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OUR WILL DRAFTING PROCESS

1. We start with obtaining some background information on you and your situation, including your assets, your family and other important matters. We do this by sending our Estate Planning Worksheet (see attached). You then fill in the questionnaire as best as you can and return it to us. You can email us your worksheet, drop it off at our office, or contact us to set up a more secure online portal with your own username and password to share the document.
2. Do not spend too much time filling it out. We do not need all the account numbers or exact values. General estimates are fine. As an alternative, if you prefer, we can have someone from our office go over the questionnaire with you by phone.
3. If you are a married couple, and your instructions are the same, you only need to fill out one Estate Planning Worksheet.
4. Once we have that information, we would either meet by video conference, telephone, or in person to discuss your options and instructions. We would also provide recommendations and answer any questions. By this point we will typically have a plan for your Will mapped out.
5. At this time, we give you a fixed quote for the costs of the preparing and executing the documents. If the quote is acceptable to you, we will send you a retainer agreement that you sign and send back to us. You will also provide us with a deposit for the final fees.
6. Once we get the retainer back, we prepare draft documents and send them to you for your brief review. Since they are legal documents they may not make perfect sense to you on initial reading.
7. At the time of sending you the drafts, we ask you to set up a time to meet us in person to review the documents together, answer your questions, make any amendments and execute the documents. You are also free to call or email with any questions you may have.
8. You attend our offices to sign the documents. If you would like to discuss different signing options, please contact us and we will do our best to accommodate you. However we do not do home or hospital visits.

Costs:

For an individual, our Will package fee starts at \$895 plus HST. The package includes a Will, a Continuing Power of Attorney for Property, and a Power of Attorney for Personal Care.

For a married couple, our Will package fee starts at \$1,295 plus HST. The package includes a Will for each spouse, a Continuing Power of Attorney for Property for each spouse, and a Power of Attorney for Personal Care for each spouse.

Depending on your circumstances, type of assets, your beneficiaries' circumstances, and your instructions, the fee could be more. Examples of increased fees include having a trust company act as an executor, requiring a trust for a disabled beneficiary, or requiring multiple meetings with us with respect to your instructions. We will give you a fixed price before starting the work.

We will require a deposit before starting our work. We will discuss the deposit with you at our first meeting.

If you are interested, please contact us by phone or email and we can start the process.

One note of caution – we may not act for both spouses where it is a second marriage situation. In that case, we would act for one and refer the other spouse to another lawyer.

If you have any questions, feel free to call or email us.



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:	
MARITAL STATUS:	RESIDENTIAL PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:
E-MAIL:		S.I. N. NUMBER:	
OCCUPATION:		DATE AND PLACE OF BIRTH:	
CITIZENSHIP:		RESIDENCE FOR INCOME TAX PURPOSES:	

Spouse (if applicable):

FULL NAME:		ALSO KNOWN AS:	
ADDRESS (if different from above):		CITY AND POSTAL CODE:	
RESIDENTIAL PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:	
E-MAIL:		S.I. N. NUMBER:	
OCCUPATION:		DATE AND PLACE OF BIRTH:	
CITIZENSHIP:		DATE AND PLACE OF MARRIAGE:	

Children:

1. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	
CHILDREN AND AGES:		



2. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

3. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

4. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

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

1. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:



2. FULL NAME:	DATE OF BIRTH:
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ADDRESS (if not residing with you):	CITY AND POSTAL CODE:
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MARITAL STATUS:	NAME OF SPOUSE:
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CHILDREN AND AGES:

ARE ANY OF YOUR CHILDREN OR DEPENDANTS DISABLED? ARE ANY OF THEM RESIDENTS OR CITIZENS OF OTHER COUNTRIES? IF SO, PLEASE PROVIDE 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 (eg, Spendthrift spouse and/or children? Are there issues with addiction or mental illness)?



General:

NAME OF ACCOUNTANT:	TELEPHONE NUMBER:
ADDRESS:	
NAME OF FINANCIAL ADVISOR:	TELEPHONE NUMBER:
ADDRESS:	

Domestic contracts and court orders:

HAVE YOU OR YOUR SPOUSE BEEN PREVIOUSLY MARRIED?

IS YOUR SPOUSE DECEASED? IF SO, PLEASE PROVIDE DATE OF DEATH:

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? IF SO, PLEASE PROVIDE DETAILS AND PROVIDE US WITH A COPY.

