

Please complete questions inside the box only:

Your **Full** Legal Name: _____
 Address: _____
 City; Prov; PC: _____ Telephone: _____
 Spouse's **Full** Legal Name: _____
 Your Place and Date of Birth: _____ Email: _____
 Place and Date of Birth of Spouse: _____ Previously Divorced? yes no
 Any Children? None Yes, as follows. (attach List if necessary)
 Child #1 Name: _____ Under 19 Adopted Stepchild Prev. Marriage
 Child #2 Name: _____ Under 19 Adopted Stepchild Prev. Marriage
 Child #3 Name: _____ Under 19 Adopted Stepchild Prev. Marriage
 Child #4 Name: _____ Under 19 Adopted Stepchild Prev. Marriage

Alternate Executor's Name: _____ Relation: _____

Alt. Executor's Address / Postal Code: _____
 _____ Phone: _____ DOB _____

2nd Alt. Executor's Name: _____ Relation: _____

2nd Alt. Executor's Address/Postal Code: _____
 _____ Phone: _____ DOB _____

Guardian/Monitor's Name: _____ Relation: _____

G/M's Address/Postal Code: _____
 _____ Telephone: _____

Which of the following matches your wishes:

- To my spouse if alive, if not, to my children equally;
- To my children equally if alive. If a child predeceases me, his or her share to his or her children if any, equally. Otherwise add that share to the share of those children who survive me;
- As per the list attached. Age Beneficiary Takes: _____

Contingent Beneficiaries (i.e. Charities)? _____

Have you signed a Cohabitation, Marriage or Separation Agreement? yes no

Do you require Mutual Wills (if "blended" family) yes no

If UNMARRIED, are you getting married in the near future? yes no

Do you require Insurance Declarations for your Life Insurance? yes no

Do you require RRSP Declarations? yes no

Title searches? What is (are) the property P.I.D.s?: _____

I will keep my will at home in a fire proof box; or in a safety deposit box located at:
 _____ Amount Quoted: _____ Retainer: _____

Please discuss: Powers of Attorney Health Care Directives

(Will & PoA Document #: _____)

(Health Care Directive Document #: _____)

Cost: \$ _____

Cost: \$ _____