

WILL AND POWER OF ATTORNEY CHECKLIST

1. CLIENT INFORMATION:

FULL LEGAL NAME: _____

ADDRESS: _____

HOME TELEPHONE: WORK TELEPHONE: CELLULAR TELEPHONE:

EMAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BIRTHDATE: _____ COUNTRY OF CITIZENSHIP: _____

GENDER: MALE _____ FEMALE _____ OTHER _____

Is the drafting and execution of your Will and/or Powers of Attorney an urgent matter (an urgent matter would entail our office drafting your documents within ten (10) business days of you completing and returning the checklist)? If yes, an additional surcharge for urgent matters will be added to our normal fee.

YES _____ NO _____

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BARRISTERS & SOLICITORS

Do you suffer from a legal or medical impairment that we should be made aware of (ex. Visually Impaired, Hearing Impaired, Dementia, Alzheimer's, etc.)? If there is an issue with respect to capacity, a consultation may be required prior to the drafting of a Will and/or Powers of Attorney and a consultation fee will apply.

YES _____ NO _____

If yes, please explain: _____

Do you require a Henson Trust (to set aside funds in trust for an individual who has a disability)? If yes, a consultation may be required and additional legal fees will apply.

YES _____ NO _____

If yes, please explain: _____

Do you own a Corporation? Do you require an Excluded Property Will for a private Canadian Company? If yes, a consultation may be required and additional legal fees will apply.

YES _____ NO _____

If yes, please explain: _____

2. POWERS OF ATTORNEY:

POWER OF ATTORNEY FOR PROPERTY

You may name a person to act on your behalf with respect to your financial matters in the event that you are incapacitated or in the event that you are unavailable for any reason. This is your "Attorney" for property. Your Attorney will be able to do anything that you can do with respect to financial matters except they cannot rewrite your Will.

ATTORNEY: _____

RELATION TO YOU: _____ TELEPHONE: _____

ADDRESS: _____

ALTERNATE ATTORNEY: _____

RELATION TO YOU: _____ TELEPHONE: _____

ADDRESS: _____

POWER OF ATTORNEY FOR PERSONAL CARE

You may also authorize a person to make decisions for you in connection with medical treatment, admission to care facilities and personal care decisions. This Attorney for Personal Care will only make these decisions for you when it is determined that you are incapable of making these decisions for yourself. The Attorney must make the decision that you would have made if capable. As a result, it is important that your Attorney know what your decision would have been. Any instructions that you feel particularly strong about should be relayed to your Attorney or included in your Power of Attorney for Personal Care.

ATTORNEY: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

ALTERNATE ATTORNEY: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

In the Power of Attorney for Personal Care you can state whether you wish to be kept on any life saving apparatus in the event that there is no chance of survival. These declarations make your wishes more clear to the attorney as well as to your loved ones.

Do you wish to be kept on Life Support? YES _____ NO _____

3. LAST WILL AND TESTAMENT:

Your Will comes into effect once you pass away. The Estate Trustee is the person who will handle your Estate and ensure that all your wishes are carried out. You should speak directly to this person to ensure that they are prepared to act as your Executor and they are clear about your intentions and wishes regarding your Estate.

MARITAL STATUS: Single _____ Married _____ Common Law _____
Separated _____ Divorced _____ Widowed _____ Other _____

Partner or spouse's name: _____

Any previous marriages?

YES _____ NO _____

If yes, please include your former spouse's name(s): _____

If you or your new spouse have children from previous relationships, a consultation may be required in order to discuss any related issues and a consultation fee will apply.

Do you have a domestic contract (a domestic contract includes a separation agreement, cohabitation agreement or a marriage contract)? If yes, please include a copy with your checklist.

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BARRISTERS & SOLICITORS

YES _____ NO _____

If yes, please explain: _____

Do you have children? YES _____ NO _____

NAME: _____

BIRTHDATE: _____

NAME: _____

BIRTHDATE: _____

NAME: _____

BIRTHDATE: _____

NAME: _____

BIRTHDATE: _____

Do you have any deceased children? If so, state full name and date of birth:

NAME: _____

BIRTHDATE: _____

NAME: _____

BIRTHDATE: _____

Did your deceased children have children? If so, state full name and date of birth:

NAME: _____

PARENT'S NAME: _____

BIRTHDATE: _____

NAME: _____

PARENT'S NAME: _____

BIRTHDATE: _____

BURIAL INSTRUCTIONS

Please list any specific burial instructions you may have, whether you wish to be cremated, or buried at a specific location.

ESTATE TRUSTEE & EXECUTOR

Who will administer your estate and distribute your assets or manage trusts established for your beneficiaries in your Will when you pass away?

You may wish to consider appointing your spouse (if applicable) either alone or in conjunction with one or more other people. Unless you indicate otherwise, where there are two or more Executors and Trustees appointed all decisions must be unanimous.

Also, it is recommended that you appoint an Alternate Estate Trustee in case the first predeceases you or is incapable of handling your Estate. A typical guideline for your reference only, is that spouses appoint each other as their Estate Trustee and appoint a trusted friend or relative as the Alternate Estate Trustee.

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ESTATE TRUSTEE: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

ALTERNATE ESTATE TRUSTEE: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

GUARDIAN

If you have under aged children, it is imperative to appoint a Guardian of your children. The Guardian will take care of your children, in the event that both you and your spouse, or the other parent of the children should predecease your children before they attain the age of majority. You may also appoint an Alternate Guardian if you wish (*it is not mandatory*).

GUARDIAN: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

ALTERNATE GUARDIAN: _____

RELATION TO YOU: _____ TEL NO.: _____

ADDRESS: _____

SPECIAL BEQUESTS

List any special bequests you wish to make. Personal items such as jewellery or monetary gifts you wish to leave to specific individuals. A memorandum can be done by you at any time to indicate your suggestions for distribution of personal effects. Only larger, more *important* or controversial items should be included here. **(It is not necessary to complete this section if you have no special bequests).**

RESIDUE OF ESTATE

Name the person you wish to receive the Residue of your Estate. The Residue of your Estate is anything that is not held jointly, not left to a specific named beneficiary and not disbursed through special bequests. Spouses often leave everything to each other and in the event the spouse predeceases them, leave everything to their children.

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

MATHEWS PROFESSIONAL CORPORATION

BARRISTERS & SOLICITORS

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

ALTERNATE PERSON TO RECEIVE RESIDUE OF ESTATE

An alternate person to receive the residue of the estate applies in the event the person entitled to receive the residue of your estate should predecease you. In the event that such person is under age, please indicate the age at which they should receive such share. This means that the money is held in trust by your Executor until they reach a certain age, wherein it is transferred to them for their own use absolutely. However, the money can be used for their education and upbringing, in the discretion of the Executor.

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ PERCENTAGE OF ESTATE: _____

ADDITIONAL INSTRUCTIONS

Please list any additional instructions that you may have with respect to preparation of your Will.

PLEASE RETURN THIS WILL PACKAGE TO OUR OFFICE AND WE WILL ARRANGE AN APPOINTMENT FOR YOU TO REVIEW AND SIGN YOUR WILL AND/OR POWERS OF ATTORNEY. PLEASE DO NOT HESITATE TO CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS.