



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 and sign it.

FOR LAW FIRM USE:

File No.: _____

Date: _____

Part I. Testator's (the person who wants to make the will) 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
7. Marital Status <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 _____ <small>*A will is revoked by the marriage of the testator except where there is a declaration in the will that it is made in contemplation of the marriage.</small>	8. Date and Place of Marriage/Separation/Divorce Marriage Date: _____ Place of Marriage: _____ If not married Separation Date: _____ Date of Divorce: _____ Previous marital history (if any provide the Decree):

Initial _____



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

No Yes Specify: _____

10. Children and other dependants (people who financially depend on you)

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

12. Beneficiary(ies) of your will

Name	Date of Birth	Address	Relationship	Percentage

13. Alternate 1 (Contingent) Beneficiaries

Name	Date of Birth	Address	Relationship	Percentage

13(a) Alternate 2 (Contingent) Beneficiaries

Name	Date of Birth	Address	Relationship	Percentage



14. Instruction about the division of your personal property
<p>Divide all personal property (such as jewelry, cars, arts, ...) the same way as all other assets. Special instruction _____ Explain: _____</p>
15. Any Special gift to anyone? (including charity) or any Promises You Have Made Regarding Your Estate?
<p>No Yes Explain: _____</p>
16. Your Executor(s) / trustee(s)
<p>1- Main Trustee: _____ 2- Alternate 1: _____ 3- Alternate 2: _____</p> <p>If more than one at the same time, act: Jointly Severally Jointly and Severally</p> <p>Executor (trustee) Power: Broad power limited Power (Specify limitations)</p> <p>Specify limitations (if any): _____</p>

17. Guardian for Minor Children
<p>*When someone dies, by law, the other parent will be automatically considered as the legal Guardian of the minor children. (in this section, only mention the guardian or guardians other than the legal parents).</p> <p>Name of Guardian(s): _____ Alternate Guardian(s): _____</p> <p>Additional provisions, if any, regarding how you want expenses, education, retaining house, etc. to be given to or used by minor child:</p> <p>Any special instruction: _____</p>



Part III. Assets

18. RRSPs, RESPs, TFSA's, 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: _____
19. 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: _____
20. Any ownership interest in a Business? (provide details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more information: 	



21. 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>
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22. Other Major Assets including Real Estate (e.g. House, Automobiles, Recreational Vehicles, Boats,...)

<p>Asset: _____</p> <p>In Whose Name(s): _____</p>	<p>Value: _____</p>
<p>Asset: _____</p> <p>In Whose Name(s): _____</p>	<p>Value: _____</p>
<p>Asset: _____</p> <p>In Whose Name(s): _____</p>	<p>Value: _____</p>
<p>Asset: _____</p> <p>In Whose Name(s): _____</p>	<p>Value: _____</p>
<p>Asset: _____</p> <p>In Whose Name(s): _____</p>	<p>Value: _____</p>

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



24. 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

25. 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): _____



26. 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:	
27. 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:	
28. Other Matters not Covered	
29. 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

30. Attorney(s) for Continuing Power of Attorney for <u>Property</u>, including Alternate choice(s)
Named attorney(s) 1- Main: _____ 2- 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)



<p>31. Attorney(s) for Power of Attorney for <u>Personal Care</u>, including Alternate Choice(s)</p> <p><input type="checkbox"/> Same as attorney for property or:</p> <p>Named attorney(s):</p> <p>1- Main: _____</p> <p>2- Alternate: _____</p> <p>If more than one concurrently, are they to act:</p> <p><input type="checkbox"/> Jointly (must act together); or</p> <p><input type="checkbox"/> Jointly and Severally (together or independent); or</p> <p><input type="checkbox"/> Severally (independent)</p>
<p>32. Stay Instructions</p> <p>In case the attorney needs to make a decision for your stay, where would you like to stay?</p> <ul style="list-style-type: none"> • At your residence? <input type="checkbox"/> • At the nursing home? <input type="checkbox"/> • Other? <input type="checkbox"/> <p>Specify: _____</p>

Part VI. Your Advisors

<p>33. Who Prepares Taxes? <i>(include name and contact info)</i></p>
<p>34. Investment Advisor(s) and/or Financial Advisor(s) <i>(include name and contact info)</i></p>
<p>35. Previous Lawyer(s) <i>(include name and contact info)</i></p>
<p>36. Who referred you to Zangeneh Law Firm?</p>

I/WE HEREBY ACKNOWLEDGE that I/we have reviewed and approved of the information and instructions contained herein this _____ day of _____ 2023.

Name _____ Signature _____

Initial _____