

# WILL INFORMATION – COUPLE WITHOUT CHILDREN

In order to assist us to prepare your Will documents, please provide the following information as best you can. Tammy will discuss your information in more detail with you and why it is necessary to ask you the questions.

Give personal details as follows for yourself and your spouse

**Do not use initials for any of your names, rather give your full name.**

Your full legal name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
1. \_\_\_\_\_

2. \_\_\_\_\_

Give any variation(s) of your name(s) used by you in legal documents:

## **CURRENT CONTACT INFORMATION:**

Address: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work: 1<sup>st</sup> person: \_\_\_\_\_ 2<sup>nd</sup> person: \_\_\_\_\_

Is it okay to leave detailed messages on the phone number(s) given? Yes  No

E-mail Address: \_\_\_\_\_

## **MARITAL STATUS: Check applicable boxes.**

Married  Common-law  If married, or common-law how long? \_\_\_\_\_ First Marriage: Yes  No

Do you have any obligations for payment under a prior Separation or Divorce agreement? Yes  No

Comments if any: \_\_\_\_\_

DO YOU HAVE A WILL AT THIS TIME? Yes  No  If yes: APPRX SINCE: \_\_\_\_\_

### OFFICE USE ONLY

Date: \_\_\_\_\_ Referral: \_\_\_\_\_  
Asked client if he/she is on medication Y  N  Does it affect mental health? Y  N

Notes: \_\_\_\_\_

Available to sign in 2-3 weeks? Y  N

E-mail / hold draft for pick up /clients to review at office?

#### **Discussed:**

-POA? Y  N  Wanted by clients at this time? Y  N  To decide

-Rep Agreement? Y  N  Wanted by clients at this time? Y  N  To decide

-Health Care Directive? Yes  No  To prepare? Y  N  To decide

File Wills Notice? Yes  No  Kept where? \_\_\_\_\_

Order Title Search? Y  N  Check names online

Client to bring in STC: Y  N

Notes: \_\_\_\_\_

### OFFICE USE ONLY

Consultation Fee:  
1 person: \$100 + taxes  
2 persons: \$175 + taxes  
With POA add \$50.00 + taxes  
With Rep Agr add \$50 + taxes

Paid by:  
Cash/Cheque/Debit  
Amount: \_\_\_\_\_

**ASSETS:**

Before you can put someone in charge of your legal and financial affairs, it is imperative that you know what you own and what is worth. Therefore, to assist us to verify you have met requirements under the Wills Estate Succession Act, please provide estimates as to the following information respecting your portfolio. This gives an overview of what your portfolio is comprised of at this moment in time and will also assist in discussing what your opinions are in distribution of your estate. It is not to say that your portfolio will not be amended.

**Corporations:**

Do you own your own business? 1<sup>st</sup> person Yes  No  2<sup>nd</sup> person Yes  No   
Are you a majority shareholder/ Director? 1<sup>st</sup> person Yes  No  % 2<sup>nd</sup> person Yes  No  %  
Do you have a Shareholders Agreement? Yes  No

**Real Estate:**

Do you own property within B.C.? Yes  No  Is it Leased Lands? Yes  No   
Are you Joint Tenant Owners? Yes  No  Name of anyone else on title: \_\_\_\_\_  
If sole, in whose name? His  Hers   
Is this property your principal residence? Yes  No  Value: \_\_\_\_\_  
Who is your mortgage with: \_\_\_\_\_ Amt.: \_\_\_\_\_  
Is the mortgage Life Insured to Bank? Yes  No   
Do you own property elsewhere? Yes  No  Where? \_\_\_\_\_ With? \_\_\_\_\_  
Do you own time shares? Yes  No  Details: \_\_\_\_\_

**Banking:**

How many accounts do you have? \_\_\_\_ Tell us the following e.g.: Chequing/ Savings. (Use "C" for Chequing and "S" for Savings). Is the account in Sole Ownership? Yes  No  If sole, whose name? His  Hers   
Details:  
Type of account, owner & where held: \_\_\_\_\_ Balance: \_\_\_\_\_  
Type of account, owner & where held: \_\_\_\_\_ Balance: \_\_\_\_\_

**Investments:**

Circle any of the following which you own: RRSP, RRIF's & any other Tax Deferring Plans. Please provide brief details. (Where held/ approx. balance of account/ beneficiary named?)

Held at:	Approx Value:	Beneficiary:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive **pensions/ annuities**? Yes  No  If yes, please provide brief details. (Where held/ approx. balance of account/ beneficiary named?)

Held at:	Approx Value:	Beneficiary:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have **life insurance**? Yes  No  If yes, please provide brief details. (Where held/ approx. balance of account/ beneficiary named?)

Held at:	Approx Value:	Beneficiary:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Any other investments not listed above?** Yes  No  If yes, please provide brief details.  
\_\_\_\_\_  
\_\_\_\_\_

**Have you loaned money to anyone?** Yes  No  If yes, please provide brief details. Do you expect repayment? Yes  No

Borrower's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Maturity date of debt: \_\_\_\_\_ Secured? Yes  No

**Assets outside B.C.** / Description/ Owner  
\_\_\_\_\_  
\_\_\_\_\_

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Corp. Life Insurance? Yes  No  Advised Talk to accountant re: effect income tax? Yes  No   
Joint Venture Agreements? Yes  No  Advised to consult Corp. lawyer? Yes  No

Notes: \_\_\_\_\_

**LIABILITIES:**

**Have you borrowed any money?** Yes  No  If yes, please provide brief details.

Lender's name: \_\_\_\_\_

Address: \_\_\_\_\_

Maturity date of debt: \_\_\_\_\_

**Have you ever given a Personal Guarantee or co-signed on a loan for anyone?** Yes  No

If yes, please provide brief details.

