



BUSSEY AINSWORTH

Barristers, Solicitors & Notaries

294 Rink St. (at Rubidge), Suite 101

Peterborough, Ontario, K9J 2K2

Ph: (705) 749-0628, Email: bwb@busseyainsworth.ca

www.busseyainsworth.ca

This is not a will. BUSSEY AINSWORTH is providing this worksheet as a guide to ensure you collect all of the relevant information for us to properly advise you and prepare your will and power of attorney documents for management of property & health care. **BEFORE** you attend our office for a consultation, **PLEASE** complete this document.

ESTATE PLANNING WORKSHEET

PART ONE

LAST WILL AND TESTAMENT

DATE: _____

A. Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Birthplace: _____ Birthdate: _____
Month Day Year

Occupation: _____ Present Employer: _____

Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____

Social Insurance No.: _____ Citizenship: _____

B. Name of Spouse: _____
Last First Full Middle

Email Address: _____ Cell Number: (____) _____



Spouse's Birthplace: _____

Birthdate: _____
Month Day Year

Occupation: _____

Present Employer: _____

Social Insurance No.: _____

Citizenship: _____

C. First Choice of Executor:

Remaining Spouse: _____

Other: – List Below _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

C. Second Choice of Executor:

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

C. Third Choice of Executor:

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

LIVING CHILDREN

1. Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____



Relationship

Age

2. Name: Last First Full Middle

Number & Street City Province Country

Postal Code: Telephone ()

Email Address: Cell Number: ()

Relationship

Age

3. Name: Last First Full Middle

Number & Street City Province Country

Postal Code: Telephone ()

Email Address: Cell Number: ()

Relationship

Age

4. Name: Last First Full Middle

Number & Street City Province Country

Postal Code: Telephone ()

Email Address: Cell Number: ()

Relationship

Age



GUARDIANSHIP - FOR MINOR CHILDREN

The Guardian has charge of the children, provides for their care, maintenance and education in accordance with the funds available to him/her. In such cases it is usual to establish a trust under the Will for the children, naming the Executor as Trustee and setting out the terms of the trust, including payment of money by the trustee to the guardian for the benefit of the children. You must recognize that your guardian will have to apply to court within 90 days from your date of death for the custody of your child and to act as guardians of the child's property, pursuant to the *Children's Law Reform Act* as amended.

(This space for lawyer's use)

Care and Education Trust: (A trust for minor or college age children to provide care, support, maintenance and education until youngest child attains a specific age.)

_____ % of estate placed in Care and Education Trust.

This trust terminates when youngest child reaches the specific age of _____

Guardians (s)

Name:

Last

First

Full Middle

Number & Street

City

Province

Country

Postal Code: _____

Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Alternate Guardian(s)

Name:

Last

First

Full Middle

Number & Street

City

Province

Country

Postal Code: _____

Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____



DISTRIBUTION OF THE ESTATE

PART I

Check

ENTIRE ESTATE TO SPOUSE: Yes: _____ No: _____

ENTIRE ESTATE TO CHILDREN EQUALLY: Yes: _____ No: _____

SPECIFIC BEQUESTS

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Bequests 1. _____

2. _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Bequests 1. _____

2. _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Bequests 1. _____

2. _____



DISTRIBUTION OF PERSONAL EFFECTS

_____ Clause concerning memo – to be included in Will

_____ Children have choice of personal effects

_____ Personal effects not to include: _____

_____ Trustee to have final say in case of disagreement



DISTRIBUTION OF THE ESTATE

PART II - RESIDUE

[NOTE: This is usually disposed of by shares or percentages. Please give full names of all persons and organizations.]

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Percentage _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Percentage _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Percentage _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Percentage _____



Part Two

POWER OF ATTORNEY DOCUMENTS

No. 1 POWER OF ATTORNEY FOR MANAGEMENT OF PROPERTY

This Power of Attorney gives legal authority to another person (called "attorney") to make decisions and carry out matters dealing with property and finances. It does not give the attorney authority to make a Will. It is called "continuing" or "durable" because it can be used after the person who gave it is no longer mentally capable.

a. Who do you appoint as your Attorney(s)?

