**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

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# QUESTIONNAIRE FOR LAST WILL AND TESTATMENT

## ABOUT MYSELF

1. **Identity**
2. Full Legal Name: Click here to enter text.
3. Other names you go by: Click here to enter text.
4. Address: Click here to enter text.
5. Email: Click here to enter text.
6. Phone numbers:
	1. Home: Click here to enter text.
	2. Work: Click here to enter text.
	3. Cell: Click here to enter text.
7. Marital Status

 ☐ Single

 ☐ Married Marriage Contract: ☐ YES ☐NO

 ☐ Common-law Cohabitation Agreement: ☐ YES ☐NO

Spouse’s Full Legal Name: Click here to enter text.

 ☐ Separated Since: Click here to enter text.

 ☐ Divorced Separation Agreement: ☐ YES ☐NO

☐ Widowed Court Order: ☐ YES ☐NO

1. **Possible tax saving opportunities**
2. Do you have an interest in a company, partnership or sole proprietorship? [ ]  YES [ ]  NO
	1. Details (jurisdiction, directors, shareholders, etc.): Click here to enter text.
3. Do you own any art, jewelry, stamp collections, etc. of great value? [ ]  YES [ ]  NO
	1. Details: Click here to enter text.
4. **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
		1. Details: Click here to enter text.
	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
		1. Details: Click here to enter text.
	3. Sperm: do you have an agreement in place with another party regarding the ownership of your stored sperm? [ ]  YES [ ]  NO [ ]  N/A
		1. Details: Click here to enter text.
	4. Ova: do you have an agreement in place with another party regarding the ownership of your stored ova? [ ]  YES [ ]  NO [ ]  N/A
		1. Details: Click here to enter text.
5. **International Will**
6. Do you own property in Canada but outside of Canada? [ ]  YES [ ]  NO
	1. Jurisdiction: Click here to enter text.
	2. Type of asset, i.e. real estate, etc.: Click here to enter text.
	3. Other details: Click here to enter text.
7. Might you inherit property in Canada but outside Canada? [ ]  YES [ ]  NO
	1. Jurisdiction: Click here to enter text.
	2. Type of asset, i.e. real estate, etc.: Click here to enter text.
	3. Other details: Click here to enter text.
8. **Wills outside of Ontario**
9. Do you have a Will outside of Ontario? [ ]  YES [ ]  NO
	1. Jurisdiction: Click here to enter text.
10. **Debts owed to you at death**
11. Does someone who will be a beneficiary in your Will currently owe a debt to you?
	1. [ ]  YES [ ]  NO
12. 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
13. **Tax on gifts**
14. 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
15. ABOUT MY CHILDREN

[ ]  N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full legal name** | **Date of birth** | **In my care?** | **Financially independent?** | **Monthly assistance from me** |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |

B. OTHER DEPENDANTS

[ ]  N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full legal name** | **Date of birth** | **In my care?** | **Financially independent?** | **Amount of monthly assistance from me** |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |
|  |  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |  |

**Details**

Click here to enter text.

1. 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: Click here to enter text.
	1. Other names this person goes by: Click here to enter text.
	2. Relationship, i.e. this person is my: Click here to enter text.
2. Full Legal Name of Executor 2: Click here to enter text.
	1. Other names this person goes by: Click here to enter text.
	2. Relationship, i.e. this person is my: Click here to enter text.
3. 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.

1. 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).*

1. **Cash Legacies to people:**

[ ]  N/A

1. Cash Legacy #1:
	* 1. Amount: Click here to enter text.
		2. Beneficiary’s full legal name: Click here to enter text.
		3. Your relationship to the beneficiary, i.e. s/he is my: Click here to enter text.
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*
	* 1. [ ] Put it back into the residue of my estate
		2. [ ] 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
		3. [ ] Give it to a back-up beneficiary
			1. Full legal name of back-up beneficiary 1: Click here to enter text.
			2. Your relationship to back-up beneficiary 1, i.e. s/he is my: Click here to enter text.
			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*
				1. [ ] Put it back into the residue of my estate
				2. [ ]  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*

1. **Cash Legacies to Charities:**

[ ]  N/A

1. Charitable Cash Legacy #1:
2. Amount: Click here to enter text.
3. Organization’s full legal name: Click here to enter text.
4. Charitable registration number: Click here to enter text.

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

1. 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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] 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%).*

**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: Click here to enter text.
2. Your relationship to beneficiary 1, i.e. s/he is my: Click here to enter text.
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: Click here to enter text.
			2. Your relationship to back-up beneficiary, i.e. s/he is my: Click here to enter text.
			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*
				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.
4. 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
	1. If yes, at what age will the beneficiary receive his or her gift? Click here to enter text.
2. Trustees for this Trust:
	1. Same as my Estate Trustees [ ]  Yes [ ]  No
	2. If yes, please proceed to section 8
	3. 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
			1. Full legal name of Special Trustee 1: Click here to enter text.
			2. Your relationship to Special Trustee 1, i.e. s/he is my Click here to enter text.
			3. Full legal name of Special Trustee 2: Click here to enter text.
			4. Your relationship to Special Trustee 2, i.e. s/he is my Click here to enter text.

