

Michael J. Day

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Last Will and Testament & Power of Attorney Instructions

DATE: _____

FULL LEGAL NAME: _____
Surname First Name Middle Name(s)

FULL LEGAL NAME: _____
Surname First Name Middle Name(s)

PLEASE INDICATE YOUR CURRENT MARITAL STATUS:

- Married, no prior marriages Date of Marriage: _____
 Married, previously widowed or divorced
 Widow/Widower
 Divorced
 Common Law Partner/Spouse Date of Cohabitation: _____
 Single
 Engaged Proposed Date of Marriage: _____

ADDRESS: _____
Street Apt. City

Province Postal Code

CONTACT INFORMATION:

Home _____ Business _____ Cell _____

Email _____

PARTICULARS OF TESTATOR *(person making the Will)*

DATE OF BIRTH: *Month* _____ *Day* _____ *Year* _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

IMMIGRATION STATUS *(if applicable)*: _____

DOMICILE *(what country do you regard to be your home)*: _____

OCCUPATION: _____

EMPLOYER: _____

PARTICULARS OF SPOUSE OF TESTATOR

DATE OF BIRTH: *Month* _____ *Day* _____ *Year* _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

IMMIGRATION STATUS *(if applicable)*: _____

DOMICILE *(what country do you regard to be your home)*: _____

OCCUPATION: _____

EMPLOYER: _____

DO YOU HAVE A MARRIAGE CONTRACT/COHABITATION AGREEMENT?:

PARTICULARS OF ESTATE

REAL ESTATE: _____

GROSS VALUE: _____

MORTGAGE: _____

MANNER OF TITLE (*circle one*): JOINT TENANTS or TENANTS IN COMMON

DO YOU OWN ANY REAL ESTATE OUTSIDE OF THIS PROVINCE? (*circle one*): YES or NO

If yes, provide details: _____

BANK ACCOUNTS:

(1) BANK: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____

APPROX. BALANCE: _____

(2) BANK: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____

APPROX. BALANCE: _____

(3) BANK: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____

APPROX. BALANCE: _____

If more space is needed please attach a separate sheet.

SAFETY DEPOSIT BOX (*circle one*): YES or NO

If yes, where is it located: _____

DETAILS OF CONTENTS: _____

RRSPs

(1) COMPANY: _____

PRIMARY ACCOUNT HOLDER: _____

BENEFICIARY (if any): _____

(2) COMPANY: _____

PRIMARY ACCOUNT HOLDER: _____

BENEFICIARY (if any): _____

(3) COMPANY: _____

PRIMARY ACCOUNT HOLDER: _____

BENEFICIARY (if any): _____

PENSION PLAN

(1) COMPANY: _____

PENSION HOLDER: _____

DATE OF RETIREMENT: _____

DEATH BENEFIT: _____

BENEFICIARY: _____

(2) COMPANY: _____

PENSION HOLDER: _____

DATE OF RETIREMENT: _____

DEATH BENEFIT: _____

BENEFICIARY: _____

TERM DEPOSITS/BONDS/SECURITIES

DETAILS: _____

INVESTMENT ADVISOR: _____

CONTACT INFORMATION (*Company's Name, Address & Telephone No.*):

LIFE INSURANCE

(1) INSURED: _____

INSURER: _____

POLICY #: _____

DEATH BENEFIT: _____

BENEFICIARY: _____

(2) INSURED: _____

INSURER: _____

POLICY #: _____

DEATH BENEFIT: _____

BENEFICIARY: _____

(3) INSURED: _____

INSURER: _____

POLICY #: _____

DEATH BENEFIT: _____

BENEFICIARY: _____

INSURANCE AGENT: _____

CONTACT INFORMATION *(Company's Name, Address & Telephone No.):*

NOTE: If there are named beneficiaries in the life insurance policy(ies) or RRSP(s), the beneficiary designations over-ride the terms of the will, unless the will specifically states otherwise. If you want the terms of your will to govern, the named beneficiary(ies) in the insurance policy and/or RRSP should be "My Estate".

NOTE: We will not be verifying how title to your assets are held nor will we be confirming the designations in your life insurance policies or RRSP(s), if applicable.

PARTICULARS OF DEBTS

(1) MORTGAGE: _____

AMOUNT OUTSTANDING: _____

(2) MORTGAGE: _____

AMOUNT OUTSTANDING: _____

CREDIT CARDS: _____

Company

Account No.

Company

Account No.

Company

Account No.