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

b. If more than one Attorney is the appointment: () jointly or () jointly and severally?

c. Do you wish to have an alternate Attorney? Yes: ___ No: ___ _____

Name: _____
Last First Full Middle

Number & Street City Province Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

d. Is your Attorney entitled to compensation net of any professional fees? Yes: _____ No: _____

e. Is your Attorney entitled to make:

i. gifts or loans to friends & relatives; Yes: _____ No: _____

ii. charitable gifts; Yes: _____ No: _____

if your Attorney believed you would have made such gifts or loans if you were capable of doing so?



No. 2 POWER OF ATTORNEY FOR PERSONAL CARE

This Power of Attorney gives legal authority to another person (called "attorney") to make personal care decisions; and decisions regarding the giving or refusing consent to medical treatment on your behalf if you become mentally incapable.

a. Who do you appoint as your Attorney(s)?

Name: _____

Last

First

Full Middle

Number & Street

City

Province

Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____

b. Do you wish to have an alternate Attorney? Yes: _____ No: _____

If so, who? Name: _____

Last

First

Full Middle

Number & Street

City

Province

Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship (if any) _____



Part Three

INVENTORY OF ASSETS

The information contained in this section is confidential and need not be shared with anyone. However, where a trust(s) is to be established using specific assets the information from this inventory could be required.

It is recommended that any changes in the location of deposits, or any assets should be noted. This will help the Executor to quickly and efficiently locate all the assets of the estate at the time of probate.

This inventory should be kept with your private documents for safe keeping.

No. 1 REAL PROPERTY (Please indicate whether in (H) husband's name (W) wife's name or (J) joint names)

Table for Real Property with columns for description, status (H/W/J), and Today's Value. Includes rows for Principal Residence, Other properties, and a Total net estimated value.

No. 2 LIFE INSURANCE

Table for Life Insurance with columns for Company Name, Type of Policy, Beneficiary, and Amount. Includes a Total value of life insurance row.

No. 3 RETIREMENT BENEFITS

Table for Retirement Benefits with columns for Company Name, Type of Policy, Beneficiary, and Amount. Includes a Total value of Retirement Benefits row.

No. 4 ACCIDENT INSURANCE

Table for Accident Insurance with columns for Company Name, Type of Policy, Beneficiary, and Amount.

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total value of Accident Insurance			\$ _____

No. 5 PERSONAL USE PROPERTY

This includes furniture, vehicles, trailers, boats, antiques, paintings, prints, rare folios, manuscripts, etchings, drawings, sculptures, jewelry, coin and stamp collections. If sale price at today's value exceeds \$ 1,000. of any item, it should be listed.

Items	Today's Value (if disposed)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total estimated value \$ _____	

No. 6 BANKS (CHEQUING and/or SAVINGS ACCOUNTS) Please indicate

Name of Bank	Address
() _____	_____
() _____	_____
() _____	_____
() _____	_____
() _____	_____

No. 7 TERM DEPOSIT – including revolving fund deposits

Name of Bank	Address
() _____	_____
() _____	_____
() _____	_____
() _____	_____



No. 8 STOCKS, BONDS, MUTUAL FUNDS, MORTGAGES, PROMISSORY NOTES

Document & Where Held - - Box #, etc.	Today's Market Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total estimated value \$ _____

No. 9 OTHER ASSETS INCLUDING BUSINESS MACHINERY, LIVESTOCK, ETC.

Item	Today's Market Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total estimated value \$ _____

NO. 10 LIABILITIES – AUTO LOANS, NOTES PAYABLE, MORTGAGE PAYABLE

Item	Today's Market Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total estimated liabilities \$ _____



WE LOOK FORWARD TO HELPING YOU!

**RETURN YOUR COMPLETED
ESTATE PLANNING WORKSHEET
TO:**



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