



### Wills Information Form

**NOTE:**  
Where additional space is required,  
reference a numbered additional sheet.

**FOR LAW FIRM USE:**  
File No.: \_\_\_\_\_  
Record No.: \_\_\_\_\_

Date: \_\_\_\_\_

#### Part I. Testator’s Personal and Family Information

Client 1	Client 2
<b>1. Full Name (mention “also known as” names)</b>	
<b>2. Address</b>	
<b>3. Contact Information</b>	
Home: _____ Work: _____ Cell: _____ Email: _____	Home: _____ Work: _____ Cell: _____ Email: _____
<b>4. Date and Place of Birth</b>	
<b>5. Citizenship</b>	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____
<b>6. Marital Status</b>	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Will being made in contemplation of marriage to _____ on _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed



**7. Date and Place of Marriage**

**8. Previous Marital History** *(provide copy of Final Decree)*

**9. Domestic Contracts** *(include particulars and status of Separation Agreement, etc.; provide copy)*

**10. Existing Wills and Powers of Attorney** *(specify solicitor who acted)*

Same

**11. Children**

Name	Date of Birth	Address

If any are not the natural children of Client 1 and Client 2, provide details.



**12. Support Obligations**

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**13. Other Dependants**

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**14. Promises you have made regarding your Estate**

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**15. Other Beneficiaries to be named** *(excluding dependants)*

<b>Name &amp; Relationship</b>	<b>Date of Birth, if a minor</b>	<b>Address</b>

**16. Special Concerns** *(spendthrifts, family tensions, etc.)*

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**Part II. Financial Matters**

Client 1	Client 2
<b>17. Who Prepares Taxes?</b> <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
<b>18. Investment Advisor(s) and/or Financial Planner</b> <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
<b>19. Home Insurance</b> <i>(include name and contact info for broker and/or company)</i>	
	<input type="checkbox"/> Same
<b>20. Occupation, Employer and Annual Income</b>	
<b>21. Ownership Interest in a Business</b> <i>(provide details)</i>	
	<input type="checkbox"/> Same
<b>22. Previous Lawyers</b> <i>(include name and contact info)</i>	
	<input type="checkbox"/> Same
<b>23. Safety Deposit Box or Lock Box</b> <i>(include location and box number)</i>	
	<input type="checkbox"/> Same



Part III. Assets

Client 1	Client 2
<b>24. Bank Accounts</b>	
Bank Name & Address: _____ Account No.: _____ Average Balance: _____ Accountholder Name(s): _____	
Bank Name & Address: _____ Account No.: _____ Average Balance: _____ Accountholder Name(s): _____	
Bank Name & Address: _____ Account No.: _____ Average Balance: _____ Accountholder Name(s): _____	
Bank Name & Address: _____ Account No.: _____ Average Balance: _____ Accountholder Name(s): _____	
If any of these accounts is held in your name with another person, is it your intention that the other person receive the entire balance in such account upon your death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. RRSP's, RRIF's, Pensions and Annuities</b>	
Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____	Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____
Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____	Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____



26. Non-Registered Investments (GIC's, Bonds, Shares & Other Investments)

Company Name: Investment Type:
Contract/Account No.: Average Balance:
In Whose Name(s):
Named Beneficiary: Value to Your Estate:

Company Name: Investment Type:
Contract/Account No.: Average Balance:
In Whose Name(s):
Named Beneficiary: Value to Your Estate:

Company Name: Investment Type:
Contract/Account No.: Average Balance:
In Whose Name(s):
Named Beneficiary: Value to Your Estate:

Company Name: Investment Type:
Contract/Account No.: Average Balance:
In Whose Name(s):
Named Beneficiary: Value to Your Estate:

27. Life Insurance, Disability, Critical Illness, etc.

Company Name:
Policy Number:
Type of Plan:
Named Beneficiary:
Value to Your Estate:

Company Name:
Policy Number:
Type of Plan:
Named Beneficiary:
Value to Your Estate:

Company Name:
Policy Number:
Type of Plan:
Named Beneficiary:
Value to Your Estate:

Company Name:
Policy Number:
Type of Plan:
Named Beneficiary:
Value to Your Estate:



**28. Other Major Assets excluding Real Estate** (e.g. Automobiles, Recreational Vehicles, Boats)

Asset: \_\_\_\_\_ Value: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

Asset: \_\_\_\_\_ Value: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

Asset: \_\_\_\_\_ Value: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

**29. Any Items of Property Requiring Appraisals?**

**30. Approximate Value of Household Goods and Furniture**

**31. Real Estate and Leasehold Interests**

Location: \_\_\_\_\_ Value: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

Location: \_\_\_\_\_ Value: \_\_\_\_\_

In Whose Name(s): \_\_\_\_\_

**32. Locations of Important Personal Papers and Computer Login Credentials**

Same

**33. Are You an Executor or Beneficiary under Another Person's Estate or Trust?**

**34. Have You Set Up a Trust to Benefit Another Person?**

**35. Other Matters not Covered**



Part IV. Liabilities

36. Mortgages, Debts and other Exposure to Liability (incl. guarantees, cosigning, line of credit)

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

Type of Indebtedness: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

37. Other Matters Not Covered





Part V. Will Instructions

Client 1	Client 2
<b>38. Executors and Trustees, including alternate choice(s) (include address, if not resident of Canada)</b>	
	<input type="checkbox"/> Same
<b>39. Attorneys for Continuing Power of Attorney for Property, including alternate choice(s)</b>	
<input type="checkbox"/> Same  If more than one concurrently, are they to act: <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)	<input type="checkbox"/> Same  If more than one concurrently, are they to act: <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)
<b>40. Attorneys for Power of Attorney for Personal Care, including alternate choice(s)</b>	
<input type="checkbox"/> Same  If more than one concurrently, are they to act: <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)	<input type="checkbox"/> Same  If more than one concurrently, are they to act: <input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent)
<b>41. Are executors to have broad powers (regarding retention, sale and investment of assets)</b>	
<b>42. Specific Gifts (Household Goods, Personal Effects, Jewellery, Automobiles, etc.)</b>	
<input type="checkbox"/> Same  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____	<input type="checkbox"/> Same  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____  <input type="checkbox"/> Conditional on spouse having predeceased Gift: _____ Beneficiary: _____



**43. Disposition of Residence and/or Cottage**

Same

**44. Cash Legacies (including charitable)**

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Same

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Conditional on spouse having predeceased  
Amount: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

**45. Disposition of Residue (Per Stirpes, Per Capita, etc.)**

Same

**46. Create Trusts for Beneficiaries?**

**47. Guardian for Children**

Additional provisions, if any, re expenses, education, retaining house, etc.:



<b>48. Name and Address of Family Physician</b>	
	<input type="checkbox"/> Same
<b>49. Funeral, Burial and Other Special Instructions:</b>	
	<input type="checkbox"/> Same
<b>50. Other Special Powers or Clauses:</b>	
	<input type="checkbox"/> Same

**I/WE HEREBY ACKNOWLEDGE** that I/we have reviewed and approved of the information and instructions contained herein this            day of            20            .

\_\_\_\_\_  
**Client 1**

\_\_\_\_\_  
**Client 2**