

Spadafora & Murphy LLP | LAWYERS

WILLS AND ESTATE GUIDE

VERSION 1.0

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PLANNING YOUR SUCCESSION

The following is a list of questions and information used to help us provide you with the best advice for your estate planning. Please fill it out to the best of your ability and then return to your lawyer either in your first meeting with them or by emailing it to them.

Please note if you have asked our firm to act for more than one individual be advised that in doing so this will be a **joint retainer**. As such anything any of you disclose to our firm cannot be treated as confidential so far as the other parties are concerned. You acknowledge that it is possible that a conflict may develop between you during the course of this matter; if such a conflict develops that cannot be resolved, the firm cannot continue to act for both or all of you and the firm may have to withdraw completely. If you have any issues with this or question please contact our firm as soon as possible.

	YOU	SPOUSE
Full Legal Name		
Date of Birth		
Citizenship		
Address and Postal Code		
Home Phone #		
Business Phone #		
Cell Phone #		
Email		
Marital Status		
Do you have a Marriage Contract	YES/NO	YES/NO
Previously Married	YES/NO	YES/NO
Is there a Separation Agreement	YES/NO	YES/NO

CHILDREN INFORMATION

NAME	BIRTHDATE		MARITAL STATUS	CHILDREN	DISABILITY/ODSP RECIPIENT
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	

GRANDCHILDREN INFORMATION

NAME	BIRTHDATE		MARITAL STATUS	CHILDREN	DISABILITY/ODSP RECIPIENT
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	
		<input type="checkbox"/> son <input type="checkbox"/> daughter		YES/NO	

OTHER BENEFICIARY INFORMATION

NAME	RELATIONSHIP	BIRTHDATE	MARITAL STATUS	AMOUNT	DISABILITY/ODSP RECIPIENT
					YES/NO
					YES/NO
					YES/NO

					YES/NO
					YES/NO

CHARITY BENEFICIARY INFORMATION

FULL LEGAL NAME	ADDRESS, POSTAL CODE, PHONE #

ASSETS

YOUR ASSETS AND LIABILITIES:

Reviewing your assets will enable you to fully understand the extent of your estate and to make sure you have made the proper provisions for your beneficiaries. While the information you are providing will change over time, this outline helps us to help to the plan for succession.

Assets as of _____, 2018

Real Estate and Investments:

REAL ESTATE - Description and Location:	Type of Property	Owners	How Title Held – Joint Tenants/Tenants in common

INVESTMENTS - Description and Location:	Owner	Amount	Designated Beneficiary
BANK ACCOUNTS - Bank accounts: Type, Institution and Branch Address	Owned solely by you	Owned solely by your spouse (or other)	Owned jointly (with whom?)
SAFETY DEPOSIT BOX - Location	Name Held In	Location of Key	People who have access to box
RRSP'S/RIF/S – Company	Owner	Amount	Beneficiary

PRIVATE CORPORATIONS - Name of Company	Shareholders	Shareholder's Agreement	Value
		YES/NO	
		YES/NO	
		YES/NO	
LIFE INSURANCE – Company and Type (Whole, Term, Universal)	Owner	Amount	Beneficiary

Please Note: For other forms of trusts (spousal, fully discretionary/Henson, and family trusts), further information will be required.

WILL INSTRUCTIONS

We will review all of this information in our meeting, however it is a good idea for you to get the proper spelling of names and to begin to think about who you would like to see administer your estate when the time comes. What you record here is not set in stone you can change it any time before you sign your will.

EXECUTOR/TRUSTEE INFORMATION

Level	Relationship(s)	Name(s)	Address
First			
Alternate(s)			
Second Alternate(s)			

DISTRIBUTION OF ESTATE

If you do not know where you want your assets to go yet, we can discuss all of the possible options in our meeting and you can leave the below blank.

	YOU	SPOUSE
RRSP Designation to Spouse/child		
Primary: - Spouse - Children - Grandchildren		
Secondary: - Children - Grandchildren - Other		
Age of child or grandchild to receive bequest – 25, 30, 40, other		

ADDITIONAL INFORMATION

	YOU	SPOUSE
Guardian:	Burial/Cremation	Burial/Cremation
	Donation of Organs for Transplant Purposes	Donation of Organs for Transplant Purposes
	Donation of Body	Donation of Body
Alternate Guardian:		

Relevant Documentation: Please provide our office with copies of any of the below items which might effect your estate.

1. Domestic/Marriage Contract
2. Shareholders/Partnership Agreements
3. Separation Agreement

4. Insurance Policies
5. Employer Life Insurance Particulars
6. Wills from Other Jurisdictions.

POWERS OF ATTORNEY FOR PERSONAL CARE

Your Power of Attorney for Personal care makes decisions about your health and personal care when you are incapacitated and not able to do so. The person you appoint as attorney for personal care, does not have to be the same as the person you appoint for property. You will want to think about the roles and then pick based on the attributes you think are best for both roles.

		YOU			SPOUSE	
Level	Names(s)	Relationship	Name(s)	Relationship		
First						
Alternate(s)						
Second Alternate(s)						

POWERS OF ATTORNEY FOR PROPERTY

Although the name may be deceiving your POA for Property manages more than just real property, they would be the person who has control over your bank accounts, physical possessions, investments and all other assets.

		YOU			SPOUSE	
Level	Names(s)	Relationship	Name(s)	Relationship		
First						
Alternate(s)						
Second Alternate(s)						