DIVORCE (IF ANY):

DATE:	PLACE:
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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:

ADDRESS:

APPROXIMATE VALUE:	ORIGINAL MORTGAGE AMOUNT (IF ANY):	PRESENT MORTGAGE AMOUNT OWING (IF ANY):
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REGISTERED IN THE NAME OF:	IN THE CASE OF MORE THAN ONE OWNER, THE PROPERTY IS OWNED AS:
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OTHER PROPERTIES (eg, vacation, investment, cottage, vacant land)

ADDRESS:

PURCHASE PRICE:	APPROXIMATE VALUE:	PRESENT MORTGAGE AMOUNT OWING (IF ANY):
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DATE OF ACQUISITION:	IN THE CASE OF MORE THAN ONE OWNER, THE PROPERTY IS OWNED AS:
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AUTOMOBILES OR BOATS:	APPROXIMATE VALUE:
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DATE OF ACQUISITION:	REGISTERED IN THE NAME OF:
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B. BUSINESS INTEREST:

NAME:

ADDRESS:

TYPE OF BUSINESS:

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:

BUSINESS NAME:

BUSINESS NUMBER:

NUMBER OF SHARES:

COMMON:	SPECIAL:
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C. LIFE INSURANCE:	
GROUP INSURANCE:	
NAME OF OWNER:	
NAME OF COMPANY:	FACE VALUE:
BENEFICIARY:	POLICY NUMBER:
NAME OF OWNER:	
NAME OF COMPANY:	FACE VALUE:
BENEFICIARY:	POLICY NUMBER:
PERSONAL INSURANCE:	
NAME OF OWNER:	
NAME OF COMPANY:	FACE VALUE:
BENEFICIARY:	POLICY NUMBER:
NAME OF OWNER:	
NAME OF COMPANY:	FACE VALUE:
BENEFICIARY:	POLICY NUMBER:
D. R.R.S.P.'s, R.I.F.'s AND ANNUITIES:	
NAME OF OWNER:	APPROXIMATE CURRENT VALUE:
NAME OF FINANCIAL INSTITUTION:	
BENEFICIARY:	PLAN NUMBER:
NAME OF OWNER:	APPROXIMATE CURRENT VALUE:
NAME OF FINANCIAL INSTITUTION:	
BENEFICIARY:	TRUSTEE AND PLAN NUMBER:



NAME OF OWNER:	APPROXIMATE CURRENT VALUE:
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NAME OF FINANCIAL INSTITUTION:

BENEFICIARY:	TRUSTEE AND PLAN NUMBER:
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E. T.F.S.A.'s:

NAME OF OWNER:	APPROXIMATE CURRENT VALUE:
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NAME OF FINANCIAL INSTITUTION:

BENEFICIARY:	TRUSTEE AND PLAN NUMBER:
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NAME OF OWNER:	APPROXIMATE CURRENT VALUE:
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NAME OF FINANCIAL INSTITUTION:

BENEFICIARY:	TRUSTEE AND PLAN NUMBER:
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F. PENSION PLANS:

DO YOU HAVE ANY THROUGH YOUR EMPLOYMENT:	SELF:
	SPOUSE:

IF SO, WHO IS THE BENEFICIARY:

G. 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)



H. BANK ACCOUNTS, G.I.C.'S AND OTHER INVESTMENTS:

PLEASE PROVIDE A CURRENT LIST OF YOUR ACCOUNTS AND OTHER INVESTMENTS:

PLEASE INDICATE IF ANY ITEMS IN G. OR H. ABOVE ARE HELD IN THE NAMES OF YOURSELF AND ANY OTHER PERSON. IF SO, PLEASE PROVIDE THE NAME(S). DO YOU INTEND THAT THEY BE THE SOLE OWNER OF THESE ASSETS UPON YOUR DEATH?

I. DEBTS AND LIABILITIES:

PLEASE PROVIDE ALL DETAILS OF MONIES THAT YOU OWE TO A THIRD PERSON (IF ANY):



J. MISCELLANEOUS

DO YOU HAVE A PREVIOUS WILL?

DOES YOUR SPOUSE HAVE A WILL?

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:

DO YOU HAVE ANY HEIRLOOMS, ARTWORK OR JEWELLERY OF SPECIAL NOTE?



