



ESTATE PLAN INFORMATION SHEET

Filling in this form does not constitute making valid estate planning documents. Your estate planning documents must be drafted, signed, and properly witnessed. If there is urgency in making your estate plan, please advise our office immediately. If you need to add more information than what there is space for in this sheet, please let us know.

General Information		
Full legal name (including middle names and “also known as”)		
Address		
Telephone	(cell)	(home)
Email address		
Date of birth		
Place of birth		
Citizenship		
SIN		
Care card number (PHN)		
Occupation		

Marital Status		
<input type="checkbox"/> Single		
<input type="checkbox"/> Married	Anniversary date:	
<input type="checkbox"/> Divorced	Date of divorce:	
<input type="checkbox"/> Separated	Date of separation:	
<input type="checkbox"/> Common law	Date of cohabitation:	
<input type="checkbox"/> Widowed		
Have you been separated from a spouse within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been married or in a common law relationship more than once?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a spouse, do you have a prenuptial agreement, cohabitation agreement, or marriage contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse’s full legal name (including middle names and “also known as”)		
Address		
Telephone	(cell)	(home)
Email address		
Date of birth		

Place of birth	
Citizenship	
SIN	
Care card number (PHN)	
Occupation	

Children			
How many children do you have?		How many stepchildren do you have?	
Child's full name			
Date of birth			
Address			
Child's full name			
Date of birth			
Address			
Child's full name			
Date of birth			
Address			
Have any of your children passed away? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, did your predeceased child have any children of their own? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Next of Kin			
Complete only if you do not have a spouse and do not have children.			
Relative's full name			
Relative's relationship to you			
Date of birth			
Address			
Relative's full name			
Relative's relationship to you			
Date of birth			
Address			

Assets and Debts			
Automobiles and Boats			
Description		Description	
Value		Value	
Registered in whose name		Registered in whose name	

Personal Effects and Household Items			
Description of items			
Value			
Bank Accounts			
Bank		Bank	
Average balance		Average balance	
In whose name		In whose name	
Bank address		Bank address	
Real Estate			
Address		Address	
Net value		Net value	
Original cost		Original cost	
Name on title		Name on title	
Mortgage balance		Mortgage balance	
Other Assets (please check the 'yes' box if any of the following are applicable)			
Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
RRSPs	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESPs/RDSPs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest in a business (ie. partnership or sole proprietorship)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Investments (ie. stocks and bonds)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Virtual/digital assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stored reproductive material	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets outside British Columbia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debt (ie. lines of credit or credit debt)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Company Shares	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholders Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each other asset you answered 'yes' to above, please provide us with more particulars:			
Asset type (ie. investment, pension, etc.)		Asset type (ie. investment, pension, etc.)	
Approximate value		Approximate value	
Named beneficiary (if applicable)		Named beneficiary (if applicable)	
Institution name		Institution name	
Asset type (ie. investment, pension, etc.)		Asset type (ie. investment, pension, etc.)	
Approximate value		Approximate value	
Named beneficiary (if applicable)		Named beneficiary (if applicable)	
Institution name		Institution name	
Asset type (ie. investment, pension, etc.)		Asset type (ie. investment, pension, etc.)	
Approximate value		Approximate value	
Named beneficiary (if applicable)		Named beneficiary (if applicable)	
Institution name		Institution name	

Miscellaneous Information	
Do you have a Will now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why do you want to make a change?	
Does your spouse have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Have you set up a trust to benefit yourself or another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the Executor or Trustee of any estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to be the beneficiary of any estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a safety deposit box?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have an accountant, please provide their name and institution.	

If you have a life insurance policy, please provide the name of your broker and the institution.	
Where do you intend to keep the originals of your estate planning documents (ie. safe at home, safety deposit box, etc.)? If a safety deposit box, please advise of its location.	

Will Instructions	
Executor/Trustee	
An Executor(s)/Trustee(s) is the person designated to administer an estate. You can appoint one person as your Executor/Trustee, with another person being named as an alternate if your first choice cannot or will not act. You can also appoint more than one Executor/Trustee to act together.	
Do you wish for your Executors/Trustees to act <input type="checkbox"/> As Alternates <input type="checkbox"/> Together	
Executor name (1)	
Address	
Telephone	
Relationship to you	
Occupation	
Executor name (2)	
Address	
Telephone	
Relationship to you	
Occupation	
Specific Bequests	
Unless otherwise specified in your Will, all of your property will form what is called the 'residue' of your estate (ie. everything that is left). Do you wish to make any specific bequests under the terms of your Will, such as a gift of real estate, personal effects such as jewelry, or a cash gift? If so, please provide us with your instructions below. Please note we typically recommend the use of a memorandum for gifting specific personal effects, instead of listing each item in your Will itself.	
Beneficiary of specific bequest	
Specific bequest (ie. cash gift, personal item, etc.)	
Relationship to you	
Address	

Beneficiary of specific bequest			
Specific bequest (ie. cash gift, item, personal item, etc.)			
Relationship to you			
Address			
Residue of Your Estate			
Excluding any specific bequests above, all other property owned by you at your date of death will form the residue of your estate. How do you wish for the residue of your estate to be distributed? Please provide us with the names of the beneficiaries you wish to receive a share of the residue of your estate, their relationship to you, and what share/percentage you wish for that beneficiary to receive.			
Beneficiary name	Relationship to you	Share or percentage	If this beneficiary died before you, would you like their children or someone else to receive their share?
Are any of the above-named beneficiaries under age nineteen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any of the above-named beneficiaries have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any trust provisions required in your Will (ie. delay payments until a beneficiary attains a certain age). <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, we will discuss trust provisions with you.			
Guardian of Infant Children			
If you have children under age 19, who do you wish to name as their guardian in the event of your death?			
Guardian			
Address			
Telephone			
Address			
Relationship to you			
Occupation			
Alternate Guardian			
Address			
Telephone			
Address			
Relationship to you			
Occupation			

Special Instructions

Please include any special instructions you wish to include in your Will here (i.e. funeral arrangements, special fees for guardians or Executor(s)/Trustee(s)).

Power of Attorney Instructions

A Power of Attorney is a document where the donor (ie. you) authorizes another person or persons (ie. your Attorney(s)) to make decisions on the donor's behalf in relation to their financial and legal affairs. If you were to become incapable due to age, disease, or accident, your Attorney(s) could manage your financial affairs on your behalf. It is important to name a person in whom you have complete trust.

You can appoint one person as your Attorney, with another person being named as an alternate if your first choice cannot or will not act. You can also appoint more than one person to act as your Attorneys, together. Appointing multiple attorneys who may act independent of one another is another option.

If you wish to have us prepare a Power of Attorney for you, please include your instructions below.

Do you wish for your Attorneys to act:

- Alternates (ie. person A acts as attorney, but if unable or unwilling, person B acts)
- Together in all matters (ie. person A and person B make all decisions together)
- Together, but may act independently of one another (ie. person A and person B act together, but may make decisions independent of one another)

Attorney name (1)	
Relationship to you	
Address	

Attorney name (2)	
Relationship to you	
Address	

Attorney name (3)	
Relationship to you	
Address	

Representation Agreement Instructions

A Representation Agreement is a document where the adult (ie. you) authorizes another person or persons (ie. your Representative(s)) to make decisions on the adult's behalf in relation to their health and personal care. If you were to become incapable due to age, disease, or accident, your Representative(s) could assist you in making health and personal care decisions, or make these decisions on your behalf if you could no longer make them yourself. It is important to name a person whom you trust and who will respect your wishes and values.

You can appoint one person as your Representative, with another person being named as an alternate if your first choice cannot or will not act. You can also appoint more than one person to act as your Representatives, together. Appointing multiple representatives who may act independent of one another is another option.

If you wish to have us prepare a Representation Agreement for you, please include your instructions below.

Do you wish for your Representatives to act:

- Alternates (ie. person A acts as representative, but if unable or unwilling, person B acts)
- Together in all matters (ie. person A and person B make all decisions together)
- Together, but may act independently of one another (ie. person A and person B act together, but may make decisions independent of one another)

Representative name (1)	
Relationship to you	
Address	
Representative name (2)	
Relationship to you	
Address	
Representative name (3)	
Relationship to you	
Address	