

WILL & POA INFORMATION SHEET

(please use one sheet for each will maker)

Please fill this form and save it to your computer. You can then attach it in an email to lalaw@nb.sympatico.ca or print it out to bring to your appointment. Double click on a check box to add a check mark.

Contact Information						
Your full legal name:						
Date of birth:						
Address:						
Telephone:	(home):		(work):		(cell):	
Email:						

Last Will and Testament	
Are you engaged to be married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you previously married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own controlling shares in a business corporation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own RRSPs, RESPs, life insurance or other investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who would you appoint to administer your estate (<i>your "estate trustee"</i>)?	
Full name:	Relationship:
Who would you appoint to administer as your <i>alternate</i> estate trustee if the person named above cannot act?	
Full name:	Relationship:
Do you wish to bequest specific items or cash to particular people or charities?	
Item/Amount:	To:
Item/Amount:	To:
Item/Amount:	To:
<i>(note: if you have many bequests, you may wish to consider making a separate list)</i>	
Do you want your spouse or another person to receive your entire estate?	
<input type="checkbox"/> Spouse	Full name:
<input type="checkbox"/> Other	Full name:
	Relationship:
Do you have any children? (<i>if yes, please provide a list with full names and ages</i>)	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who would you appoint as the guardian of your minor child(ren)?	
Full name:	Relationship:
Do you wish to donate your organs to help others?	
For the purpose(s) of:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transplants <input type="checkbox"/>	Scientific research <input type="checkbox"/>
	Medical education <input type="checkbox"/>
Have you pre-arranged your funeral?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
With:	Name:
	Address:
Do you have any specific instructions regarding your funeral or mass?	
If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish your remains to be interred at a specific location?	
If yes, where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish your remains to be cremated?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

You should discuss with your potential estate trustee(s) such things as your testamentary wishes, final instructions regarding your organ donation, funeral and burial and the location of your Will, keys and personal information such as lock combinations, usernames and passwords for email accounts, online banking and investing, etc.

Continuing Power of Attorney for Property	A Continuing Power of Attorney for Property allows another person <i>who you trust</i> to make important decisions about your financial affairs, assets, possessions, etc., in the event that you cannot make or communicate these decisions yourself. A Continuing Power of Attorney for Property becomes effective as soon as you sign it, and is the document primarily relied upon by banks and financial institutions to determine who may make decisions for you.	
Who would you appoint to make decisions for you about matters pertaining to your financial affairs (your “attorney for property”)?		
Full name:	Relationship:	
Who would you appoint as your <i>alternate</i> attorney for property?		
Full name:	Relationship:	
Are you married?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, spouse’s full legal name:		

Power of Attorney for Personal Care	A Power of Attorney for Personal Care allows another person who you trust to make important decisions about your welfare, including health care, nutrition, shelter, clothing, hygiene or safety, in the event that you cannot make or communicate these decisions yourself. A Power of Attorney for Personal Care becomes effective only when you are incapable, and is the document primarily relied upon by physicians and medical staff to determine who will make decisions for you.	
Who would you appoint to make decisions for you about matters pertaining to your personal care (your “attorney for personal care”)?		
Full name:	Relationship:	
In the event of your death, do you wish to donate your organs to help others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
For the purpose(s) of: Transplants <input type="checkbox"/> Scientific research <input type="checkbox"/>		Medical education <input type="checkbox"/>
Do you wish to include a clause whereby medical procedures are to be withheld in the event that you should be diagnosed with a terminal and incurable injury, disease or illness where the application of life-sustaining procedures will serve only to artificially prolong the dying process and that death will occur whether or not life-sustaining procedures are utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any particular religious beliefs that you wish to incorporate into your Power of Attorney for Personal Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments
Please use this space to add any additional comments, notes or questions