WILL CHECKLIST (PERSONAL DATA SHEET)

Date:

Lawyer:

PART I: FAMILY INFORMATION			
1.	Full Name:		
2.	Address:		
3.	Date and Place of Birth:		
4.	Phone(H):		
	Phone	(W):	
5.	Spousa	al Status (Married/Common Law/Single)	
	Spouse	e's Name:	
6.	1)	Child's Name: Date of Birth: Address:	
	2)	Child's Name: Date of Birth: Address:	
	3)	Child's Name: Date of Birth: Address:	
7. Others to be Named in Will as Benef.		to be Named in Will as Beneficiaries	
	Name: Address Date of	ss: f Birth:	
	Name: Address Date of		

	Name: Address: Date of Birth:				
PART	II GENERAL				
1.	Do you have a Will?				
2.	Does your spouse have a Will?				
3.	Receiving benefits from an estate or trust? If so please give particulars				
4.	Have you set up a trust to benefit another person? Give particulars.				
5.	You or your spouse have a marriage or cohabitation contract?				
6.	Do you own an interest in a business? Provide copies of business agreements.				
7.	Married more than once? Separation agreements, divorce decree?				
PART	CIII ASSETS				
1.	Automobile and Boats Item: Value: In whose name:	Item: Value: In whose name:			
2.	Approximate value of household goods and contents:				
3.	Real Estate				
	Address: Value: Original cost: In whose name:	Address: Value: Original Cost: In whose name:			

4.	Bank Accounts	
	Name of bank: Address: Account No:	Name of bank: Address Account No:
	In whose Name:	In Whose Name:
5.	Safety Deposit Box	
	Location: Box Number:	
6.	Life Insurance	
	Name of Company: Policy number: Named beneficiary: Value to Estate:	Name of Company: Policy Number: Named Beneficiary: Value to Estate:
7.	RRSPs, Pensions and Annuities	
	Name: Contract Number: Named Beneficiary: Value to Estate:	Name: Contract Number: Named Beneficiary: Value to Estate:
8.	Investments	
	Please list all stocks and or bonds and their	original costs and estimated market values
PART	ΓΙ V LIABILITIES	
1.	Mortgages payable by you:	
	Name of Mortgagee Amount Owing:	Name of Mortgagee: Amount Owing:

2.

Other Debts

	Name of Creditor: Amount Owing:	Name of Creditor: Amount Owing:	
<u>PART</u>	'V SUMMARY		
Total value of Assets		\$	
Less total value of Liabilities		\$	
Net value of Estate		\$	
PART	VI WILL INSTRUCTIONS		
1.	Disposition of household goods, pers	sonal effects, jewellery, automobiles etc.:	
2.	Executors:		
	Name: Address:		
	Name: Address:		
3.	Cash Gifts to Individuals or Charities		
4.	Disposition of RRSPs, annuities, pensions:		
5.	Disposition of Residue (including trust for spouse and/or minors, payment of income from trust, payment of capital from trust, time of distribution, provision should any beneficiaries predecease, etc.):		
6.	Special clauses to be included		
	(a) Appointment of guardians an	nd custodians for children:	

		Name(s):
		Address(es):
	(b)	Family Law clauses:
7.	Funera	al and other special instructions:
POW	ERS OI	FATTORNEY
8.	Do you	a have a general financial power of attorney? Who would you like to appoint?
	Primar	ry Attorney's Name(s):
	Altern	ate Attorney's Name(s):
9.	Do you	u wish to have a power of attorney for personal care? Who would you like to t?
	Primar	ry Attorney's Name(s):
	Altern	ate Attorney's Name(s):
	To wh	at extent would you want life support measures to be taken: