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LAST WILL AND TESTAMENT & POWER OF ATTORNEY INSTRUCTIONS

If you would like to proceed with the preparation of Wills and/or Powers of Attorney with our office, simply return the completed form along with a retainer of \$250 per person. Please note that only one form needs to be completed between spouses (if applicable).

Date: _____

Testator No. 1 (Full Legal Name): _____

Other Names Used (if any): _____

Testator No. 2 (Full Legal Name): _____

Other Names Used (if any): _____

Please Indicate Your Current Marital Status:

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

Who referred you to our firm?

- | | |
|--|--|
| <input type="checkbox"/> Current Client | <input type="checkbox"/> Family / Friend |
| <input type="checkbox"/> Prepaid Legal Assistance Plan | <input type="checkbox"/> Former Client of Richard T. Bennett |
| <input type="checkbox"/> Website / Noticed Office Location | <input type="checkbox"/> Other: _____ |

CONTACT INFORMATION

Full Mailing Address: _____

Home: _____ Business: _____ Cell: _____

Business: _____ Cell: _____

Email: _____

Email: _____

I/We recognize and accept the risks associated with communicating by email, including (but without limitation) the lack of security, unreliability of delivery, and possible loss of confidentiality and privilege. My/Our initials below authorize you to communicate and forward documents to me/us via email and understand that you accept no responsibility or liability in respect of risk associated with its use.

Initials: Testator No. 1 _____ Testator No. 2 _____

PARTICULARS OF TESTATOR No. 1

Date of Birth: _____ (Month) _____ (Day) _____ (Year)
Place of Birth: _____
Citizenship: _____
Are you a citizen of any other country?: _____
Immigration Status (if applicable): _____
Domicile (what country do you regard to be your home): _____
Occupation: _____
Employer: _____

PARTICULARS OF TESTATOR No. 2

Date of Birth: _____ (Month) _____ (Day) _____ (Year)
Place of Birth: _____
Citizenship: _____
Are you a citizen of any other country?: _____
Immigration Status (if applicable): _____
Domicile (what country do you regard to be your home): _____
Occupation: _____
Employer: _____

DO YOU HAVE A MARRIAGE CONTRACT/COHABITATION AGREEMENT?:

If yes, what is the date of the Agreement?: _____

DO YOU HAVE A CURRENT WILL?:

If yes, what is the date of the Will?: _____

PARTICULARS OF ESTATE

REAL ESTATE

Principal Residence: _____
Is there a mortgage?: [] Yes or [] No
Manner of Title (check one): [] Sole Owner [] Joint Tenants [] Tenants in Common

Other Property: _____
Mortgage?: [] Yes or [] No
Manner of Title (check one): [] Sole Owner [] Joint Tenants [] Tenants in Common

DO YOU OWN ANY REAL ESTATE OUTSIDE OF THIS PROVINCE?:

If yes, please provide details: _____

If more space is needed please attach a separate sheet.

BANK ACCOUNTS

- (1) Bank: _____ Type of Account: _____
- (2) Bank: _____ Type of Account: _____
- (3) Bank: _____ Type of Account: _____
- (4) Bank: _____ Type of Account: _____

If more space is needed please attach a separate sheet.

DO YOU HAVE A SAFETY DEPOSIT BOX?:

If yes, where is it located?: _____

Details of Contents: _____

RRSPs

- (1) Company: _____
Beneficiary (*if any*): _____
- (2) Company: _____
Beneficiary (*if any*): _____
- (3) Company: _____
Beneficiary (*if any*): _____

If more space is needed please attach a separate sheet.

PENSION PLAN(S)

- (1) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (*if any*): _____
- (2) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (*if any*): _____

If more space is needed please attach a separate sheet.

TERM DEPOSITS/BONDS/SECURITIES

Details: _____

Investment Advisor: _____

Contact Information (*Company's Name, Address & Telephone No.*): _____

LIFE INSURANCE

- (1) Insured: _____
Insurer: _____
Policy No.: _____
Beneficiary (if any): _____
- (2) Insured: _____
Insurer: _____
Policy No.: _____
Beneficiary (if any): _____
- (3) Insured: _____
Insurer: _____
Policy No.: _____
Beneficiary (if any): _____

If more space is needed please attach a separate sheet.

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 set out as "My Estate".

PERSONAL PROPERTY (i.e. Vehicles, boats, jewellery, artwork, antiques, etc.)

Description & Approximate Value: _____

If more space is needed please attach a separate sheet.

