



Langeneh Law Firm

Wills & powers of Attorney Information Form

NOTE:

Please complete to the best of your ability.
Where additional space is required, reference a
numbered additional sheet.

FOR LAW FIRM USE:

File No.: _____

Date: _____

Part I. Testator's Personal and Family Information

1. Full Name (mention "also known as" names AKA)		2. Occupation and Work Address	
3. Address		4. Contact Information	
		Home: _____ Work: _____ Cell: _____ Email: _____	
5. Date and Place of Birth		6. Citizenship	
		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Canadian Resident <input type="checkbox"/> Other: _____	
7. Marital Status		8. Date and Place of Marriage/Separation/Divorce	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Will being made in contemplation of marriage to _____ on _____		Marriage Date: _____ Place of Marriage: _____ If not married Separation Date: _____ Date of Divorce: _____ Previous marital history (if any provide the Decree):	

Initial _____



Langeneh Law Firm

9. Any Domestic Contracts? (Marriage contract, Separation Agreement, etc.; provide copy)

No Yes Specify: _____

10. Children and other dependants

Name	Date of Birth	Address

11. Support Obligations (if any)

Child Support Spousal Support

How much per month? _____ How much per month? _____

Part II . Will Instructions

Beneficiary(ies) of your will

Name	Date of Birth	Address	Relationship	Percentage

12. Alternate (Contingent) Beneficiaries

Name	Date of Birth	Address	Relationship	Percentage

Initial _____



13. Any Promises You Have Made Regarding Your Estate?

No Yes Explain: _____

14. Any Special gift to anyone? (including charity)

No Yes Explain: _____

15. Your Executor(s) / trustee(s)

Main Trustee:

Alternate 1:

Alternate 2:

If more than one at the same time, act Jointly Severally Jointly and Severally

Executor (trustee) Power: Broad power limited Power (Specify limitations)

Specify limitations (if any): _____

16. Guardian for Minor Children (other than Parents)

Additional provisions, if any, regarding how you want expenses, education, retaining house, etc. to be given to or used by minor child:

Name of Guardian(s): _____

Any special instruction: _____



Part III. Assets

17. RRSPs, RESPs, TFSAs, Registered Plans, RRIF's, Pensions and Annuities,	
Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____ Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____	Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____ Company Name: _____ Contract Number: _____ Type of Plan: _____ Named Beneficiary: _____ Value to Your Estate: _____
18. Non-Registered Investments (GIC's, Bonds, Shares, mutual funds, segregated funds & Other Investments)	
Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____ Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____ Company Name: _____ Contract/Account No.: _____ In Whose Name(s): _____ Named Beneficiary: _____	Investment Type: _____ Average Balance: _____ Value to Your Estate: _____ Investment Type: _____ Average Balance: _____ Value to Your Estate: _____ Investment Type: _____ Average Balance: _____ Value to Your Estate: _____
19. Any ownership interest in a Business? (provide details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more information: 	



20. Life Insurance, Disability, Critical Illness, etc.

<p>Company Name: _____</p> <p>Policy Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Trustee for Minors: _____</p> <p>Company Name: _____</p> <p>Policy Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Trustee for Minors: _____</p> <p>If there is any minor beneficiary, is the trustee the same as your will trustee?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If no, who would be the Insurance trustee?</p>	<p>Company Name: _____</p> <p>Policy Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Trustee for Minors: _____</p> <p>Company Name: _____</p> <p>Policy Number: _____</p> <p>Type of Plan: _____</p> <p>Named Beneficiary: _____</p> <p>Trustee for Minors: _____</p>
--	--

21. Other Major Assets including Real Estate (e.g. House, Automobiles, Recreational Vehicles, Boats,...) Not mentioned in the will unless you want to give specific property to specific person)

Asset: _____	Value: _____
In Whose Name(s): _____	
Asset: _____	Value: _____
In Whose Name(s): _____	
Asset: _____	Value: _____
In Whose Name(s): _____	
Asset: _____	Value: _____
In Whose Name(s): _____	

22. Location(s) of Important Personal Papers and Computer Login Credentials



23. Any online accounts/digital assets/ safety box?

Is there any online accounts held in your name to which you wish survivors to have access?

Yes No

If yes, please provide more information:

Is there a plan in place to transfer information stored digitally (for example, using Google's inactive account manager, Facebook's legacy contact options, etc)?

Yes No

If yes, please provide more information:

Are there any digital assets of financial value (for example, Bitcoins or funds held in other online currencies, trade secrets/other corporate information, etc.)?

Yes No

If yes, please provide more information:

Any safety box held in your name to which you wish survivors to have access?

Yes No

If yes, please provide more information:

Part IV. Liabilities (Not mentioned in the will unless there is any specific instruction)

24. Mortgages, Debts and Other Exposure to Liability (incl. guarantees, cosigning, line of credit)

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____

Type of Indebtedness: _____ Amount: _____

Creditor: _____

Debtor(s): _____



25. Are You an Executor or Beneficiary under Another Person's Estate or Trust?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more information:	
26. Have You Set Up a Trust to Benefit Another Person? (spousal, Disability, inter vivos,...)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more information:	
27. Other Matters not Covered	
28. Funeral, Burial and Other Special Instructions	
<ul style="list-style-type: none"> • Funeral has been arranged? <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>-If yes, what are the details?</p>	<ul style="list-style-type: none"> • If No, how would you like the ceremony? -As economic as possible <input type="checkbox"/> -Special ceremony? <input type="checkbox"/> -Cremation? <input type="checkbox"/> -Burial? <input type="checkbox"/> -Organ Donation? <input type="checkbox"/> Specify.....

Part V. Power of Attorney Instructions

29. Attorney(s) for Continuing Power of Attorney for <u>Property</u>, including Alternate choice(s)
Named attorney(s): Main: Alternate:
If more than one concurrently, are they to act:
<input type="checkbox"/> Jointly (must act together); or <input type="checkbox"/> Jointly and Severally (together or independent); or <input type="checkbox"/> Severally (independent)



30. Attorney(s) for Power of Attorney for Personal Care, including Alternate Choice(s)

Same as attorney for property

or:

Named attorney(s):

Main:

Alternate:

If more than one concurrently, are they to act:

- Jointly (must act together); or
- Jointly and Severally (together or independent); or
- Severally (independent)

31. Stay Instructions

In case the attorney needs to make a decision for your stay, where would you like to stay?

- At your residence?
- At the nursing home?
- Other?

Specify: _____

Part VI. Your Advisors

32. Who Prepares Taxes? (include name and contact info)

33. Investment Advisor(s) and/or Financial Advisor(s) (include name and contact info)

34. Previous Lawyer(s) (include name and contact info)

35. Who referred you to Zangeneh Law Firm?

I/WE HEREBY ACKNOWLEDGE that I/we have reviewed and approved of the information and instructions contained herein this day of 2020.

Name _____ Signature _____

Initial _____