

IF FILLING IN BY HAND, PLEASE PRINT IN BLOCK LETTERS

**QUESTIONNAIRES FOR LAST WILL AND TESTAMENT, POWER OF ATTORNEY FOR PROPERTY AND  
POWER OF ATTORNEY FOR PERSONAL CARE**

PLEASE NOTE THAT MCGUINTY LAW OFFICES IS NOT RETAINED MERELY BY VIRTUE OF YOU FILLING OUT  
AND/OR SUBMITTING THESE QUESTIONNAIRES

PLEASE FILL OUT ONE QUESTIONNAIRE PER PERSON

**Table of Contents**

I.	CLIENT QUESTIONNAIRE FOR LAST WILL AND TESTATMENT .....	2
1.	ABOUT MYSELF .....	2
2.	<b>ABOUT MY CHILDREN</b> .....	5
3.	<b>EXECUTORS</b> .....	6
4.	<b>PERSONAL PROPERTY</b> .....	7
5.	<b>CASH LEGACIES</b> .....	8
6.	<b>RESIDUE</b> .....	10
7.	<b>CHILDREN AND GRANDCHILDREN’S TRUST</b> .....	14
8.	<b>LEGAL GUARDIANS</b> .....	15
9.	<b>BENEFICIARIES WITH DISABILITIES</b> .....	16
10.	<b>DESIGNATING BENEFICIARIES</b> .....	18
II.	CLIENT QUESTIONNAIRE FOR POWER OF ATTORNEY FOR PROPERTY .....	19
III.	CLIENT QUESTIONNAIRE FOR POWER OF ATTORNEY FOR PERSONAL CARE.....	21
	SCHEDULE “A” .....	23

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**I. CLIENT QUESTIONNAIRE FOR LAST WILL AND TESTAMENT**

**1. ABOUT MYSELF**

**i. Identity**

1. Full Legal Name: \_\_\_\_\_

2. Other names you go by: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Phone numbers:

a. Home: \_\_\_\_\_

b. Work: \_\_\_\_\_

c. Cell: \_\_\_\_\_

6. Marital Status

Single

Married

Marriage Contract:  YES  NO

Common-law

Cohabitation Agreement:  YES  NO

Spouse's Full Legal Name: \_\_\_\_\_

Separated

Since: \_\_\_\_\_

Divorced

Separation Agreement:  YES  NO

Widowed

Court Order:  YES  NO

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**ii. Possible tax saving opportunities**

1. Do you have an interest in a company, partnership or sole proprietorship?  YES  NO
  - a. Details (jurisdiction, directors, shareholders, etc.): \_\_\_\_\_
2. Do you own any art, jewelry, stamp collections, etc. of great value?  YES  NO
  - a. Details: \_\_\_\_\_

**iii. Genetic reproductive material**

1. Do you own any genetic reproductive material that is being stored by you or by a third party i.e. sperm, ova, embryo or other human cell or human gene?  YES  NO
  - a. Details: \_\_\_\_\_
2. Embryo: do you have an agreement in place with another party whose genetic material was used to create an embryo with your genetic material?  YES  NO  N/A
  - a. Details: \_\_\_\_\_
3. Sperm: do you have an agreement in place with another party regarding the ownership of your stored sperm?  YES  NO  N/A
  - a. Details: \_\_\_\_\_
4. Ova: do you have an agreement in place with another party regarding the ownership of your stored ova?  YES  NO  N/A
  - a. Details: \_\_\_\_\_

**iv. International Will**

1. Do you own property outside of Canada?  YES  NO
  - a. Jurisdiction: \_\_\_\_\_
  - b. Type of asset, i.e. real estate, etc.: \_\_\_\_\_
  - c. Other details: \_\_\_\_\_
2. Might you inherit property outside Canada?  YES  NO
  - a. Jurisdiction: \_\_\_\_\_
  - b. Type of asset, i.e. real estate, etc.: \_\_\_\_\_
  - c. Other details: \_\_\_\_\_