PART III - WILL PLAN

A. ESTATE TRUSTEE (EXECUTOR):

WHAT PERSON OR PERSONS WOULD YOU LIKE TO ACT AS THE ESTATE TRUSTEE OF YOUR ESTATE:
(IF OTHER, PLEASE GIVE DETAILS:)

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)

FOR 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 ONE OR MORE SECONDARY BENEFICIARIES 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 THE BOX:

IF NOT, PLEASE OUTLINE THE DISTRIBUTION SCHEME WHICH YOU PREFER. FOR ANY MINOR BENEFICIARIES, PLEASE ADVISE US OF THE AGE THAT YOU WISH THEM TO RECEIVE CONTROL OF THEIR INHERITANCE.

C. GUARDIAN:

IF YOU HAVE MINOR 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:

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

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 MAKE MEDICAL DECISIONS IF YOU ARE INCAPACITATED.)

POWERS OF ATTORNEY:

DO YOU WISH A POWER OF ATTORNEY FOR MANAGING PROPERTY ("GENERAL POWER OF ATTORNEY"):

IF YES, WHOM DO YOU WISH TO BE YOUR ATTORNEY:
(IF OTHER, PLEASE PROVIDE DETAILS:)

NAME:

ADDRESS:

NAME:

ADDRESS:

IF MORE THAN ONE ATTORNEY, HOW WILL THEY ACT?

ANY SPECIAL CONDITIONS?

POWER OF ATTORNEY FOR PERSONAL CARE:

DO YOU WISH A POWER OF ATTORNEY FOR PERSONAL CARE:

IF YES, WHOM DO YOU WISH TO BE YOUR ATTORNEY:
(IF OTHER, PLEASE PROVIDE DETAILS:)

NAME:

ADDRESS:

NAME:

ADDRESS:

IF MORE THAN ONE ATTORNEY, HOW WILL THEY ACT?

ANY SPECIAL CONDITIONS?

MANY PEOPLE CHOOSE TO HAVE A "LIVING WILL" INCORPORATED INTO THEIR POWER OF ATTORNEY. 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:

DOCTOR'S NAME:

PLEASE INDICATE IF YOU WANT OUR DRAFT DOCUMENTS TO BE PROVIDED TO YOU FOR REVIEW BY:
 regular mail email secure online portal
If you select online portal, you will be sent email instructions to set up a login id and password.



PART V - DIGITAL ASSETS MEMORANDUM

IN TODAY'S DAY AND AGE, IT IS IMPORTANT TO CONSIDER HOW YOU WOULD LIKE YOUR DIGITAL ASSETS HANDLED AFTER YOU DIE. SOCIAL MEDIA SITES INCLUDING FACEBOOK, TWITTER AND LINKEDIN ALL HANDLE THE DEATHS OF THEIR USERS DIFFERENTLY WHEN IT COMES TO MEMORIALIZING OR FREEZING ACCOUNTS. DELETING THE ACCOUNTS CAN BE A CUMBERSOME, AND SOMETIMES IMPOSSIBLE, PROCESS. OTHER DIGITAL ASSETS INCLUDE YOUR EMAIL ACCOUNTS, COMPUTER PASSWORDS AND FILES, SMARTPHONE PASSWORDS AND FILES, AND ONLINE BANKING AND BILL PAYMENT PASSWORDS. PLEASE CONSIDER INCLUDING ALL ITEMS THAT CONSTITUTE YOUR DIGITAL, ONLINE LIFE. PLEASE INCLUDE THE LOCATION OF SUCH ITEMS IF STORED SEPARATELY AND INSTRUCTIONS HOW THEY SHOULD BE HANDLED. WE UNDERSTAND THAT YOU MAY NOT FEEL COMFORTABLE PROVIDING US WITH THIS SENSITIVE INFORMATION. INSTEAD OF SUBMITTING THIS MEMORANDUM TO US, PLEASE CONSIDER LEAVING A COMPLETED COPY WITH YOUR SIGNED WILL OR ADVISING YOUR EXECUTORS AND TRUSTEES WHERE IT WILL BE STORED.

DIGITAL DEVICES (computers, tablets, smartphones, etc.):

ITEM:	ACCESS INFORMATION:	INSTRUCTIONS:

EMAIL ACCOUNTS:

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

SOCIAL NETWORKING (Facebook, Twitter, etc.):

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

ONLINE BANKING / FINANCIAL ACCOUNTS

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

ONLINE MEDIA ACCOUNTS (music, photos, etc.):

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

OTHER DIGITAL ASSETS:

ITEM / ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS: