



WILL and POWER of ATTORNEY

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This is intended to be a collection of general information which will help you think about some of the questions that will likely come up in preparing your Wills and Powers of Attorneys. The information in this document will help us in preparing your Wills, Powers of Attorneys and estate plan. If you are unsure about any of the questions or how to fill in any of the answers or if the questions don't apply to you, just leave them blank for now and discuss those questions with your lawyer.

BACKGROUND:

NAME(S) Husband: _____

Wife: _____

ADDRESS _____

City of Ottawa

other: _____

POSTAL CODE _____

TEL NOS: Home: _____

Office: (Husband) _____

(Wife) _____

OCCUPATION:

(Husband) _____

(Wife) _____

DATE OF BIRTH:

Husband _____
(D\M\Y)

WIFE _____
(D\M\Y)

MARITAL STATUS: Husband: SINGLE \ SEPARATED \ MARRIED \ DIVORCED
Wife: SINGLE \ SEPARATED \ MARRIED \ DIVORCED

ENGAGED and planning to marry soon

PREVIOUSLY MARRIED or long term partner: Husband YES \ NO Wife YES \ NO
Do you have any financial obligations to a former spouse/partner ?
Husband YES \ NO Wife YES \ NO

Are any of your Children living with your former spouse/partner?:
Husband YES \ NO Wife YES \ NO

Do you have a MARRIAGE /COHABITATION / SEPARATION AGREEMENT YES \ NO
if yes - give particulars (date, parties, terms of agreement that might affect the estate) and include a copy

Children (please name all children even if predeceased)

Biological or adopted children

NAME: DATE OF BIRTH: AGE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Step children or children of partner

NAME: DATE OF BIRTH: AGE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of your children have special needs? Require long term financial protection or management?
We can set up a special trust for a child, including an adult child, depending on their needs.

Parents

HUSBAND:

MOTHER: _____ AGE: _____

FATHER: _____ AGE: _____

ESTATE

ASSETS

REAL ESTATE: home, cottage, land lot, etc

list - address, whose name the title is in, approximate fair market value, amount of any mortgages against the title, and whether any mortgages are life insured by the bank

Your financial advisor/broker:

Name: _____ tel: _____ email: _____

Non-Registered Savings – (Investment accounts\GIC's\Bonds\Bank Accounts, etc)

(Named owner, sole or joint, present value):

Registered Savings, RRSP's, RRIF's, RESP's, TFSA's

(Named owner, sole or joint, issuing company, present value, named beneficiary):

LIFE INSURANCE: (Named Owner sole or joint, Issuing company, present value, named beneficiary):

Insurance at place of work:

Private policies:

ACCOUNTS RECEIVABLE: money owed to you - ie mortgages or loans that you have made to others, list amounts, terms and persons who owe you this money

BUSINESS INTERESTS: private companies, proprietorships, partnerships, family businesses, family trusts,

LOANS TO FAMILY OR FRIENDS – would you want your estate to collect or forgive these loans ?

OTHER PERSONAL ASSETS: (Vehicles\Jewellery and other assets worth more than \$2,000)

Joint accounts/assets held for yourself, your parent, or others:

Monies or other property held by you in trust for someone else

Do you own any property or investments outside Canada?

Do you own any property or investments outside Ontario?

DEBTS: mortgages, lines of credit, credit cards, car loans, personal loans
list amounts, terms and persons to whom you owe this money

SAFETY DEPOSIT BOXES: (location of box, location of key/s, contents)

ONLINE PASSWORDS (where do you keep these – ie computer, phone, tablet, hard copy)

WILL INSTRUCTIONS
Augustine·Bater-Binks LLP

EXECUTORS

PRIMARY EXECUTOR: SPOUSE or _____

ALTERNATE EXECUTOR: _____

Executor's compensation/fee: (Usual fee is about 5% of value of estate and possible annual management fee of 2/5 of 1% of funds)

Do you want to leave it up to the Executor to decide how much to claim or whether to claim a fee for his/her work? **YES** (in this case nothing is said in the will about this and the usual rules apply)

Or, do you want to expressly state in the will that you want the Executor to be paid and to specify the amount to be paid? (It can be a fixed amount or a % of estate, or any other basis you wish)

ACTING AS TRUSTEE for other estates: Are you acting as or named as executor for someone else's estate? (Eg, acting as executor for one of your parents under their Will)

YES / NO

If so, would you want your executor to take over those duties? **YES / NO**

BENEFICIARY DESIGNATIONS – You can name a beneficiary in your will for most life insurance, RRSP's, TFSA's and other registered funds. You can designate the actual Beneficiary(s) by name or a Trustee for the beneficiaries (eg minor children) . Please discuss these options with your lawyer.

Note - this option is not available for a federal government insurance/superannuation plan.

DISTRIBUTION of ESTATE

Note: if you have financial obligations to a former spouse or to your children under a Separation Agreement or Court order these obligations have to be provided for in your will.

If you do please discuss the details and your wishes with your lawyer.

Do you wish to make a general gift of your personal effects and household items to be held for your minor children until they are old enough to use or enjoy them?
YES / NO

Do you wish to make a specific gift of any personal property to specific persons ie jewellery, collections, furniture etc] ; Note: This can be done in your will or in a separate and more flexible memorandum or “codicil”. Please discuss these options with your lawyer if they interest you.

NO, or

Item	To be given to
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you wish to make a specific gift of a certain amount of money to certain persons or organizations:
NO ; or

AMOUNT	BENEFICIARY
_____	_____
_____	_____

Charitable Gifts:

AMOUNT	Charitable Organization
_____	_____
_____	_____

If specified charity no longer exists, do you wish the gift to be void? _____
Or, do you wish the money to be given to other similar charity, to be determined by trustee _____

Cottage Property – there are many different ways to deal with family cottages, including immediate sale, maintain for shared use, purchase by one or more children, etc

These options all have many variations and complications. Please discuss your wishes with the lawyer.