**v. Wills outside of Ontario**

1. Do you have a Will outside of Ontario?  YES  NO
  - a. Jurisdiction: \_\_\_\_\_

**vi. Debts owed to you at death**

1. Does someone who will be a beneficiary in your Will currently owe a debt to you?
  - a.  YES  NO
2. If yes, would you like that person's gift to be reduced by the amount of debt he or she owes you at the time of your death?  YES  NO  N/A

**vii. Tax on gifts**

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1. If you intend to gift a particular asset, ex. RRSP/RRIF, Real Estate, etc., who is to pay the tax on that gift?  N/A  my estate  the recipient of said gift

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**2. ABOUT MY CHILDREN**

N/A

Full legal name	Date of birth	In my care?	Financially independent?	Monthly assistance from me
		<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	
		<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	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. OTHER DEPENDANTS**

N/A

Full legal name	Date of birth	In my care?	Financially independent?	Amount of monthly assistance from me
		<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	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Details**

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### 3. EXECUTORS

*My Executor, also called my Estate Trustee, is the person who will act on my behalf to administer my Estate and carry out my wishes, as set out in my Last Will and Testament.*

#### Step 1 of 2: Choose how your executors will be appointed from among the following options

Option 1

Primary and back-up executors

*I choose a primary executor (Executor 1) who will act alone, and a back-up executor (Executor 2) who will act alone if my primary executor is unable or unwilling to act as my executor.*

Option 2

Jointly

*I choose two executors (Executor 1 and Executor 2) who must act together at all times when making decisions about my estate.*

Option 3

Jointly and Severally

*I choose two executors (Executor 1 and Executor 2), and they may act together or each executor may act on his or her own.*

#### Step 2 of 2: Name your executors

1. Full Legal Name of Executor 1: \_\_\_\_\_
  - a. Other names this person goes by: \_\_\_\_\_
  - b. Relationship, i.e. this person is my: \_\_\_\_\_
2. Full Legal Name of Executor 2: \_\_\_\_\_
  - a. Other names this person goes by: \_\_\_\_\_
  - b. Relationship, i.e. this person is my: \_\_\_\_\_

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#### 4. PERSONAL PROPERTY

*What would you like to do with your household contents, yard contents, boats and automobiles when you pass away?*

- To spouse:** to my spouse if s/he survives me, but if s/he does not survive me, then my Trustee may dispose of my personal property as s/he sees fit. If s/he sells any item, the proceeds go to the residue of my estate
  
- To spouse, if not, to children:** Give it all to my spouse, but if she doesn't survive me, to my children as they may agree (if applicable). If my children can't agree on any item, my Trustee may dispose of it as s/he sees fit. If s/he sells any item, the proceeds go to the residue of my estate.
  - I have minor children*
  
- To children:** Give it to my children as they may agree
  - I have minor children*
  
- To only child:** Give it to my only child
  - My child is a minor*
  
- Executor decides:** My Trustee may dispose of my personal property as s/he sees fit. If s/he sells any item, the proceeds go to the residue of my estate
  
- Precatory memorandum:** I wish to leave a non-binding memorandum stating to whom I would like to give specific objects, such as jewelry, paintings, etc., after my death. The memorandum must be dated, signed, completely in my own handwriting, titled "Precatory Memorandum" and filed among my personal papers or with my Will. A precatory memorandum is not a Will.

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## 5. CASH LEGACIES

*You may leave cash legacies, i.e. cash gifts, which are distributed once your debts, taxes, funeral and testamentary expenses are paid. You may leave cash legacies to people (section A. below) and to charities (section B. below).*

### A. Cash Legacies to people:

N/A

1. Cash Legacy #1:

- i. Amount: \_\_\_\_\_
- ii. Beneficiary's full legal name: \_\_\_\_\_
- iii. Your relationship to the beneficiary, i.e. s/he is my: \_\_\_\_\_

2. If the beneficiary of your first cash legacy dies before you do, what would you like to do with the gift? *Please select one of the following answers*

- a.  Put it back into the residue of my estate
- b.  Give it the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on
- c.  Give it to a back-up beneficiary
  - 1. Full legal name of back-up beneficiary 1: \_\_\_\_\_
  - 2. Your relationship to back-up beneficiary 1, i.e. s/he is my: \_\_\_\_\_
  - 3. If back-up beneficiary 1 dies before you do, what would you like to do with the gift? *Please select one of the following answers*
    - a.  Put it back into the residue of my estate
    - b.  Give it to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on

*Please copy and paste sections 1. to 2. above for additional cash legacies*



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**B. Cash Legacies to Charities:**

N/A

1. Charitable Cash Legacy #1:

- i. Amount: \_\_\_\_\_
- ii. Organization's full legal name: \_\_\_\_\_
- iii. Charitable registration number: \_\_\_\_\_

*Please copy and paste section above for additional cash legacies*

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**6. RESIDUE**

*Your estate is divided as you choose after cash legacies, debts, taxes, funeral and testamentary expenses are paid*

**Step 1 of 2: Choose how your estate will be divided from among the following options**

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Option 1

To my spouse or partner who survives me; if not, to my issue in equal shares *per stirpes*

*Residue goes to my spouse, but if my spouse does not survive me, it goes to my children in equal shares; and if any of my children do not survive me, then that deceased child's share goes to his or her children in equal shares, and so on.*

---

Option 2

To my issue in equal shares *per stirpes*

*Residue goes to my children in equal shares; and if any of my children does not survive me, then that deceased child's share goes to his or her children in equal shares, and so on.*

---

Option 3

Divide the residue of my estate among specific beneficiaries

*Residue goes to specific beneficiaries in equal shares, or in shares each with a proportion that you decide (i.e. 20%, 20%, 60%).*

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**Step 2 of 2: If you chose Option 1, please proceed to section 7. If you chose Option 2 or 3, please name your beneficiaries below**

Beneficiary 1

1. Full legal name of beneficiary 1: \_\_\_\_\_
2. Your relationship to beneficiary 1, i.e. s/he is my: \_\_\_\_\_
3. If beneficiary 1 dies before you do, what would you like to do with the gift? *Please select one of the following answers*
  1.  Put it back into the residue of my estate
  2.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.
  3.  Give it to a back-up beneficiary
    1. Full legal name of back-up beneficiary: \_\_\_\_\_
    2. Your relationship to back-up beneficiary, i.e. s/he is my: \_\_\_\_\_
    3. If the back-up beneficiary dies before you do, what would you like to do with the gift? *Please select one of the following answers*
      - a.  Put it back into the residue of my estate
      - b.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.

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Beneficiary 2

1. Full legal name of beneficiary 2: \_\_\_\_\_
2. Your relationship to beneficiary 2, i.e. s/he is my: \_\_\_\_\_
3. If beneficiary 2 dies before you do, what would you like to do with the gift? *Please select one of the following answers*
  1.  Put it back into the residue of my estate
  2.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.
  3.  Give it to a back-up beneficiary
    1. Full legal name of back-up beneficiary: \_\_\_\_\_
    2. Your relationship to back-up beneficiary, i.e. s/he is my: \_\_\_\_\_
      - a. If the back-up beneficiary dies before you do, what would you like to do with the gift? *Please select one of the following answers*
      - b.  Put it back into the residue of my estate
      - c.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.

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Beneficiary 3

1. Full legal name of beneficiary 3: \_\_\_\_\_
2. Your relationship to beneficiary 3, i.e. s/he is my: \_\_\_\_\_
3. If beneficiary 3 dies before you do, what would you like to do with the gift? *Please select one of the following answers*
  1.  Put it back into the residue of my estate
  2.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.
  3.  Give it to a back-up beneficiary
    1. Full legal name of back-up beneficiary: \_\_\_\_\_
    2. Your relationship to back-up beneficiary, i.e. s/he is my: \_\_\_\_\_
      - a. If the back-up beneficiary dies before you do, what would you like to do with the gift? *Please select one of the following answers*
      - b.  Put it back into the residue of my estate
      - c.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.

