

LEVITT LIGHTMAN DEWAR & GRAHAM LLP

WILL PLANNING DATA SHEET

PLEASE BRING THIS COMPLETED DOCUMENT WITH YOU TO YOUR INITIAL APPOINTMENT.

Part I - Personal Details

Full Name: _____

Also Known As: _____

Address: _____

City and Postal Code: _____

Phone Number: Residential: _____

Business: _____

Cell: _____

Email: _____

S.I. N. Number: _____

Occupation _____

Date and Place of Birth _____

Is your Present Residence Permanent? _____

Citizenship _____

SPOUSE (IF APPLICABLE)

Full Name: _____

Also Known As: _____

Address:
(if different from above)

City and Postal Code:

Phone Number:

Residential:

Business:

Cell:

Email:

S.I. N. Number:

Occupation

Date and Place of Birth

Citizenship

Date of Marriage

CHILDREN:

1. Full Name:

Address:

(If not residing with you)

City and Postal Code:

Date of Birth:

Marital Status:

Name of Spouse:

Children & Ages:

2. Full Name:

Address:
(If not residing with you)

City and Postal Code:

Date of Birth:

Marital Status:

Name of Spouse:

Children & Ages:

3. Full Name:

Address:
(If not residing with you)

City and Postal Code:

Date of Birth:

Marital Status:

Name of Spouse:

Children & Ages:

4. Full Name:

Address:
(If not residing with you)

City and Postal Code:

Date of Birth:

Marital Status: _____

Name of Spouse: _____

Children & Ages: _____

Please indicate if any children are stepchildren or if any children are from a previous marriage:

1. Full Name: _____

Address: _____
(If not residing with you)

City and Postal Code: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse: _____

Children & Ages: _____

2. Full Name: _____

Address: _____
(If not residing with you)

City and Postal Code: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse: _____

Children & Ages:

Are any of your children or dependants disabled? If so, please give details:

OTHER DEPENDENTS:

Do you have any legal obligation to support another person in addition to your spouse and children, or have you been providing actual support to anyone other than your spouse and children? If so, please give the details:

Are there any special consideration relating to any of the children or other beneficiaries which you consider to be worth noting in your Will?

GENERAL:

NAME OF ACCOUNTANT

Address

Telephone Number

**NAME OF FINANCIAL
ADVISOR**

Address

Telephone Number

Have you or your spouse been previously married?

Is spouse deceased? If so, please provide date of death:

DOMESTIC CONTRACTS AND COURT ORDERS:

Have you or your spouse ever signed a Separation Agreement, Marriage Contract, or been involved in a court proceeding which might have an impact on your estate:

YES ()
NO ()

If so, Please provide details and provide us with a copy.

Divorce (if any): _____

Date: _____

Place: _____

Details: _____

Any other children / beneficiaries? _____

Full Names: _____

Address: _____

Relationship: _____

Part II - Financial Details of your Estate

A. Real Estate:

Do you own a house? If so, please provide the following details:

(i) Address: _____

(ii) Approximate Value: _____

(iii) Original Mortgage Amount (if any): _____

(iii) Present Mortgage Amount Owing (if any): _____

(iv) Registered in the Name of: _____

Other Properties:

- (v) Address: _____
- (vi) Purchase Price: _____
- (vii) Approximate Value: _____
- (viii) Present Mortgage
Amount Owing
(if any): _____
- (iv) Registered in the
Name of: _____
- (x) Date of Acquisition: _____

Automobiles or Boats:

- (xi) Item: _____
- (xii) Approximate Value: _____
- (xiii) Registered in the
Name of: _____
- (xiv) Date of Acquisition: _____

B. Business Interest:

- (i) Name: _____
- (ii) Address: _____
- (iii) Type of Business: Sole Proprietorship ()
 Partnership ()
 Limited Company ()

Are you a party to any partnership agreements or unanimous shareholders' agreements (if so, please provide us with a copy)?

Do you own shares in a private Ontario Corporation? If so, please provide:

- (i) Business Name: _____

F. Stocks, Bonds and Other Securities:

Please provide a current list of your stock portfolio or other securities:
(You may wish to attach a separate page, e.g. statement from broker)

G. Bank Accounts, G.I.C.'s and Other Investments

Please provide a current list of your accounts and other investments:

H. Debts and Liabilities:

Please provide all details of monies that you owe to a third person (if any):

I. Are you an executor / trustee for someone else? If so, please provide details.

Are you presently receiving benefits from an estate or trust? If so, please give particulars.

Have you set up a trust to benefit another person? If so, please give particulars.

Part III - Will Plan

A. Estate Trustee (Executor):

What person or persons would you like to act as the estate trustee of your estate:

- Spouse
- Other - If other:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

If you have chosen your spouse, and your spouse predeceases or is unable to act, who would be your alternate choice:

FOR MY WILL: Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

(PLEASE NOTE THAT A SPOUSE MAY DISPOSE OF HIS/HER ESTATE SEPARATELY FROM HIS/HER SPOUSE)

SPOUSES WILL:
(If different)

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

B. Details of Will:

Please advise us of the general scheme of distribution of your estate. In particular, what portion of your estate is to go to whom? Please advise us of secondary beneficiary in the event the primary beneficiary predeceases. If your children are under eighteen, please advise us of the age at which you would wish them to take control of their inheritance. In many cases, people leave their entire estate to their spouse, and then to their children. If this is your intention, please indicate by checking off: ()

If not, please outline the distribution scheme which you prefer:

C. **Guardian:**

If you have infant children and you and your spouse are not available, to whom would you like to give custody of your children:

Name: _____

Address: _____

Name: _____

Address: _____

D. **Powers of Estate Trustee (Executor):**

Do you want any restrictions on the powers of your executor:

Yes ()

No ()

If yes, please indicate the restrictions:

E. **Special Provisions:**

Do you wish to include in your Will any special provisions relating to funeral arrangements, organ donations, medical use of your body, etc.? If so, please advise:

Part IV - Powers of Attorney

(Under the Ontario Substitute Decisions Act, Powers of Attorney have become increasingly important. Unlike a Will, your Power of Attorney takes effect during your lifetime, i.e. if you become incapacitated. The Power of Attorney for managing property enables your attorney to sign on your behalf with respect to business and financial matters. Your Power of Attorney for Personal Care allows your attorney to deal with your doctors and to make medical decisions which you are incapable of making due to your illness.)

F. Powers of Attorney:

Do you wish a Power of Attorney for managing property (“General Power of Attorney”):

Yes ()
No ()

If so, whom do you wish to be your attorney:

Spouse()
Other ()

If other: Name: _____

Address: _____

Any special Conditions?

G. Power of Attorney for Personal Care:

Do you wish a Power of Attorney for Personal Care:

Yes ()
No ()

If so, whom do you wish to be your attorney:

Spouse()
Other ()

If other: Name: _____

Address: _____

Many people choose to have a “Living Will” incorporated into their Power of Attorney. Essentially, this instructs their attorney that no heroic measures are to be taken to prolonging their life if there is no possibility of recovery. Do you wish the Living Will provision to be incorporated into your Power of Attorney for Personal Care:

Yes ()
No ()

DOCTOR’S NAME: _____