

WILLS / POWERS OF ATTORNEY - INFORMATION QUESTIONNAIRE

Siksay & Fraser Law Offices

INDIVIDUALS

Date: _____ Office: () Whitby () Port Perry

A. PERSONAL INFORMATION

Client Full Name: _____ **Date of Birth:** _____

Is Client Divorced? () Yes () No

Is Client a spouse pursuant to FLA? () Yes () No

If yes, Name of Spouse: _____

Why is spouse not preparing wills at same time? _____

Support Obligations?: () Yes () No

Details of Support: _____

Address: _____

Street and Number

City/Town

Postal Code

Telephone Number:

Home

Business

E-Mail: _____

Existing Will? () Yes () No If yes, Where located?: _____

Does the client have Children?: () Yes () No

Is the other parent alive? () Yes () No

If yes, name of other parent: _____

Listing of Children:

	<i>Full name of Child</i>	<i>Age</i>	<i>Married?</i>
1.	_____	_____	() Yes () No
2.	_____	_____	() Yes () No
3.	_____	_____	() Yes () No
4.	_____	_____	() Yes () No
5.	_____	_____	() Yes () No

Are there Grandchildren? () Yes () No If yes, Indicate child by number above and number of grandchildren by that child:

1 () 2 () 3 () 4 () 5 ()

Are any children or grandchildren who might become beneficiaries under a disability? () Yes () No

If yes, details of child/grandchild & disability: _____

B. ESTATE TRUSTEES AND GUARDIANS

Full Name of *Estate Trustee*:

Name of Trustee: _____

Name

Relationship

Residence of Trustee: _____

Full Names of *Alternate Trustee(s)*:

Name Relationship

Name Relationship

Residence of Alt. Trustee: _____

Full Names *Children's Guardian(s)*:

Check if not applicable: ()

Name Relationship

Name Relationship

Residence of Guardian(s): _____

C. GIFTS AND BEQUESTS

What are the gifts and requests of the client on their demise prior to residue distribution:

	<i>Beneficiary Name & Relationship</i>	<i>Gift / Bequest (Item or Amount)</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

(If more, continue as "*Individual Bequests*" on Reverse)

Special Property Concerns?

() Cottage / 2nd home to be dealt with separately as follows: _____

() Other: Details and Disposition: _____

Balance of personal items after gifts and bequests noted above are to be distributed as follows:

() "amongst children alive at my death in as equal shares as may be possible as they may agree, and failing agreement, as executor may decide, balance to residue"

() deal with as residue

() _____

D. RESIDUE

Residue of Estate to be Divided as Follows:

() To "*issue in equal shares per stripes*"

() _____

(Continue on reverse as "Residue" if necessary)

Trust Clause for Minors:

- () Standard Age of Majority
- () 18/21
- () 18/25

E. FAMILY DISASTER or RESIDUAL GIFT FAILURE CLAUSE

If the residual gifts fail, then the balance of the estate then remaining is to be distributed as follows:

- () All To the following person: _____
- () All To the following charity: _____
- () In as many equal shares as are necessary to give the number of shares indicated to the following people who are alive:

	<i>Full name</i>	<i># of Shares</i>	<i>Relationship</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

(Continue on Reverse if necessary as "FD Recipients")

- () The following percentages as indicated with gift over as indicated:

<i>Percentage</i>	<i>Recipient Name</i>	<i>Gift Over</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- () As follows: _____

F. OTHER ISSUES AND CLAUSES REGARDING WILLS

Does the client require any SPECIAL EXPLANATION clauses that do not limit the discretion of the trustees or the plain wording of the wills clauses - for example, explaining an unequal division or expressing a non-binding request or direction? : () Yes () No

If Yes, details of special explanation clause: _____

Has a discussion of the following been completed (check if completed):