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## 7. CHILDREN AND GRANDCHILDREN'S TRUST

*If any minor child or grandchild of yours may be entitled to a gift from your estate while still a minor, your executors will be required to hold that interest in trust. If so, you may decide what age that minor child or grandchild of yours must reach in order to receive that gift.*

1. Is a trust for minors required?  Yes  No

a. If yes, at what age will the beneficiary receive his or her gift? \_\_\_\_\_

2. Trustees for this Trust:

a. Same as my Estate Trustees  Yes  No

b. If yes, please proceed to section 8

c. If no, please select one of the following:

i.  I appoint a Special Trustee and a back-up special trustee

ii.  I appoint two Special Trustees jointly

iii.  I appoint two Special Trustees jointly and severally

1. Full legal name of Special Trustee 1: \_\_\_\_\_

2. Your relationship to Special Trustee 1, i.e. s/he is my \_\_\_\_\_

3. Full legal name of Special Trustee 2: \_\_\_\_\_

4. Your relationship to Special Trustee 2, i.e. s/he is my \_\_\_\_\_

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**8. LEGAL GUARDIANS**

N/A

*The guardian of minor children is the person(s) who will care for my children should I or my spouse and I predecease them while they are under the age of eighteen. Typically, people choose one person or a married/common law couple. You may choose a substitute guardian (i.e. in the form of a person or a married/common law couple).*

**Step 1 of 2: Choose how your Guardians will be appointed from among the following options**

Option 1

*I appoint two (2) people as Legal Guardians (Legal Guardian 1 and Legal Guardian 2)*

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Option 2

*I appoint a Primary Legal Guardian (Legal Guardian 1) and a Substitute Legal Guardian (Legal Guardian 2) who will act only if my Primary Legal Guardian cannot*

**Step 1 of 2: Choose your Guardians**

1. Full legal name of Legal Guardian 1: \_\_\_\_\_
2. Your relationship to Legal Guardian 1, i.e. s/he is my: \_\_\_\_\_
3. Full legal name of Legal Guardian 2: \_\_\_\_\_
4. Your relationship to Legal Guardian 2, i.e. s/he is my: \_\_\_\_\_

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### 9. BENEFICIARIES WITH DISABILITIES

*If any beneficiaries with disabilities may be entitled to a gift from your estate, a Henson Trust can be created to hold their interest for them.*

1. Is a trust for disabled beneficiaries required?  Yes  No
2. Disabled beneficiary's full legal name: \_\_\_\_\_
3. Your relationship to disabled beneficiary, i.e. s/he is my: \_\_\_\_\_
4. Trustees for this Trust:
  - i. Same as my Estate Trustees  Yes  No
  - ii. If yes, please proceed to section 10.
  - iii. If no, please select one of the following:
    1.  I appoint a Special Trustee and a back-up special trustee
    2.  I appoint two Special Trustees jointly
    3.  I appoint two Special Trustees jointly and severally
      - a. Full legal name of Special Trustee 1: \_\_\_\_\_
      - b. Your relationship to Special Trustee 1, i.e. s/he is my \_\_\_\_\_
      - c. Full legal name of Special Trustee 2: \_\_\_\_\_
      - d. Your relationship to Special Trustee 2, i.e. s/he is my \_\_\_\_\_
5. Who shall receive the trust income after the maximum period allowed by law for accumulating income in a Trust? Please select the option that applies.
  - i.  Give it to the beneficiary
  - ii.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.



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OR

iii.  A substitute beneficiary

a. Full legal name of substitute beneficiary for the trust funds: \_\_\_\_\_

b. Your relationship to substitute beneficiary, i.e. s/he is my: \_\_\_\_\_

OR

iv.  The residue of your estate

6. To whom do you wish the balance of the trust funds to go when the disabled beneficiary dies?

i.  Give it equally to the beneficiary's children in equal shares, and if any of his or her children have passed, then that child's share goes to his or her children equally, and so on. If the beneficiary does not have children at the time of your death, then his or her share goes back into the residue of your estate.

OR

ii.  Another beneficiary:

a. Full legal name of substitute beneficiary for the trust funds: \_\_\_\_\_

b. Your relationship to substitute beneficiary, i.e. s/he is my: \_\_\_\_\_

OR

iii.  The residue of your estate

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## 10. DESIGNATING BENEFICIARIES

You should consider designating beneficiaries for any and all plans that allow for such option as part of a complete estate plan. You should consult with your financial advisor before doing so.

