one spouse dies. Independent Contract: Can be changed after one spouse dies.				
2) Power of Attorney for Property	Yes	No	Yes	No
This document grants someone the right to manage your bank accounts and real estate in order to help deal with your financial matters once you have lost either physical or mental capacity. There are laws in place to hold Powers of Attorney accountable for their actions.				
3) Power of Attorney for Personal Care	Yes	No	Yes	No
This document grants someone the right to make decisions regarding your <i>living conditions and medical treatment</i> once you have lost either physical or mental capacity. There is legislation in place to supervise and hold Powers of Attorney accountable for their actions.				
Do you have a prior:				
1) Will?	Yes	No	Yes	No
2) Power of Attorney for Property?	Yes	No	Yes	No
3) Power of Attorney for Personal Care?	Yes	No	Yes	No
If available, please forward copies of your prior documents to our office.				

PART C: Will Instructions

<p>First Choice Executor:</p> <p>An Executor is the person or Trust Company you appoint to carry out the directions in your Will.</p> <p>Ideally, this person is resident in Ontario, otherwise they will need to post security in proportion to the size of your estate before they can be appointed by the Court.</p> <p>It is a good idea to make the same person your POA for Property. Your POAs should live close by to properly assist you with your financial needs.</p>	Name:	Name:
	My Spouse (If Married)	My Spouse (If Married)
	Relationship to you:	Relationship to you:
	Resident of Ontario? Yes No	Resident of Ontario? Yes No
<p>Alternate Executor:</p> <p>Alternate Executors are named in the event that your first choice is unable or unwilling to act.</p> <p>All good Wills have an alternative. You can name a professional if you do not have family close by and/or they are not appropriate Executors.</p>	Name:	Name:
	Relationship to you:	Relationship to you:
	Resident of Ontario? Yes No	Resident of Ontario? Yes No
Would you like your Executors to also act as your Attorneys for Property?	Yes No	Yes No
Would you like your Executors to also act as your Attorneys for Personal Care?	Yes No	Yes No

Are your Executors to be compensated for acting as Estate Trustees/Executors?	Yes No	Yes No
First Choice Guardian(s) for Minor Children:	Name(s):	Name(s):
	Relationship to you:	Relationship to you:
Alternate Guardian(s) for Minor Children:	Name(s):	Name(s):
	Relationship to you:	Relationship to you:

Funeral, Burial, Health Care/Heroic Measures and other Special Instructions. *(Sample clauses available on request.)*

	Same
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PART D: Children and Dependents

Name of Child or Dependent	Date of Birth [dd/mmm/yyyy]	Does this person have a disability?	
		Yes	No
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No
5.		Yes	No

Do you have any support obligations?	
Yes - Please specify:	No

Name and address of family physician	
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	Same
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PART E: Contents of Your Estate

Do you own:	
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A House:	If Yes, please provide the address (if different from the one provided in Part A) and advise who else is on title:
Yes No	

A Cottage:	If Yes, please provide the address and advise who else is on title:
Yes No	

RRSPs and Insurance Policies:	Yes	No
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Have you designated beneficiaries already?	Yes	No
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Should they be updated to be consistent with your will?	Yes	No
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Real estate, bank accounts, or investments located <i>outside of Ontario</i> ?	Yes	No
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Shares in a Private Corporation?	Yes*	No
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*If Yes, Name of Corporation: _____

A Corporate/Secondary Will is strongly recommended if you own significant assets in a private corporation. It must be executed at the same time as your Primary Will. Please notify us if you are interested in this additional service.

Who prepares your taxes? (Include name and contact information)

Locations of important personal papers and computer login credentials:

Where should your Executors look?	Same
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PART F: Specific Bequests

Would you like your Will to reference a Memorandum which you maintain at home outlining who receives your personal belongings? This allows you to change your mind without changing your will.

Yes No

Do you have specific items that you would like to pass along to a beneficiary *before* your financial estate is distributed to your beneficiaries? (See below chart)

Client No. 1 (Lump Sum \$, Jewelry, Vehicles, Family Heirlooms, etc.)