- () Life Insurance - Pros and cons of named beneficiaries or estate as beneficiary and client advised to name as appropriate through life insurance company;
- () Joint Tenancies / On Joint Account - Discussion of effect of such designations and how presumption results in automatic transfer to surviving joint account holder / joint tenant and client advised to deal with as appropriate with particular institutions or provide instructions to us for real property transfer;
- () Any shares of value in private corporations or interest(s) of value in a business or other undertaking such that dual wills might be appropriate to avoid probate fees (and likely referral to wills specialist);
- () Probate and Executors fees generally;
- () Treatment of RSPs and RESPs - designation of beneficiaries, implications, continuance of RESPs, and advise for follow-up by client with institutions;
- () That the client will contact the executors and guardians to confirm their readiness to act prior to signing the wills;
- () That client to make arrangements for safekeeping of wills;
- () That 2 pieces of I.D. will be required on sign-up;
- () Confirm that client has disclosed all material facts.
- () _____

Has a discussion of the following standard clauses been completed and are the clauses to be included (Check if completed and if to be included)

- () FLA Clause; Include: : () Yes () No
- () Definition of "issue" Include: : () Yes () No
- () Age of Majority Include: : () Yes () No

G. POWERS OF ATTORNEY

PROPERTY:

Check here () if client declines preparation of property powers of attorney ; otherwise, continue:

Primary Property Attorney:

<i>Attorney Full Name / Relationship</i>	<i>Residence</i>	<i>Restriction/Condition and Detail</i>
_____	_____	() No Yes: _____

Alternate Property Attorneys: If Primary Attorney unable or unwilling to act:

<i>Attorney Full Name / Relationship</i>	<i>Residence</i>	<i>Restriction/Condition</i>
_____	_____	() No () Yes, as below
_____	_____	() No () Yes, as below

- () Sole Alternate (if only one named)
- () Joint
- () Joint and Several or survivor solely
- () Conditional on Primary not being able to act and donor being mentally incapacitated
- () Conditional only on Primary not being able to act
- () Standard Form
- () Special Clause: _____

PERSONAL CARE:

Check here () if client declines preparation of personal care powers of attorney ; otherwise, continue:

Primary Personal Care Attorney:

<i>Attorney Full Name / Relationship</i>	<i>Residence</i>
_____	_____

Alternate Personal Care Attorneys: If Primary Attorney unable or unwilling to act:

<i>Attorney Full Name / Relationship</i>	<i>Residence</i>	<i>Restriction/Condition</i>
_____	_____	() No () Yes, as below

() No () Yes, as below

- () Sole Alternate (if only one named)
- () Joint
- () Joint and Several or survivor solely
- () Conditional on Primary not being able to act
- () Standard Form
- () Special Clause: _____

H. OTHER ISSUES AND CLAUSES REGARDING POWERS OF ATTORNEY

Has a discussion of the following been completed (check if completed):

- () If Power of Attorney for Property is unconditional - full discussion of implications and how it can be used;
- () That the donor has full trust in the named attorneys;
- () That Power of Attorney for Personal Care does not direct the named attorneys as to how to exercise their discretion - it only gives them the power - therefore there is a necessity for the donor to discuss with the attorneys how they wish the attorneys to exercise the discretion;
- () That the client will contact the named attorney(s), prior to signing the documents, to confirm that they are ready, willing, and able to act;
- () That they will be provided with 4 original copies of each power of attorney once signed and client must arrange for safekeeping thereof;
- () That 2 pieces of I.D. will be required on sign-up;
- () Confirm that client has disclosed all material facts.
- () _____

I. CLIENT ASSETS & LIABILITIES:

List Real Property Owned:

	Address	Legal Description	Owners Names	Joint Tenants?	Value	Mortgage O/S?
1.						
2.						
3.						

(Continue on back if required)

List Other Assets:

	Asset Description	Owner(s) Names	Joint Owners?	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

(Continue on back if required)

List Liabilities:

Liability Description	Debtor Name(s)	Creditor Name(s)	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			

(Continue on back if required)

J. SOLICITOR ATTESTATION

The client intake interview was completed on the date indicated above and this form is an accurate record of the instructions received. Discussions with the client included all the topics indicated herein and may have included other pertinent discussions on related topics and options.

Solicitor Signature

Solicitor: **David Siksay**
 Natalie Fraser