

WILL INFORMATION - COUPLE

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: 1st person: _____ 2nd 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

Who has guardianship of children & tell us if under the Family Law Act you must designate a particular guardian in your Will per an Order of the Court _____

Comments if any: _____

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

DETAILS re: FAMILY MEMBERS:

As your family is directly affected by your will, please give the full legal names of your children (no initials). Tell us their age. If they are independent, tell us what city they live in & their marital status & whether or not they have children. Use "M" for married; "S" for single; "D" for divorced. Give the number of children, if any. Please cross off any section that does not apply to you. For blended families, please change the word "OUR" to identify whose children are listed (eg: Wife's Children)

Our children:	Age:	Marital Status:	City of Residence:	# of children
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

(continue list on the last page under: Notes)

Children from prior relationship & whose:	Age:	Marital Status:	City of Residence:	# of children
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

(if needed continue list on the last page under: Notes)

Do you have any: predeceased children? Yes No a) Did they have any children? Yes No

b) Do you have any: disabled children? Yes No Names for a) or b) _____

GUARDIAN INFORMATION:

If you name more than one guardian, consider who would take the children in the event of divorce or if one member of the couple should perish.

Primary Guardian: _____ Relationship: _____

Alternate Guardian: _____ Relationship: _____

City/ Province where guardian lives: Primary: _____ Alternate: _____

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Date: _____ Referral: _____	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: _____
Asked client if he/she is on medication Y <input type="checkbox"/> N <input type="checkbox"/> Does it affect mental health? Y <input type="checkbox"/> N <input type="checkbox"/>	
Notes: _____	
Available to sign in 2-3 weeks? Y <input type="checkbox"/> N <input type="checkbox"/>	
E-mail / hold draft for pick up /clients to review at office?	
Discussed:	
-POA? Y <input type="checkbox"/> N <input type="checkbox"/> Wanted by clients at this time? Y <input type="checkbox"/> N <input type="checkbox"/> To decide <input type="checkbox"/>	
-Rep Agreement? Y <input type="checkbox"/> N <input type="checkbox"/> Wanted by clients at this time? Y <input type="checkbox"/> N <input type="checkbox"/> To decide <input type="checkbox"/>	
-Health Care Directive? Yes <input type="checkbox"/> No <input type="checkbox"/> To prepare? Y <input type="checkbox"/> N <input type="checkbox"/> To decide <input type="checkbox"/>	
File Wills Notice? Yes <input type="checkbox"/> No <input type="checkbox"/> Kept where? _____	
Order Title Search? Y <input type="checkbox"/> N <input type="checkbox"/> Check names online <input type="checkbox"/>	
Client to bring in STC: Y <input type="checkbox"/> N <input type="checkbox"/> WVA DEC FEE \$200 ADVISED Yes ___ No ___	
Notes: _____	

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? 1st person Yes No 2nd person Yes No
Are you a majority shareholder/ Director? 1st person Yes No % 2nd 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 (1st) executor? Your spouse? Yes No

OR

	Name:	Relationship:	Place of Residence:
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

Alternately (spouse deceased) equally to children? Yes No

WVA DEC FEE \$200

If such a circumstance was relevant, do you wish the share your child was to receive to be given to his/her children (meaning your grandchildren) Yes No

Does this include unborn grandchildren? (Posthumous)

Do you have any Reproductive Material? If Yes, What are your instructions: _____

Alternate distributions if your spouse or children pre-decease you:

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

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.

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-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:

Prepaid: _____

Do you wish to be cremated?	1 st person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 nd person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ashes scattered?	1 st person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 nd person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to be buried?	1 st person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 nd 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
Notary Public
209, 3740 Chatham St.
Richmond, BC V7E 2Z3
TEL: (604) 275-0070/FAX 275-0080
tammy@richmondnotary.ca