Item / \$ Amount	Name and Relationship of Beneficiary	Do they know?	
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No

Client No. 2 (Lump Sum \$, Jewelry, Vehicles, Family Heirlooms, etc.)

Item / \$ Amount	Name and Relationship of Beneficiary	Do they know?	
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No

Specific Exclusions (Provide the names and relationships of those you wish to specifically <i>exclude</i> from your Will.)	
	Same
Charitable Donations _____% OR \$_____	
Hospital Church Non-Profit Organization Other: _____	Name and Address of Organization:

PART G: Residue

	Client No. 1	Client No. 2
How would you like to distribute the residue of your estate?	First to my spouse unless he/she does not survive me for a period of 30 days. Yes No	First to my spouse unless he/she does not survive me for a period of 30 days. Yes No
First Beneficiary:		
If No, my first beneficiary is:	Name: Relationship:	Name: Relationship:
If the first beneficiary has predeceased you:	Secondly, I leave my estate to: 1) Name: Relationship: 2) All my children in <i>equal</i> shares <i>and</i> in the event that a child of mine dies before me but has living children of their own, then (Next Page):	Same instructions as Client 1 1) Name: Relationship: 2) All my children in <i>equal</i> shares <i>and</i> in the event that a child of mine dies before me but has living children of their own, then (Next Page):

	<p>a) my grandchildren will receive their parent's share (<i>per stirpes</i>);</p> <p>b) my remaining children inherit equally (<i>per capita</i>)</p> <p>3) Give to different size shares as follows: (% or fixed \$ amount)</p>	<p>a) my grandchildren will receive their parent's share (<i>per stirpes</i>);</p> <p>b) my remaining children inherit equally (<i>per capita</i>)</p> <p>3) Give to different size shares as follows: (% or fixed \$ amount)</p>
	Name: Relation: Size:	Name: Relation: Size:
	Name: Relation: Size:	Name: Relation: Size:
	Name: Relation: Size:	Name: Relation: Size:
Do you want there to be age restrictions on your beneficiaries receiving their inheritance?	<p>No, they can inherit at the age of 21 years old.</p> <p>Yes, at the discretion of my Trustee if for the purpose of paying for tuition or related educational purposes, but otherwise:</p> <p>a) Not until the age of ____ years old.</p> <p>b) ____% at the age of ____ years, then ____% at the age of ____, years and the remainder at the age of ____ years.</p>	<p>No, they can inherit at the age of 21 years old.</p> <p>Yes, at the discretion of my Trustee if for the purpose of paying for tuition or related educational purposes, but otherwise:</p> <p>a) Not until the age of ____ years old.</p> <p>b) ____% at the age of ____ years, then ____% at the age of ____, years and the remainder at the age of ____ years.</p>
Are there any circumstances or family dynamics that we should be aware of?		

PART H: Powers of Attorney for Property and Personal Care

The following is only required if you have made different choices from the Executors for your Will.

<p>First Choice for your Power of Attorney for Property:</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>
<p>Alternate Choice for your Power of Attorney for Property:</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>
<p>First choice for your Power of Attorney for Personal Care:</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>
<p>Alternate Choice for your Power of Attorney for Personal Care:</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>	<p>Name: Relationship: Resident of Ontario: Yes No</p>
<p>Additional Attorney designations or instructions, if any:</p>		

PART I: Administrative Details

1) Do you want us to keep your originally executed Will and Powers of Attorney in our office vault for safekeeping?

Yes

No

2) How many copies do you want?

Two sets of copies of all documents are included in the original fee for our services. An additional fee of \$20 will be required for each additional set of copies.

3) How did you hear about us?

4) Any suggestions for how we can improve our services?

Next Steps:

Once we have completed your draft documents we will send them to you for your review by email and arrange for a signing meeting. At this same meeting, we will also review these documents with you prior to your signing them and discuss any and all concerns you may have. If necessary, we will make last minute changes to your drafts before signing them.

As we need to arrange for the attendance of two independent witnesses for your signing meeting please ensure that you can attend this meeting.

Thank you for trusting us with these important and confidential matters.