

BUSSEY AINSWORTH

Barristers, Solicitors & Notaries

294 Rink St. (at Rubidge), Suite 101
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www.busseyainsworth.ca

DATE:

This <u>is not</u> 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 the management of your property & health care. BEFORE you attend our office for a consultation, PLEASE complete this document.

ESTATE PLANNING WORKSHEET

PART ONE

LAST WILL AND TESTAMENT

Name:First	Middl	e Las	t	
Number & Street	City	Province		Country
Postal Code:	Telep	ohone ()		
Email Address:	Cell ?	Number: ()		
Birthplace:	Birth	date:	Day	Year
Occupation:	Prese	ent Employer:		
Single: Married: _	Widowed:	Divorced	d:	Separated:
Social Insurance No.:		Citizenship:		
Name of Spouse:	First	Middle	Last	
Email Address:	Cell	Number: ()		
Spouse's Birthplace:	Birtl	ndate:Month	Day	Year
Occupation:	Prese	ent Employer:	Ž	
Social Insurance No.:	Citiz	enship:		

BUSSEY AINSWORTH WILL & POA WORKSHEET 1

Remaining Spouse:	or	Other: - List Below		
Name:				
First		Middle	Last	
Number & Street	City	Pro	vince	Country
Postal Code:		Telephone ()		
Email Address:		Cell Number: ()_		
Relationship:				
Second Choice of Executor:				
Name:First		Middle	Last	
THIS		Made	Lust	
Number & Street	City	Pro	ovince	Country
Postal Code:		Telephone ()		
Email Address:		Cell Number: ()_		
Relationship:				
Third Choice of Executor:				
Name:First		Middle	Last	
Number & Street	City	Pro	ovince	Country
Postal Code:		Telephone ()		
Email Address:		Cell Number: ()_		

LIVING CHILDREN

First		Middle	Last	
	City		Province	Country
		Telephone ()	
		Cell Number: ()	
			Date of Birth	
First		Middle	Last	
	City		Province	Country
		Telephone ()	
		Cell Number: ()	
			Date of Birth	
First		Middle	Last	
 	City		Province	Country
		Telephone ()	
		Cell Number: ()	
	<u></u>		Date of Birth	
			<u>-</u>	
First		Middle	Last	
	City		Province	Country
		Telephone ()	
		Cell Number: ()	
	First	First City First City First	City City Telephone (City Province Telephone () Cell Number: () Date of Birth First Middle Last City Province Telephone () Cell Number: () Date of Birth First Middle Last City Province Telephone () Date of Birth First Middle Last City Province Telephone () Cell Number: () Telephone () Date of Birth First Middle Last City Province Telephone () Date of Birth

GUARDIANSHIP - FOR MINOR CHILDREN

(This space for lawyer's use)

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.

% (of estate placed in Care	and Education Trust.	
This trust termi	nates when youngest c	child reaches the specific age	of
Guardians (s)			
Name:			
	First	Middle	Last
Number & Street	City	Provinc	e Count
Postal Code:	Tele	phone ()	
Email Address:	Cell	Number: ()	
Relationship:			
Joint or Alternate Gua	rdian(s)		
Name:			
	First	Middle	Last
Number & Street	City	Provinc	e Count
Postal Code:	Tele	phone ()	
Email Address:		Number: ()	

Relationship: _____

DISTRIBUTION OF THE ESTATE PART I

Check √ **ENTIRE ESTATE TO SPOUSE:** Yes: _____ No: ____ ENTIRE ESTATE TO CHILDREN EQUALLY: Yes: _____ No: ____ **SPECIFIC BEQUESTS** 1. Name: _____ First Middle Last Number & Street City Province Country Telephone () Postal Code: _____ Email Address: _____ Cell Number: (___) Relationship: Bequests 1. 2. First Middle Last Number & Street City Province Country Telephone (____)_____ Relationship: ____ Bequests 1. 3. First Middle Last Number & Street City Province Country
 Postal Code:
 Telephone (___)

 Email Address:
 Cell Number: (___)
 Relationship: Bequests 1.

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.]

