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LAST WILL AND TESTAMENT & POWER OF ATTORNEY INSTRUCTIONS

If you would like to proceed with the preparation of Wills and/or Powers of Attorney with our office, simply return the completed form along with a retainer of \$250 per person. Please note that only one form needs to be completed between spouses (if applicable).

Date: _____

Testator No. 1 (Full Legal Name): _____

Other Names Used (if any): _____

Testator No. 2 (Full Legal Name): _____

Other Names Used (if any): _____

Please Indicate Your Current Marital Status:

- | | |
|---|-------------------------------------|
| _____ Married, no prior marriages | Date of Marriage: _____ |
| _____ Married, previously widowed or divorced | |
| _____ Widow/Widower | |
| _____ Separated | Date of Separation Agreement: _____ |
| _____ Divorced | |
| _____ Common Law Partner/Spouse | Date of Cohabitation: _____ |
| _____ Single | |
| _____ Engaged | Proposed Date of Marriage: _____ |

Who referred you to our firm?

- | | |
|--|--|
| <input type="checkbox"/> Current Client | <input type="checkbox"/> Family / Friend |
| <input type="checkbox"/> Prepaid Legal Assistance Plan | <input type="checkbox"/> Former Client of Richard T. Bennett |
| <input type="checkbox"/> Website / Noticed Office Location | <input type="checkbox"/> Other: _____ |

CONTACT INFORMATION

Full Mailing Address: _____

Cell: _____ Business: _____ Home: _____

Cell: _____ Business: _____ Home: _____

Email: _____

Email: _____

I/We recognize and accept the risks associated with communicating by email, including (but without limitation) the lack of security, unreliability of delivery, and possible loss of confidentiality and privilege. My/Our initials below authorize you to communicate and forward documents to me/us via email and understand that you accept no responsibility or liability in respect of risk associated with its use.

Initials: Testator No. 1 _____ Testator No. 2 _____

PARTICULARS OF TESTATOR No. 1

Date of Birth: _____ (Month) _____ (Day) _____ (Year)
Place of Birth: _____
Citizenship: _____
Are you a citizen of any other country?: _____
Immigration Status (if applicable): _____
Domicile (what country do you regard to be your home): _____
Occupation: _____
Employer: _____

PARTICULARS OF TESTATOR No. 2

Date of Birth: _____ (Month) _____ (Day) _____ (Year)
Place of Birth: _____
Citizenship: _____
Are you a citizen of any other country?: _____
Immigration Status (if applicable): _____
Domicile (what country do you regard to be your home): _____
Occupation: _____
Employer: _____

DO YOU HAVE A MARRIAGE CONTRACT/COHABITATION AGREEMENT?:

If yes, what is the date of the Agreement?: _____

DO YOU HAVE A CURRENT WILL?:

If yes, what is the date of the Will?: _____

PARTICULARS OF ESTATE

REAL ESTATE

Principal Residence: _____

Is there a mortgage?: [] Yes or [] No

Manner of Title (check one): [] Sole Owner [] Joint Tenants [] Tenants in Common

Other Property: _____

Mortgage?: [] Yes or [] No

Manner of Title (check one): [] Sole Owner [] Joint Tenants [] Tenants in Common

How long have you owned the property? _____

Approximate age of the property? _____

DO YOU OWN ANY REAL ESTATE OUTSIDE OF THIS PROVINCE?:

If yes, please provide details: _____

How long have you owned the property? _____

Approximate age of the property? _____

If more space is needed please attach a separate sheet.

BANK ACCOUNTS

- (1) Bank: _____ Type of Account: _____
- (2) Bank: _____ Type of Account: _____
- (3) Bank: _____ Type of Account: _____
- (4) Bank: _____ Type of Account: _____

If more space is needed please attach a separate sheet.