\_\_\_\_\_  
\_\_\_\_\_

**APPOINTMENT OF EXECUTOR:** Please give full legal names, if not known it is okay to provide full names later.

**Who do you want to name as your primary (1<sup>st</sup>) executor?** Your spouse? Yes  No

OR

	<b>Name:</b>	<b>Relationship:</b>	<b>Place of Residence:</b>
Primary:	_____	_____	_____
then			
Secondary:	_____	_____	_____
then			
Thirdly:	_____	_____	_____

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Are the 2 people to **act together only**? Yes  No ;

**If one cannot, survivor thereof?** Yes  No ; or **add one more person to partner?** Yes  No

**DISTRIBUTION OF ESTATE:** Tell us about how you want your estate to be given.

All to spouse in first instance? Yes  No

Alternate distributions if your spouse pre-deceases you:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_% to my family as follows  
(Please list full names)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_% to my spouse's family as follows

**If you chose to gift personal items or cash legacies in your Will, there will be additional cost factors to you in making your Will & for your estate respecting Probate Fees. Tammy will discuss this with you.**

Any specific items to be given? Yes  No  If yes, please provide brief details. NOTE IF there is a loan against the asset, please state if your estate is to pay off the debt & give clear title of the asset to the beneficiary. (WESA 47.2/4)

\_\_\_\_\_  
\_\_\_\_\_

Are you gifting any cash bequests to charitable organizations/ relatives/ friends? Yes  No

If yes, please provide brief details.

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

-advised of "Wish List" & effect vs. gifting in the Will?  Not required to include personalty in Will

-advised additional cost for gift clauses written into the Will?

Use Common Disaster clause to ensure cash legacy not duplicated in spouse's Will

**FUNERAL ARRANGEMENTS:** Tell us about any prepaid arrangements you have made:

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be cremated?	1 <sup>st</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 <sup>nd</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ashes scattered?	1 <sup>st</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 <sup>nd</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to be buried?	1 <sup>st</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 <sup>nd</sup> person	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you wish to **state the preference of cremation/burial in your will**? Yes  No ; or is the family already aware of wishes and instructions or will be given same from time to time? **Family knows**  **will be told**

**Power Of Attorney & Representation Agreement (DOCUMENT HISTORY):**

**A Power of Attorney (POA) is only valid whilst you are alive, upon your death the POA ceases and the Will then becomes effective. The Executor has no power over your estate whilst you are alive, and conversely the Attorney is not the Executor by operation of the POA document.** POA is for handling legal and financial affairs. The document to deal with health care issues is ordinarily the Representation Agreement.

Have you ever previously granted a **Power of Attorney**? Yes  No  If yes, please provide brief details.

Are you named or have you ever **acted for anyone as their Attorney** under a Power of Attorney? Yes  No  If yes, please provide brief details.

If applicable, will you be using different people for your Attorney and Executor? Yes  No  If yes, please provide the name of your Attorney: \_\_\_\_\_

Have you ever previously **granted a Representation Agreement**? Yes  No  If yes, please provide brief details.

Are you nominated or have you ever **acted for anyone as their Decision Maker** under a Representation Agreement? Yes  No  If yes, please provide brief details.

**FOR OFFICE USE ONLY IF A POA OR REP AGREEMENT IS REQUIRED**

**Include the following powers:**

To Spouse only Or: Multiple Attornies, to be: \_\_\_\_\_

Alternate or Joint Attorney; Alternate with dec YES/NO Dr.'s note required for alt to act: Yes/No

Attorneys will do specific duties. **Attorney one** is responsible for: all financial matters for personal banking; bill payment; and day to day spending and money management for dependents, and including dealing with arrangements as to accommodations; **Attorney two** is responsible for handling investments and long term investments;

Attorney to have power to appoint a substitute if s/he chooses; Attorney can delegate work

Attorney is to be paid \_\_\_\_\_/hr or \_\_\_\_\_

Include clause for Attorney to use funds for dependent child/foster child/spouse

Include clause for Attorney to be able to continue charitable giving

Include clause for giving personalty (per memorandum); Any specific decisions re; pets? \_\_\_\_\_

Include the clause for restrictions. Details of restrictions: /specific transaction or specified time frame) are:

Limited time period of: \_\_\_\_\_ Sale of real property: \_\_\_\_\_

Attorney to be able to transfer title to real property to himself/herself/themselves

Donor has Joint Business ventures. Special power required. \_\_\_\_\_

Amend signing clause to reflect blind donor or donor signing with mark. (Notary & one staff as witness)

Dr.'s note needed to verify capacity; Statutory Declaration sample for alternate attorney to act to be included

Revocation Statutory Declaration required

REP AGREEMENT: To Spouse; & Alternate: \_\_\_\_\_ or: \_\_\_\_\_

DNR or End of Life Decisions? Yes/No Power to make all health care related decisions? Yes/No if No, what is restricted?

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TAMMY MORIN NAKASHIMA**  
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