	First	Midd	le	Last
Number & Street	·	City	Province	Count
Postal Code: Email Address: Relationship (if any)		Telephone () _ Cell Number: ()_		
Percentage .				
	First	Midd	le	Last
Number & Street		City	Province	Coun
Postal Code: Email Address: Relationship (if any)		Telephone () _ Cell Number: ()		
Percentage				
	First	Midd	le	Last
Number & Street			le Province	
	First	Midd City Telephone ()	Province	Coun
Number & Street Postal Code: Email Address:	First	Midd City Telephone ()	Province	Coun
Number & Street Postal Code: Email Address: Relationship (if any)	First	City Telephone () Cell Number: ()_	Province	Coun
Number & Street Postal Code: Email Address: Relationship (if any) Percentage	First	Midd City Telephone ()	Province	Coun

Part Two

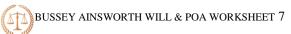
POWER OF ATTORNEY DOCUMENTS

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.

	Who do you	appoint as you	ur Attorney(s)?			
	SPOUSE:	Y:	or N:			
			Attorney(s) below Attorney(s) belo		to have an alternate Attorney	v(s)? Yes: No:
	Name:					
		First		Middle	Last	
	Number	& Street		City	Province	Country
	Email	Code: Address: nship:		Telephone () Cell Number: (
	Name:	First		Middle	Last	
		Number & St	treet	City	Province	Country
	Postal	Code:		Telephone ()		
	Email	Address:		Cell Number: ()	
	Relatio	nship:				
	Name:					
		First		Middle	Last	
	Number	& Street		City	Province	Country
	Email			Cell Number: (_)	
c.	If more than	one Attorney	is the appointme	nt: () jointly	or () jointly and sev	rerally?
d.	Is your Attor	rney entitled to	compensation n	et of any professional	fees? Yes:	No:
e.	Is your Attor	rney entitled to	make:			
i.	gifts or	loans to friend	ls & relatives: \	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.

ii i es, ivaiii	e the alternate Attorney(s) bel		an alternate Attorney(s)? You	
Name:				
	First	Middle	Last	
Nu	ımber & Street	City	Province	Country
Po	ostal Code:	Telephone ()_		
	mail Address: elationship:		_)	
Name:				
	First	Middle	Last	
	Number & Street	City	Province	Country
Po	ostal Code:	Telephone ()		
Eı	nail Address:	Cell Number: ()	
Re	elationship:			
Name:				
	First	Middle	Last	
Nu	ımber & Street	City	Province	Country
Po	ostal Code:	Telephone ()_		
	nail Address: elationship:		_)	

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 PROPE	CRTY (Please in	ndicate whether in (H) husband's name (W) w	rife's name or (J) joint names
			Today's Value
Principal Residence:	()		\$
Other properties (if any)	()		\$
	()		\$
	()		\$
	Total net estimated va	lue of real property (today's value)	\$
No. 2 LIFE INSURA	NCE		
Company Name	Type of Policy	Beneficiary	Amount
			\$
			\$
			\$
		Total value of life insurance	e \$
No. 3 RETIREMENT	Γ BENEFITS		
Company Name	Type of Policy	Beneficiary	Amount
			\$
			\$
		_	\$
No. 4 ACCIDENT IN	NSURANCE	Total value of Retirement Benefits	\$
Company Name	Type of Policy	Beneficiary	Amount
			\$
			\$
		Total value of Accident Insurance	\$

No. 5 PERSONAL USE PROPERTY

			Today's Value (if dispose
		\$_	
		\$_	
		\$_	
		\$_	
		\$_	
		\$_	
	Total estimated	value \$	
BANKS (CHEQUING and/or SAVINGS ACCOU	UNTS) Please indicate		
Name and Address of Bank			Amount
TERM DEPOSIT Name and Address of Bank			Amount
TERM DEPOSIT			

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 BUSI	NESS MACHINERY	, LIVE	STOCK, ETC.
Item			Today's Market Value
		\$	
		\$	
		\$	
		\$	
		\$	
	Total estimated value	\$	
NO. 10 LIABILITIES – AUTO LOANS, NO	TES PAYABLE, MO	RTGA	GE PAYABLE
Item			Today's Market Value
		\$	
		\$	
		\$	
		\$	
		\$	

Total estimated liabilities \$ _____

OTHER NOTES

WE LOOK FORWARD TO HELPING YOU!

RETURN YOUR COMPLETED ESTATE PLANNING WORKSHEET TO:



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