DO YOU HAVE A SAFETY DEPOSIT BOX?:

If yes, where is it located?: _____

Details of Contents: _____

RRSPs

- (1) Company: _____
Beneficiary (if any): _____
- (2) Company: _____
Beneficiary (if any): _____
- (3) Company: _____
Beneficiary (if any): _____

If more space is needed please attach a separate sheet.

PENSION PLAN(S)

- (1) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (if any): _____
- (2) Company: _____
Pension Holder: _____
Date of Retirement: _____
Death Benefit: _____
Beneficiary (if any): _____

If more space is needed please attach a separate sheet.

TERM DEPOSITS/BONDS/SECURITIES

Details: _____

Investment Advisor: _____

Contact Information (*Company's Name, Address & Telephone No.*): _____

LIFE INSURANCE

(1) Insured: _____

Insurer: _____

Policy No.: _____

Beneficiary (*if any*): _____

(2) Insured: _____

Insurer: _____

Policy No.: _____

Beneficiary (*if any*): _____

(3) Insured: _____

Insurer: _____

Policy No.: _____

Beneficiary (*if any*): _____

If more space is needed please attach a separate sheet.

Insurance Agent: _____

Contact Information (*Company's Name, Address & Telephone No.*): _____

NOTE: If there are named beneficiaries in the life insurance policy(ies) or RRSP(s), the beneficiary designations over-ride the terms of the Will, unless the Will specifically states otherwise. If you want the terms of your Will to govern, the named beneficiary(ies) in the insurance policy and/or RRSP should be set out as "My Estate".

PERSONAL PROPERTY (*i.e. Vehicles, boats, jewellery, artwork, antiques, etc.*)

Description & Approximate Value: _____

If more space is needed please attach a separate sheet.

PARTICULARS OF DEBTS

Credit Cards: _____

Line of Credit: _____

Other Creditor(s): _____

BUSINESS INTERESTS

(1) Business Name & Address: _____

What is your role in the business? (*Owner, Director, Officer*): _____

Do you have a Shareholders Agreement?: [] Yes or [] No

If yes, who are the principal shareholders?: _____

Approximate value of the business*: _____

(2) Business Name & Address: _____

What is your role in the business? (*Owner, Director, Officer*): _____

Do you have a Shareholders Agreement?: [] Yes or [] No

If yes, who are the principal shareholders?: _____

Approximate value of the business: _____

Corporate Lawyer: _____

Corporate Accountant: _____

If more space is needed please attach a separate sheet.

****Why do we ask for this? Depending on the value of the business it may be recommended to prepare Primary and Secondary Wills.****

EXECUTOR(S) (*also referred to as Estate Trustee*)

[] Spouse (*Do not need to complete information below*)

(1) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

ALTERNATE EXECUTOR(S)

(1) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Testator: _____

BENEFICIARIES

[] Surviving Spouse;

[] If no surviving spouse, then children alive at death

- (1) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____
- (2) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____
- (3) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____
- (4) Name of Child: _____ Age: _____
Address (if they do not live with you): _____
Marital Status (if applicable): _____
If married, Spouse's Name: _____
Names and Ages of Grandchildren (if applicable):
(i) Name: _____ Age: _____
(ii) Name: _____ Age: _____
(iii) Name: _____ Age: _____

Please indicate if any of the above children are not your biological children: _____

Date of Adoption (if applicable): _____

Do any of your children have a physical or mental disability?: [] Yes or [] No
If yes, please provide details: _____

Other Beneficiaries

(1) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

(2) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

If more space is needed please attach a separate sheet.

PARTICULARS OF BEQUEST, DEVISE OR LEGACY (*specific property or monetary gifts*)

(1) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

(2) Full Legal Name: _____
Address: _____
Relationship to Testator: _____
Description of property or monetary amount: _____

If more space is needed please attach a separate sheet.

NOTE: In some instances where an individual would like to leave personal possessions or property to specific individuals (such as jewellery, furniture, collections, etc.) it is more appropriate to incorporate by reference a handwritten memorandum to your Will.