### Accounts

I will designate or have designated beneficiaries for my:

- Life Insurance(s)
- Segregated funds

Note to lawyer: segregated funds are an insurance product and their designations are not revoked by the general dispositive provisions in a Will, nor by the standard revocation clause in Insurance Declarations. Therefore: i) The client may not know about segregated funds they have so make sure to ask them and ii) if they wish to change their beneficiary designations for segregated funds, this should be done at their financial institution, not by way of an Insurance Declaration).

- TFSA(s) (Tax Free Savings Account)
- RRSP(s) (Registered Retirement Savings Plan)
- RRIF(s) (Registered Retirement Income Fund)
- Pension(s)
- Pension Death Benefit(s)
- Other Investments: [Click here to enter text.](#)

### Real Estate

*Select only the option that applies*

- I have verified that all of my real estate is held solely, in joint tenancy, or as tenants-in-common, according to my intentions
- I authorize McGuinty Law Offices to search the title of my real estate at its standard rates:  
Address: \_\_\_\_\_  
  
Address: \_\_\_\_\_

Dated at Ottawa, Ontario this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Signature

Please fill out Schedule "A" to the best of your ability to help our lawyers give you sound estate planning advice.

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## II. CLIENT QUESTIONNAIRE FOR POWER OF ATTORNEY FOR PROPERTY

### 1. LEGAL ATTORNEYS FOR PROPERTY

#### Step 1 of 2: Choosing how your Legal Attorneys will be appointed

*Who will make decisions on my behalf with respect to my property, including managing my bank accounts, investments, real estate and other possessions, paying my bills, etc. in the event that I am not capable of doing so?*

Option 1

Same as Executors

*I would like my selection of Legal Attorneys for Property to be the exact same as my selection of Executors.*

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Option 2

Primary and back-up Legal Attorneys

*I choose a primary Legal Attorney who will act alone, and a back-up Legal Attorney who will act alone if my primary Legal Attorney is unable or unwilling to act as my Legal Attorney.*

---

Option 3

Jointly

*My Legal Attorneys must act together at all times when making decisions about my property.*

---

Option 4

Jointly and Severally

*I choose two Legal Attorneys, and they may act together or each Legal Attorney may act alone.*

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**Step 2 of 2: Naming my Legal Attorneys**

1. Full legal name of Legal Attorney 1: \_\_\_\_\_
2. Your relationship to Legal Attorney 1, i.e. s/he is my: \_\_\_\_\_
3. Full legal name of Legal Attorney 2: \_\_\_\_\_
4. Your relationship to Legal Attorney 2, i.e. s/he is my: \_\_\_\_\_

**2. RESTRICTIONS ON MY LEGAL ATTORNEY FOR PROPERTY**

I would like the following restriction in my Power of Attorney:

This Continuing Power of Attorney for Property may only be exercised during any period or periods during which I am incapable of managing my property. If my capacity to manage my property is in issue, written confirmation from my family physician or, if I do not have a family physician, or my family physician cannot be reached, then written confirmation from a medical doctor licensed to practice in the Province of Ontario, or a Designated Capacity Assessor licensed to practice in the Province of Ontario, that I am incapable of managing my property, shall be sufficient proof for all persons dealing with my attorney, that I am incapable of managing my property.

YES  NO

C. Special restriction(s) and/or condition(s)

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### III. CLIENT QUESTIONNAIRE FOR POWER OF ATTORNEY FOR PERSONAL CARE

#### 1. LEGAL ATTORNEYS FOR PERSONAL CARE

##### Step 1 of 2: Choose how your Legal Attorneys will be appointed

*Who will make decisions on my behalf regarding my well-being in the event I lack the mental capacity to do so myself, including decisions about my medication, antibiotics, pain relief, health care and long-term care facilities, operations, etc.?*

Option 1

Same as Legal Attorneys for Property

*I would like my selection of Legal Attorneys for Personal Care to be the exact same as my selection of my Legal Attorneys for Property.*

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Option 2

Primary and back-up Legal Attorneys

*I choose a primary Legal Attorney who will act alone, and a back-up Legal Attorney who will act alone if my primary Legal Attorney is unable or unwilling to act as my Legal Attorney.*