LINE OF CREDIT: _____

AMOUNT OUTSTANDING: _____

CREDITOR(S): _____

AMOUNT OUTSTANDING: _____

EXECUTOR(S)

(1) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

(2) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE EXECUTOR(S)

(1) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

(2) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

BENEFICIARIES

SURVIVING SPOUSE: []

IF NO SURVIVING SPOUSE, THEN CHILDREN ALIVE AT DEATH []

NAME OF CHILD: _____ AGE: _____

NAME OF CHILD: _____ AGE: _____

NAME OF CHILD: _____ AGE: _____

NAME OF CHILD: _____ AGE: _____

Please indicate if any of the above children are not your biological children.

DATE OF ADOPTION *(if applicable)*: _____

Do any of your children have a physical or mental disability?*(circle one)*: YES or NO

OTHERS

(1) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PARTICULARS OF BEQUEST, DEVISE OR LEGACY *(specific property or monetary gifts)*:

(2) NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PARTICULARS OF BEQUEST, DEVISE OR LEGACY (*specific property or monetary gifts*):

NOTE: In some instances where an individual would like to leave personal possessions or property to specific individuals (such as jewellery, furniture, collections, etc.) it is more appropriate to incorporate by reference a handwritten memorandum to your Will. If this applies to you please request instructions for preparing the memorandum from our office.

DISTRIBUTION OF CHILD'S SHARE (IF ANY)

IF CHILD PREDECEASES, THEN SHARE GOES TO ISSUE (*i.e. grandchildren*): []

OR TO SURVIVING SIBLINGS: []

CAPITAL IS DISTRIBUTED AS FOLLOWS:

AGE 18 [] AGE 21 []
AGE 24 [] AGE 28 []
AGE 32 [] OTHER: _____

(Example: Deliver 1/3 to children at age 21, Deliver 1/3 to children at age 24, Deliver balance to children at age 28)

GUARDIAN(S) FOR INFANT CHILDREN

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

COMMENTS:

BURIAL INSTRUCTIONS:

Special instructions regarding funeral, cremation or burial instructions are best handled by a letter of instruction (separate from your will) to your family or other responsible person.

INSTRUCTIONS FOR POWER OF ATTORNEY

DATE: _____

GRANTOR: _____
Surname First Name Middle Name

ADDRESS: _____
Street Apt. City

Province Postal Code

CONTACT INFORMATION:

Home _____ Business _____ Cell _____

Email _____

OCCUPATION: _____

EMPLOYER: _____

ATTORNEY(S): _____
*(person to act Surname First Name Middle Name
on your behalf)*

ADDRESS: _____
Street Apt. City

Province Postal Code

RELATIONSHIP TO GRANTOR: _____

ALTERNATE

ATTORNEY(S): _____
Surname First Name Middle Name

ADDRESS: _____
Street Apt. City

Province Postal Code

RELATIONSHIP TO GRANTOR: _____

Alternate Attorney(s) to act [] jointly, or [] separate from Attorney

Restrictions to the duties of Attorney: [] no [] yes

If yes, what restrictions? _____

OPTIONAL INSTRUCTIONS (please indicate if you want the following clauses):

Insert: I do not wish to be removed from my residence and placed in an institution, regardless of the costs to my estate, unless my attorney is satisfied that there is no reasonable alternative but to do so.

[] Yes [] No

Insert: I do not wish to have my life unduly prolonged by any course of treatment or any medical procedure which offers no reasonable expectation of my recovery from life threatening physical or mental incapacity, except as may be necessary for the relief of suffering.

[] Yes [] No

Insert: I indemnify from the liability to me, my estate or any third party, any person who, in reliance on this Power of Attorney, acts so as to carry out or act consistently with my wishes expressed herein and who in so doing does not act in a manner that such person considers is in my best interests.

[] Yes [] No

AUTHORIZATION:

I understand that a Last Will and Testament and Powers of Attorney are legal documents that will have a binding effect when properly signed and witnessed. I understand that draft documents will be prepared using the information supplied by me on the intake form. By submitting this form I authorize Mr. Day to prepare my Last Will and Powers of Attorney.

Name: _____ Date: _____

Signature: _____

Have you previously made a Will? (*circle one*): YES or NO

Have you previously made Powers of Attorney?(*circle one*): YES or NO

Name: _____ Date: _____

Signature: _____

Have you previously made a Will? (*circle one*): YES or NO

Have you previously made Powers of Attorney?(*circle one*): YES or NO