Request Instructions for Memorandum to Will

DISTRIBUTION OF CHILD'S SHARE (IF ANY)

If child predeceases the Testator then share goes to:

- Issue (i.e. grandchildren)
- Surviving Siblings (brothers and/or sisters)

Capital Is Distributed as Follows:

Age 18 Age 21 Age 24 Age 28 Age 32 Other

If Other, Please Provide Details: _____

(Example: Deliver 1/3 to children at age 21, Deliver 1/3 to children at age 24, Deliver balance to children at age 28)

GUARDIAN(S) FOR INFANT CHILDREN (*under 18 years of age*)

Full Legal Name(s): _____

Address: _____

Relationship to Testator: _____

FAMILY DISASTER INSTRUCTIONS

- Divide half of my estate between my siblings and the other half between my spouse's siblings
- Divide half my estate between my parents and the other half between my spouse's parents
- Other Disposition: _____

ADDITIONAL COMMENTS

If more space is needed please attach a separate sheet.

BURIAL INSTRUCTIONS

Special instructions regarding funeral, cremation or burial instructions are best handled by a letter of instruction (separate from your will) to your family or other responsible person.

If more space is needed please attach a separate sheet.

Instructions for Powers of Attorney Continued on next Page.

INSTRUCTIONS FOR CONTINUING AND PERSONAL CARE

POWERS OF ATTORNEY

Grantor No. 1 - Full Legal Name: _____

Other Names Used (if any): _____

Grantor No. 2 - Full Legal Name: _____

Other Names Used (if any): _____

CONTACT INFORMATION

(Please complete if you did not complete the information on page 1 of the Will Intake Form)

Full Mailing Address: _____

Cell: _____ Business: _____ Home: _____

Cell: _____ Business: _____ Home: _____

Email: _____

Email: _____

DO YOU HAVE CURRENT POWERS OF ATTORNEY?:

If yes, what is the date of the POA: _____

I. CONTINUING POWER OF ATTORNEY (Property Matters)

ATTORNEY *(Person to act on your behalf)*

[] Spouse *(Do not need to complete information below)*

(1) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

ALTERNATE ATTORNEY

(1) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

(2) Full Legal Name: _____

Address: _____

Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY

If yes, what restrictions?: _____

II. PERSONAL CARE POWER OF ATTORNEY (Health Related Matters)

- Attorney Same as Continuing Power of Attorney (*you do not need to complete this section*)

ATTORNEY (*Person to act on your behalf*)

- Spouse (*Do not need to complete information below*)

- (1) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____
- (2) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____

ALTERNATE ATTORNEY

- (1) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____
- (2) Full Legal Name: _____
Address: _____
Relationship to Grantor: _____

If you named more than one attorney, Do you want your attorney's to act:

- Jointly, or
- Independently of one another.

RESTRICTIONS TO THE DUTIES OF ATTORNEY

If yes, what restrictions?: _____

AUTHORIZATION

I understand that a Last Will and Testament and Powers of Attorney are legal documents that will have a binding effect only when properly signed and witnessed (by two witnesses that are not related to me). I understand that draft documents will be prepared by your office using the information provided on this intake form. **By submitting this form, I authorize Day + Borg LLP to prepare my Last Will and Powers of Attorney and to invoice me for professional services rendered, even if I decide not to proceed with the execution of my Last Will and/or Powers of Attorney.** I understand that the completion of this form **DOES NOT** constitute a valid Last Will or POA.

Name: _____ Date: _____
Signature: _____

Name: _____ Date: _____
Signature: _____

In order that we can be prepared to meet with you and discuss the issues, can you please provide our office with copies of the following documents prior to your appointment:

- the Title/Deed(s) for your property(ies);
- any domestic contracts (separation agreements, marriage contract etc.);
- any business partnership agreements or shareholder agreements to which you are a party;

[Last Revised - Nov 2020]