

General Information For Wills and Powers of Attorney

Lewis Langevin LLP

Please complete as much of this form as possible. The information provided serves as a record of estate assets, as well as enabling your lawyer at Lewis Langevin LLP to assess whether particular clauses are required in your will and in your powers of attorney (for personal care and for property).

DATE: _____

Full Name: _____

Full Mailing Address: (incl. Postal Code) _____

Town, City or Township _____ County _____

E-mail address: _____

Phone #: Home _____ Work _____

Occupation _____

Age _____ Date of Birth _____

Place of Birth _____

Do you have a Spouse/Partner/Fiancé? Yes _____ No _____

If Yes, name of that person _____

Are you and your Spouse/Partner/Fiancé presently living together?

No _____ Yes _____

If Yes, when did you start living together?

Are you Married to your Spouse/Partner? Yes _____ No _____

If Yes, date of marriage _____

If No, are you contemplating Marriage soon? Yes _____ No _____

If Yes, date of intended marriage _____

Married in Ontario - Yes ____ No ____ If No, where _____

Do you have a Marriage or Domestic Contract? No ____ Yes ____

(If Yes, please bring a copy of the Contract with you to your appointment.)

Citizenship - You _____ Your Spouse _____

Do you have a former spouse? No ____ Yes ____

If Yes, is your divorce final? Yes ____ No ____

If No, please explain _____

Do you have any financial obligations to your former spouse?

No ____ Yes ____

If yes, please provide details _____

Full names of children: Date of Birth

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

Do you have any other dependants? No ____ Yes ____

If Yes, Details: _____

Types of Assets that You Have:

Life Insurance No ____ Yes ____

If Yes, for each policy, Name of Company, Beneficiary,
(and Policy # and Amount, if known)

1. _____

2. _____

3. _____

R.R.S.P. No ____ Yes ____

If Yes, is your spouse the beneficiary of ALL of them?

Yes ____ No ____

With whom are your R.R.S.P.s? _____

R.R.I.F. No ____ Yes ____

If Yes, is your spouse the beneficiary of ALL of them? Yes ____ No ____

With whom are your RRIFs ? _____

Do you own any real estate ? No ____ Yes ____

If Yes, details _____

Do you own at least one automobile? Yes ____ No ____

Do you own any furniture? Yes ____ No ____

Do you own any assets outside of Ontario or hold any foreign stocks?

No ___ Yes ___

If Yes, details _____

Do you have any bank, trust or credit union accounts? No ___ Yes ___

If Yes, where

1. _____

2. _____

3. _____

4. _____

Do you have a safety deposit box? No ___ Yes ___

If Yes, where is it? _____

Where are the keys?

Key # 1 _____

Key # 2 _____

Do you own shares in a private corporation? No ___ Yes ___

If Yes, details _____

Do you have a Shareholders' Agreement in that private corporation?

No ___ Yes ___

If Yes, please bring a copy of the Agreement with you to your appointment.)

Other than what you have mentioned above, do you have any other Investments?

Yes ____ No ____

If Yes, where are the securities kept?

What is approximate present total value of those investments?

What types of investments are they? (check off all that apply to you)

G.I.C.s _____

Bonds _____

Stocks _____

Other _____ details _____

Do you have any pension(s) through your employment?

No ____ Yes ____

If Yes, details _____

Do you own any assets jointly with someone other than your spouse?

No ____ Yes ____

If Yes, what, with whom and what is to happen to those assets upon your death?

Do you have any assets registered in your name that are not yours but that you are holding in trust for someone else?

No ____ Yes ____

If Yes, details _____

Are you presently working as an Executor/Estate Trustee where the person has died, but the estate is not yet finished?

No ____ Yes ____

If Yes, details _____

Has someone already died leaving you money or other assets and the estate is not yet finished?

No _____ Yes ____ If Yes, details _____

What other types of assets do you have that are not already included in the above topics?

Types of Debts that You Have: (check off all that apply to you)

None _____

Mortgage(s) on house _____

Car, bank, trust, credit union loans _____

Credit Card Debt _____

Other type of debt _____ details _____

Signature of person completing this form