Registered funds, RRSP, RRIF – designated beneficiaries , income tax

If you have designated beneficiaries of these registered funds they are entitled to receive the gross amount of these investments leaving the estate to pay any associated income tax out of other assets/monies.

Do you want the beneficiaries or the estate to pay the income tax on these investments?

Beneficiaries _____ or Estate _____

RESIDUE: [everything else in your estate not specifically dealt with]

All to spouse: **YES / NO**

If no, or if your spouse dies before you,

Gift of Residue to Children: YES / NO

There are various options for dividing your estate among your children. Some of the more common methods are:

“Per Capita” _____
(just to your children, not to your grandchildren)

“Per Stirpes” _____
(if one of your children dies before you, his/her share is divided between his/her children)

Divide Residue between non children as follows:

NAME	RELATIONSHIP	% if not EQUALLY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Infant Trust

Minimum age in Ontario is 18 to receive an inheritance. How old should do you think any children should be before they are given control over their trust monies under your Will?

You can specify one certain age when they get full control, or you can split the distribution so they get control over some part of the money at one age and control over the balance later, which we call a

SPLIT DISTRIBUTION:

Eg. 30% at age 19, balance at age 23; or 30% at age 19, 50% at age 21 and balance at age 23.
(Note: the trust monies are available at any time for the child, but the Trustee controls how the monies are spent until the child gets control)

Wind up trust at age _____

Or

split distribution _____% at age _____ - _____% at age _____ balance at age _____

ALTERNATE GIFT OF RESIDUE:

If your spouse and all of your children predecease you, or die at the same time, who would you like to name as alternate beneficiary/ies?

Common choice is to split between families of both you and your spouse:

one pot: divided equally amongst both parents, and siblings, one share each
OR, 1/2 to each family, then divided equally amongst parents and siblings of that family

OR

To Named Persons in Stated Shares or %:

_____ Shares / % To: _____

_____ Shares / % To: _____

_____ Shares / % To: _____

CUSTODY (if you have custody of your children)

CUSTODY OF CHILDREN (after your spouse)

TO: _____

OR ALTERNATIVELY TO:

CHILDREN BORN OUTSIDE OF MARRIAGE

A reference to “children” includes all biological or adopted children/grandchildren, whether they are born outside of marriage or not, unless you specify that you only want to include children born inside of marriage included in your distribution.

A reference to “children” would NOT include children of your partner from a former relationship unless they were legally adopted. If you want to include them you should specifically name them.

POWERS OF TRUSTEE(S)

Funeral travel expenses: discretion to pay travel and accommodation expenses of relatives and/or friends for funeral: **YES / NO**

Power to borrow money: **YES / NO**

Power to continue to manage Properties: **YES / NO**

Power to continue to operate Business: **YES / NO**

Power to continue operating a Farm: **YES / NO**

CREMATION OR OTHER FUNERAL OR BURIAL DIRECTIONS

Have you made or purchased a pre-planned funeral/burial plan or arrangement? **NO**,
Or , Funeral Home _____

Otherwise you may specify in your will whether you wish to be cremated or give other funeral or burial directions, but this is not necessary. The decision is ultimately up to your executor in any event.

Do you wish to include a cremation direction: **YES / NO**

Other funeral or burial directions: eg : service, viewing, place of burial, etc

POWER OF ATTORNEY INSTRUCTIONS
Augustine-Bater-Binks LLP

Do you wish to have a **Power of Attorney for Property**? **YES / NO**

TO: _____

If you are naming more than one person must they ALL sign all documents **YES / NO**

ALTERNATE\SUBSTITUTE ATTORNEY: _____

CONDITIONS & RESTRICTIONS: usually no limits are imposed for estate purposes, but the power of attorney can be limited in time, or for a particular specified purpose

None or: _____

Attorney's Compensation: (Usually annual management fee of 3/5 of 1% of funds plus one time fee of about 6% of value of estate)

Do you want to leave it up to the named Attorney to decide how much to claim or whether to claim a fee for his/her work? **YES** (in this case nothing is said in the power of attorney about this and the usual rules apply)

Or, do you want to expressly state that you want the Attorney to be paid and to specify the amount to be paid? (It can be a fixed amount or a % of estate, or any other basis you wish)

RETENTION INSTRUCTIONS for Power of Attorney for Property

If the Power of Attorney for Property document is to be left with our law firm, we would like to have specific instructions from you about when we can release it to your attorney if your attorney asks us to give it to him/her. How strict would you like us to be about making your attorney prove that you are indeed incapacitated? The least strict test might be to produce at least one letter from one doctor confirming that he/she is of the opinion that you are incapacitated. You can require various degrees of stricter proof if you wish. Please discuss this with one of our lawyers.

Do you wish to have a **Power of Attorney for Personal Care** - **YES / NO**

TO: _____

If you are naming more than one person must they both agree on all decisions: **YES / NO**

ALTERNATE\SUBSTITUTE ATTORNEY: _____

CONDITIONS & RESTRICTIONS: usually no limits are imposed for estate purposes, but the power of attorney can be limited to particular decisions

None _____ or Advanced Care Directive (similar to a "Living Will")

Eg. I authorize my attorney to give or refuse consent on my behalf to medical treatment. If a situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, or if I have an incurable injury, disease or illness which is a terminal condition and if the application of life-sustaining procedures will serve only to unduly prolong the moment of my death, then I direct that I be allowed to die and not be kept alive by medication, or artificial means.
