

McLELLAN



HERBERT

Barristers and Solicitors

Will Information Sheet

The information on this sheet will help us in providing advice to you, preparing your will and assisting your executor. Thank you for allowing us to be of service to you.

Filling in this form does not constitute making a valid Will. You still need to have your Will drafted, signed and properly witnessed. If there is an urgency in making your Will please advise our office immediately.

I. General Information

Client information

Full Legal Name (include all "also known as")	
Address	
Telephone – home	
Telephone – cell/business/fax	
Email	
Occupation	
Date of Birth	
Place of Birth	
Citizenship	
SIN	
Care Card Number	

Marital Information

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
If divorced, date of divorce			

Spouse / Partner Name	
Date of Birth	
Place of Birth	
Address	
Occupation	
Citizenship	
Spouse SIN (if there is real property)	
Telephone number	
Alt. telephone number	
Date of marriage (or date cohabitation started)	

Children

(List all children and indicate if alive or deceased)

Full Legal Name	
Date of Birth	
Address	

Full Legal Name	
Date of Birth	
Address	

Full Legal Name	
Date of Birth	
Address	

Full Legal Name	
Date of Birth	
Address	

Full Legal Name	
Date of Birth	
Address	

Full Legal Name	
Date of Birth	
Address	

Are there any predeceased children?

Yes No

If yes, Name:

If yes, did they have any children of their own?

Yes No

If yes:

Full Legal Name		Full Legal Name	
Date of Birth		Date of Birth	
Address		Address	

If no spouse or children, list closest next of kin:

Full Legal Name	
Relation to the Deceased	
Date of Birth	
Address	

Full Legal Name	
Relation to the Deceased	
Date of Birth	
Address	

Do you have a Will now? Yes No

If yes, why do you want to make a change?

Does your spouse have a Will now? Yes No

Have you set up a trust to benefit another person? Yes No

If so, please provide particulars:

Do you and your spouse have a prenup / cohabitation / marriage contract? Yes
(if yes, please provide a copy) No

Have you been separated at all within the last two years? Yes No

Have you been married/common law more than once? Yes No

Are you an Executor or Trustee of any estate? Yes No

Your Accountant:		Your life insurance agent:	
Name		Name	
Firm		Firm	
Address		Address	

II. Assets & Liabilities

1. Automobiles and Boats

(a) Value	(b) Value
In whose name:	In whose name:

2. Approximate value of household goods and contents:
(any special items, eg. Jewellery antiques, collections, or art
work):

\$

3. Real Estate

(a) Location:	
Net Value:	\$
Original Cost:	\$
In whose name:	
(b) Location:	
Net Value:	\$
Original Cost:	\$
In whose name:	

4. Bank Accounts

(a) Name of Bank:	
Address:	
In whose name:	
Average Balance:	\$
(b) Name of Bank:	
Address:	
In whose name:	
Average Balance:	\$

5. Safety Deposit Boxes

(a) Location:	
Box number:	
(b) Location:	
Box number:	

6. Life Insurance

(a) Name of Company	
Beneficiary(s):	
Value of Benefit:	\$
(b) Name of Company	
Beneficiary(s):	
Value of Benefit:	\$

Insurance Trusts

(please indicate whether they have been set up, if they are needed or if they are not needed):

7. RRSP's, Pensions, Annuities

(a) Institution Name	
Beneficiary(s):	
Anticipated value:	\$
(b) Institution Name	
Beneficiary(s):	
Anticipated value:	\$

8. Registered Education Savings Plan (or Registered Disability Savings Plans)

Name of Financial Institution:	
Amount in Plan:	\$
Name of Beneficiary(s):	

9. Do you own or have an interest in a business? (ie: sole proprietorship, partnership, limited company)
If yes, provide details of ownership:

10. Investments

Stocks and/or bonds (estimated market values):	
11. Do you expect to be a beneficiary of another estate? If yes, provide anticipated amount:	
12. Virtual Assets and location of passwords:	
13. Do you have stored reproductive material? If yes:	
(a) Where is it	
(b) Who has permission to use it	
(c) Do you consent to its use after your death	
14. List any other assets:	
15. Do you own any assets located outside of British Columbia? (if yes, please discuss this with us)	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. Will Instructions

If you are not sure about any of these items leave them blank and we would be pleased to advise you of your estate planning alternatives.

A. Beneficiaries

Please provide the name, relationship and address of beneficiaries of the following:

- Specific bequests (if any)
(such as cash bequests, charitable bequests, household goods, personal effects, jewellery, automobiles, house, etc.):

Full Legal Name	
Relationship	
Address	
Full Legal Name	
Relationship	
Address	

Full Legal Name	
Relationship	
Address	

(a) Have you any charges registered against any of your assets you wish to specifically bequeath?

(b) Have you a line of credit used for the purchase, improvement or maintenance of these assets? If so please provide the details of the same.

2. Rest of your estate (the "Residue") in shares or percentages:

3. Any special trust provisions that are required (such as delay payments until specified age):

B. Other Instructions

1. Executor(s) and Trustee(s) (if not more than one, you should also choose an alternate)

First Executor Name	
Address	
Tel. No.	
Relationship to you	
Occupation	
Second Executor Name	
Address	
Tel. No.	
Relationship to you	
Occupation	

Please specify if the above executors are to act together or as alternates:

together alternates

2. Guardian(s) of your infant children (you should choose an alternate)

First Guardian Name	
Address	
Tel. No.	
Relationship to you	
Occupation	
Alternate Guardian Name	
Address	
Tel. No.	
Relationship to you	
Occupation	

3. Special provision for fees for executor, trustee, or guardian (often not specified)

4. Funeral and other special instructions (often not specified in Will)

If you wish to plan for the contingency that you may at some future time become incompetent to handle your affairs or make health care decisions, we would be pleased to advise you regarding Enduring Powers of Attorney, Representation Agreements, Advance Directives and Committeeships.

If you know who you wish to name as your Attorney(s) and/or Representative(s) and alternates, please provide the full legal names and addresses for those persons.

Notes:

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