1. LEGAL GUARDIANS

*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)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] 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: Click here to enter text.

2. Your relationship to Legal Guardian 1, i.e. s/he is my: Click here to enter text.

3. Full legal name of Legal Guardian 2: Click here to enter text.

4. Your relationship to Legal Guardian 2, i.e. s/he is my: Click here to enter text.

1. 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: Click here to enter text.
		3. Your relationship to disabled beneficiary, i.e. s/he is my: Click here to enter text.
		4. Trustees for this Trust:
1. Same as my Estate Trustees [ ]  Yes [ ]  No
2. If yes, please proceed to section 10.
3. If no, please select one of the following:
4. [ ] I appoint a Special Trustee and a back-up special trustee
5. [ ] I appoint two Special Trustees jointly
6. [ ] I appoint two Special Trustees jointly and severally
	* + 1. Full legal name of Special Trustee 1: Click here to enter text.
			2. Your relationship to Special Trustee 1, i.e. s/he is my Click here to enter text.
			3. Full legal name of Special Trustee 2: Click here to enter text.
			4. Your relationship to Special Trustee 2, i.e. s/he is my Click here to enter text.
		1. 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.
7. [ ]  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

1. [ ]  A substitute beneficiary
	1. Full legal name of substitute beneficiary for the trust funds: Click here to enter text.
	2. Your relationship to substitute beneficiary, i.e. s/he is my: Click here to enter text.

OR

1. [ ]  The residue of your estate
	* 1. To whom do you wish the balance of the trust funds to go when the disabled beneficiary dies?
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.

OR

1. [ ]  Another beneficiary:
	1. Full legal name of substitute beneficiary for the trust funds: Click here to enter text.
	2. Your relationship to substitute beneficiary, i.e. s/he is my: Click here to enter text.

OR

1. [ ]  The residue of your estate
2. BENEFICIARY DESIGNATIONS

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. McGuinty Law Offices can assist in drafting beneficiary designations for Tax Free Savings Accounts, Insurance Plans, Registered Retirement Savings Plans and Registered Retirement Income Funds.

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.

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, and that the form of ownership and the other owners accord with my intentions

[ ]  I authorize McGuinty Law Offices to search the title of my real estate at its standard rates:

 Address: Click here to enter text.

Address: Click here to enter text.

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

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Asset Type | Institution/Employer | Beneficiaries |
| Bank Account 1[ ]  Owned solely[ ]  Owned jointly |  | Joint title owner’s full legal name(s):Intention: [ ] gift [ ] convenience only |
| Bank Account 2[ ]  Owned solely[ ]  Owned jointly |  | Joint title owner’s full legal name(s):Intention: [ ] gift [ ] convenience only |
| Bank Account 3[ ]  Owned solely[ ]  Owned jointly |  | Joint title owner’s full legal name(s):Intention: [ ] gift [ ] convenience only |
| Employer Pension |  |  |
| Segregated funds: Note: 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). |  | Designated beneficiary’s/ies’ full legal name(s): |
| Real Estate[ ]  Owned solely[ ]  Owned jointly[ ]  Principal residenceAddress: |  | Joint title owner’s/owners’ full legal name(s): |
| Real Estate[ ]  Owned solely[ ]  Owned jointlyAddress |  | Joint title owner’s/owners’ full legal name(s): |
| Real Estate[ ]  Owned solely[ ]  Owned jointlyAddress |  | Joint title owner’s/owners’ full legal name(s): |

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, and that the form of ownership and the other owners accord with 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 \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_.

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# 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.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  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.*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **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 of assistance when needed, 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  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.*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LIABILITIES

|  |  |
| --- | --- |
| Debt | Amount |
| MortgageMortgagee (lender):Mortgagor(s) (borrower): |  |
| MortgageMortgagee (lender):Mortgagor(s) (borrower): |  |
| Line of CreditLender:Borrower:As of what date: | Amount borrowed to date:Amount of available credit: |
| Line of CreditLender:Borrower:As of what date: | Amount borrowed to date:Amount of available credit: |
| Credit CardCredit Card Company:Borrower: | Paying interest only?[ ] Yes [ ] NoPaying entire principal every month?[ ] Yes [ ] No |
| Credit CardCredit Card Company:Borrower: | Paying interest only?[ ] Yes [ ] NoPaying entire principal every month?[ ] Yes [ ] No |
| Credit CardCredit Card Company:Borrower: | Paying interest only?[ ] Yes [ ] NoPaying entire principal every month?[ ] Yes [ ] No |