---

Option 3

Jointly

*My Legal Attorneys must act together at all times when making decisions about my well-being.*

---

Option 4

Jointly and Severally

*I choose two Legal Attorneys, and they may act together or each Legal Attorney may act alone.*

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**Step 2 of 2: Naming my Legal Attorneys**

1. Full legal name of Legal Attorney 1: \_\_\_\_\_
2. Your relationship to Legal Attorney 1, i.e. s/he is my: \_\_\_\_\_
3. Full legal name of Legal Attorney 2: \_\_\_\_\_
4. Your relationship to Legal Attorney 2, i.e. s/he is my: \_\_\_\_\_

**2. RESTRICTIONS ON MY LEGAL ATTORNEY FOR PERSONAL CARE**

I would like the following restriction in my Power of Attorney:

If at any time I should have a medical condition that would indicate that I am terminally ill and my attending physician has determined that my death is imminent and that my condition cannot be reversed by treatment, I direct my attorney to instruct the physician attending me not to prolong my life aggressively by surgery, the use of drugs, antibiotics or other means, nor to attempt to resuscitate me if my heart or lungs fail, and to confine his/her treatment to alleviating or relieving as much as possible any pain or suffering I might have.

YES  NO

C. Special restriction(s) and/or condition(s)

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**SCHEDULE "A"**

**1. FINANCIAL INFORMATION**

I understand that providing personal and financial information is recommended by my lawyer but is optional. I understand my lawyer is relying on the information I provide when he/she provides legal advice and recommendations and drafts my Last Will and Testament and my Powers of Attorney.

**A. Assets**

Investment	Approximate Value (Optional)	Beneficiaries
Life Insurance  <input type="checkbox"/> Term <input type="checkbox"/> Whole Life		Designated beneficiary's/ies' full legal name(s):
RRSP/RRIF		Designated beneficiary's/ies' full legal name(s):
GICs		Designated beneficiary's/ies' full legal name(s):
Other investments:		Designated beneficiary's/ies' full legal name(s):
Bank Accounts  <input type="checkbox"/> Owned solely  <input type="checkbox"/> Owned jointly		Joint title owner's full legal name(s):

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<p>Bank Accounts</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p>		<p>Joint title owner's full legal name(s):</p>
<p>Bank Accounts</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p>		<p>Joint title owner's full legal name(s):</p>
<p>Bank Accounts</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p>		<p>Joint title owner's full legal name(s):</p>
<p>TFSA</p>		<p>Designated beneficiary's/ies' full legal name(s):</p>



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<p>Real Estate</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p> <p><input type="checkbox"/> Principal residence</p> <p>Address:</p>		<p>Joint title owner's/owners' full legal name(s):</p>
<p>Real Estate</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p> <p>Address</p>		<p>Joint title owner's/owners' full legal name(s):</p>
<p>Real Estate</p> <p><input type="checkbox"/> Owned solely</p> <p><input type="checkbox"/> Owned jointly</p> <p>Address</p>		<p>Joint title owner's/owners' full legal name(s):</p>

IF FILLING IN BY HAND, PLEASE PRINT IN BLOCK LETTERS

**B. Liabilities**

Debt	Amount
Mortgage  Mortgagee (lender):   Mortgagor(s) (borrower):	
Mortgage  Mortgagee (lender):   Mortgagor(s) (borrower):	
Line of Credit  Lender:  Borrower:  As of what date:	Amount borrowed to date:   Amount of available credit:
Line of Credit  Lender:  Borrower:  As of what date:	Amount borrowed to date:   Amount of available credit:

IF FILLING IN BY HAND, PLEASE PRINT IN BLOCK LETTERS

<p>Credit Card</p> <p>Credit Card Company:</p> <p>Borrower:</p>	<p>Paying interest only?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Paying entire principal every month?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Credit Card</p> <p>Credit Card Company:</p> <p>Borrower:</p>	<p>Paying interest only?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Paying entire principal every month?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Credit Card</p> <p>Credit Card Company:</p> <p>Borrower:</p>	<p>Paying interest only?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Paying entire principal every month?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>