PARTICULARS OF DEBTS

Credit Cards: _____
Line of Credit: _____
Other Creditor(s): _____

BUSINESS INTERESTS

- (1) Business Name & Address: _____

What is your role in the business? (Owner, Director, Officer): _____
Do you have a Shareholders Agreement?: [] Yes or [] No
If yes, who are the principal shareholders?: _____
Approximate value of the business*: _____

(2) Business Name & Address: _____

What is your role in the business? (*Owner, Director, Officer*): _____

Do you have a Shareholders Agreement?: [] Yes or [] No

If yes, who are the principal shareholders?: _____

Approximate value of the business: _____

Corporate Lawyer: _____

Corporate Accountant: _____

If more space is needed please attach a separate sheet.

****Why do we ask for this? Depending on the value of the business it may be recommended to prepare Primary and Secondary Wills.****

EXECUTOR(S) (*also referred to as Estate Trustee*)

[] Spouse (*Do not need to complete information below*)

(1) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

ALTERNATE EXECUTOR(S)

(1) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

BENEFICIARIES

[] Surviving Spouse;

[] If no surviving spouse, then children alive at death

(1) Name of Child: _____ Age: _____

Address (*if they do not live with you*): _____

Marital Status (*if applicable*): _____

If married, Spouse's Name: _____

Names and Ages of Grandchildren (*if applicable*):

(i) Name: _____ Age: _____

(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____

(2) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____

(3) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____

(4) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ 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?: [] Yes or [] No
If yes, please provide details: _____

[] Other Beneficiaries

(1) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

(2) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

If more space is needed please attach a separate sheet.

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

(1) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

(2) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

If more space is needed please attach a separate sheet.

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.

Request Instructions for Memorandum to Will

DISTRIBUTION OF CHILD'S SHARE (IF ANY)

If child predeceases the Testator then share goes to:

Issue (i.e. grandchildren)
 Surviving Siblings (brothers and/or sisters)

Capital Is Distributed as Follows:

Age 18 Age 21 Age 24 Age 28 Age 32 Other

If Other, Please Provide Details: _____

(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 (*under 18 years of age*)

Full Legal Name(s): _____

Address: _____

Relationship to Testator: _____

FAMILY DISASTER INSTRUCTIONS

- Divide half of my estate between my siblings and the other half between my spouse's siblings
- Divide half my estate between my parents and the other half between my spouse's parents
- Other Disposition: _____

ADDITIONAL COMMENTS

If more space is needed please attach a separate sheet.

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.

If more space is needed please attach a separate sheet.

Instructions for Powers of Attorney Continued on next Page.

INSTRUCTIONS FOR CONTINUING AND PERSONAL CARE

POWERS OF ATTORNEY

Grantor No. 1 - Full Legal Name: _____

Other Names Used (if any): _____

Grantor No. 2 - Full Legal Name: _____

Other Names Used (if any): _____

CONTACT INFORMATION

(Please complete if you did not complete the information on page 1 of the Will Intake Form)

Full Mailing Address: _____

Home: _____ Business: _____ Cell: _____

Business: _____ Cell: _____

Email: _____

Email: _____

DO YOU HAVE CURRENT POWERS OF ATTORNEY?:

If yes, what is the date of the POA: _____

I. CONTINUING POWER OF ATTORNEY (Property Matters)

ATTORNEY *(Person to act on your behalf)*

[] Spouse *(Do not need to complete information below)*

(1) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

ALTERNATE ATTORNEY

(1) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY

If yes, what restrictions?: _____

II. PERSONAL CARE POWER OF ATTORNEY (Health Related Matters)

- Attorney Same as Continuing Power of Attorney (*you do not need to complete this section*)

ATTORNEY (*Person to act on your behalf*)

- Spouse (*Do not need to complete information below*)

- (1) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____
- (2) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____

ALTERNATE ATTORNEY

- (1) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____
- (2) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act:

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY

If yes, what restrictions?: _____

AUTHORIZATION

I understand that a Last Will and Testament and Powers of Attorney are legal documents that will have a binding effect only when properly signed and witnessed (by two witnesses that are not related to me). I understand that draft documents will be prepared by your office using the information provided on this intake form. **By submitting this form I authorize Day + Borg LLP to prepare my Last Will and Powers of Attorney and to invoice me for professional services rendered, even if I decide not to proceed with the execution of my Last Will and/or Powers of Attorney.** I understand that the completion of this form **DOES NOT** constitute a valid Last Will or POA.

Name: _____ Date: _____
Signature: _____

Name: _____ Date: _____
Signature: _____

In order that we can be prepared to meet with you, can you please provide our office with copies of the following documents prior to your appointment:

- the Title/Deed(s) for your property(ies);
- any domestic contracts (separation agreements, marriage contract etc.);
- any business partnership agreements or shareholder agreements to which you are a party;

[Last Revision: January 2018]