

## PERSONAL INFORMATION

Name in Full (First, Middle, Last)	
Date of Birth:	Citizenship:
Present Address:	
Telephone Nos.	

### PREVIOUS WILLS

Do you presently have a Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### MARITAL STATUS

<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Do you have a Marriage contract/Cohabitation Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Divorced : <input type="checkbox"/> Yes <input type="checkbox"/> No
Separation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

### INFORMATION ABOUT YOUR SPOUSE OR PARTNER

Spouse's/Partner's Full Name (First, Middle, Last):	
Date of Birth:	Citizenship:
Present Address (If different from above)	

### CHILDREN

(Please indicate if any are Stepchildren, adopted, handicapped, or born outside of marriage)

NAME	BIRTHDATE	Name of Spouse if Applicable and number of Grandchildren	Please check if child is financially dependent
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### ARE YOU SUPPORTING ANY OTHERS

(Please note any ex-spouses, parents, friends, and whether they are living outside of Canada)

NAME AND ADDRESS	RELATIONSHIP

**DISPOSITION OF THE RESIDUE OF YOUR ESTATE**  
 (Please also provide for an "ultimate disaster" scenario)


**MINOR CHILDREN (GUARDIAN & AGE TO BENEFIT FROM WILL)**


**CREMATION:**     Yes     No

**PRELIMINARY THOUGHTS ON YOUR WILL**

**EXECUTOR (S)**

Name in Full (First, Middle, Last):	Relationship to you:
Present Address (If different from above)	

Name in Full (First, Middle, Last):	Relationship to you:
Present Address (If different from above)	

**ALTERNATE EXECUTOR (S)**

Name in Full (First, Middle, Last):	Relationship to you:
Present Address (If different from above)	Apartment No.

Name in Full (First, Middle, Last):	Relationship to you:
Present Address (If different from above)	Apartment No.

**PRELIMINARY THOUGHTS ON YOUR POWERS OF ATTORNEY  
(CONTINUING POWER OF ATTORNEY FOR PROPERTY)**

Do you have any existing Powers of Attorney that you wish to revoke?  Yes  No

**ATTORNEY (S)**

Name in Full (First, Middle, Last):	Relationship to you:
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Name in Full (First, Middle, Last):	Relationship to you:
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**ALTERNATE ATTORNEY (S)**

Name in Full (First, Middle, Last):	Relationship to you:
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Name in Full (First, Middle, Last):	Relationship to you:
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If you are appointing more than one attorney, do you wish them to have the power to act individually (jointly and severally), or do you wish them to act together (jointly)

Jointly & Severally       Jointly

**POWER OF ATTORNEY FOR PERSONAL CARE**

**ATTORNEY (S)**

Name in Full (First, Middle, Last):	Relationship to you:
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Name in Full (First, Middle, Last):	Relationship to you:
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**ALTERNATE ATTORNEY (S)**

Name in Full (First, Middle, Last):	Relationship to you:
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Name in Full (First, Middle, Last):	Relationship to you:
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