

WILL INFORMATION FORM

For completion by: _____ Date: _____

A. PERSONAL AND FAMILY INFORMATION

1. Yourself

Full Name: _____

Address: _____

Occupation: _____ Citizenship: _____

Telephone: (Home) _____ (Office) _____

Fax: _____ E-Mail address: _____

Date of Birth: _____ Place of Birth: _____

Do you have an existing will: Yes No If so, date of Will: _____

Marital Status (including plans to marry): _____

Date of Marriage: _____ Place of Marriage: _____

Do you have a marriage contract? Yes No Have you been married before? Yes No

If married before, how did the marriage terminate (e.g., death, divorce)? _____

If married before, do you have any continuing obligations? _____

Is any person, other than a person named below, living with you in your home? Yes No

2. Spouse

Full Name: _____

Address: _____

Occupation: _____ Citizenship: _____

Telephone: (Office) _____ E-Mail address: _____

Date of Birth: _____ Place of Birth: _____

Has your spouse been married before? Yes No

3. Children

Please provide information below for each child of yours: Any of your children adopted? Yes No

Full Name of Child	Name of Other Parent	Date of Birth	Citizenship	Date of death, if deceased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does any child have a physical or mental disability? Yes No

B. ASSETS			
1. Cash and Term Deposits:			
Name of Bank, etc.	Your Name	Spouse's Name	Joint Names
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
2. Life Insurance:			
Name of Insurance Company	Insured Life	Owner of Policy	Designated Beneficiary
_____			Amount
_____			\$ _____
_____			\$ _____
_____			\$ _____
3. RRSPs/RRIFs			
Name of Institution	Owner of RRSP/RRIF	Designated Beneficiary	Amount
_____			\$ _____
_____			\$ _____
_____			\$ _____
4. Securities:			
Description	Your Name	Spouse's Name	Joint Names
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
5. Pension Plans/Annuities:			
Description	Your Name	Spouse's Name	Joint Names
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
6. Do you have any interests in proprietorships, partnerships, private companies? _____Yes _____No			

7. Are you the recipient of or beneficiary of a trust? _____Yes _____No			

8. Real Estate Interests:
(a) Property Owned by You
Property #1
Property #2

Address of Property:

Registered Owner(s):

 Joint Tenants or
 Tenants in Common?

 Use (principal residence,
 revenue, etc.):

Estimated Value:

\$ _____

\$ _____

Mortgage Balance (estimated):

\$ _____

\$ _____

Mortgage Life Insured?

 Yes No

 Yes No

Approximate Equity:

\$ _____

\$ _____

(b) Mortgages, etc., Held by You
Property #1
Property #2

Address of Property:

Mortgagor:

Balance Outstanding:

\$ _____

\$ _____

9. Personal Effects:

 Approximate value of household goods, furniture, jewellery,
 boats and automobiles:

\$ _____

 Automobiles: Leased Yes No
 Owned Yes No

 Description and approximate value of any particularly valuable
 items:

 \$ _____
 \$ _____
 \$ _____

 Are any of these articles owned jointly with someone else? Yes No

If so, with whom? _____

10. Miscellaneous Assets:

Other substantial assets: _____

11. Property Outside Alberta:

Do you own any real or personal property outside Alberta? If so, please specify: _____

Do you have a separate will or other agreement dealing with this property? _____

What type of will or agreement? _____

C. DEBTS AND LIABILITIES (excluding mortgages previously noted)

Creditor	Life Insured?	Amount
_____	YES / NO	\$ _____
_____	YES / NO	\$ _____
_____	YES / NO	\$ _____

Do you have any maintenance, child support or other obligations under a separation agreement or divorce order? If so, please provide details: _____

D. WILL PARTICULARS:
1. Executor(s)

Full name, address, occupation and relationship, if any, to you of executor(s) and alternate executor(s):

Full Name of Executor (specify if alternate)	Address	Relationship to you	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Guardian(s)

Full name, address, occupation and relationship, if any, to you of guardian(s) and alternate guardian(s) for infant children:

Full Name of Guardian (specify if alternate)	Address	Relationship to you	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Specific Gifts

Do you have any specific items you wish to give to any beneficiary (including a charity)? If so, please provide the details below:

Full Name of Beneficiary	Address	Relationship to you	Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Cash Gifts

Do you have any cash gifts you wish to make to any beneficiary? If so, please provide details below:

Full Name of Beneficiary	Address	Relationship to you	Amount of Cash Gift
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

5. Trusts

Do you wish to provide a specific cash amount or other asset (e.g. a residence) which will be held in trust for anyone (e.g., your spouse, parent or child)? If so, please provide details below:

Full Name of Trust Beneficiary: _____

Relationship to You: _____

Trust Property (e.g., residence, specified cash amount or other asset): _____

Duration of Trust (e.g., beneficiary's lifetime, to age 21, etc.) _____

6. Residue

OR

- (a) Do you wish to leave the residue (i.e., the remainder) of your estate outright to your spouse if he/she survives you? _____ Yes _____ No
- (b) Do you wish to leave the residue in trust for your spouse during his/her lifetime? _____ Yes _____ No
- (c) If your spouse fails to survive you or on the death of your spouse if there is a trust, do you wish to leave the residue of your estate to your children:
- (i) in equal shares? _____ Yes _____ No
- (ii) in unequal shares? If so, please specify shares: _____

- (iii) at what age do you wish each child to receive his/her share of your estate? _____
- (iv) if any child fails to survive that age, do you wish his/her children, if any, to receive that share of your estate? _____ Yes _____ No

OR

- (d) If you wish to leave the residue of your estate or a portion of the residue to someone other than your spouse or children (for example, a charity), please provide details below:

Full Name of Beneficiary	Address	Relationship to you	Share of Residue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (e) If none of the beneficiaries specified in (c) and (d) above survives you, do you wish to designate alternate beneficiaries? If so, please provide details below:

Full Name of Beneficiary	Address	Relationship to you	Share of Residue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Investment Powers

- If your executor(s) have to make investments for your estate, do you wish to restrict the kinds of investments that your executor(s) can make? _____ Yes _____ No
- _____
- _____

8. Funeral Directions

Do you wish to include any funeral or burial directions in your will? If so, please provide details below:

E. POWER OF ATTORNEY:

Do you wish to have an enduring power of attorney to deal with your financial affairs if you become incapable at this time? If so, please provide details below:

Full Name(s) of Attorney(s)	Address	Occupation	Relationship to you
-----------------------------	---------	------------	---------------------

If more than one attorney is appointed, must they act together or can they can separately? _____

Do you wish the power of attorney to remain effective if you become mentally infirm? _____ Yes _____ No

F. PERSONAL DIRECTIVE:

Do you wish to appoint someone as your representative to make decisions about your health/personal care if you become incapable of doing so yourself? If so, please provide details below:

Full Name(s) of Representative(s)	Address/Telephone No.	Birthdate	Occupation	Relationship to you
-----------------------------------	-----------------------	-----------	------------	---------------------

Do you wish to provide for an alternative representative if your appointed representative cannot act? If so, please provide details below:

OTHER COMMENTS OR INSTRUCTIONS
