

LIVING CHILDREN

1. Name: _____
First **Middle** **Last**

_____ **Number & Street** **City** **Province** **Country**

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

_____ **Relationship** _____ **Date of Birth**

2. Name: _____
First **Middle** **Last**

_____ **Number & Street** **City** **Province** **Country**

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

_____ **Relationship** _____ **Date of Birth**

3. Name: _____
First **Middle** **Last**

_____ **Number & Street** **City** **Province** **Country**

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

_____ **Relationship** _____ **Date of Birth**

4. Name: _____
First **Middle** **Last**

_____ **Number & Street** **City** **Province** **Country**

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

_____ **Relationship** _____ **Date of Birth**



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:

First	Middle	Last	

Number & Street	City	Province	Country
Postal Code: _____	Telephone (____) _____		
Email Address: _____	Cell Number: (____) _____		
Relationship: _____			

Joint or Alternate Guardian(s)

Name:

First	Middle	Last	

Number & Street	City	Province	Country
Postal Code: _____	Telephone (____) _____		
Email Address: _____	Cell 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

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

- Bequests 1. _____
2. _____

2. Name: _____

First	Middle	Last

Number & Street	City	Province	Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

- Bequests 1. _____
2. _____

3. Name: _____

First	Middle	Last

Number & Street	City	Province	Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

- 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

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)?

SPOUSE: Y: _____ or N: _____

b. If No, name the alternate Attorney(s) below. If Yes, do you wish to have an alternate Attorney(s)? Yes: ___ No: ___
If Yes, Name the alternate Attorney(s) below:

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country

Postal Code: _____ Telephone (____) _____

Email Address: _____ Cell Number: (____) _____

Relationship: _____

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

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)?

SPOUSE: Y: _____ or N: _____

b. If No, name alternate Attorney(s) below. If Yes, do you wish to have an alternate Attorney(s)? Yes: ___ No: ___
If Yes, Name the alternate Attorney(s) below:

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country
Postal Code: _____	Telephone (____) _____		
Email Address: _____	Cell Number: (____) _____		
Relationship: _____			

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country
Postal Code: _____	Telephone (____) _____		
Email Address: _____	Cell Number: (____) _____		
Relationship: _____			

Name: _____

First	Middle	Last	
Number & Street	City	Province	Country
Postal Code: _____	Telephone (____) _____		
Email Address: _____	Cell Number: (____) _____		
Relationship: _____			

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

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



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)

		Today's Value
Principal Residence:	() _____	\$ _____
Other properties (if any)	() _____	\$ _____
	() _____	\$ _____
	() _____	\$ _____
Total net estimated value of real property (today's value)		\$ _____

No. 2 LIFE INSURANCE

Company Name	Type of Policy	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total value of life insurance			\$ _____

No. 3 RETIREMENT BENEFITS

Company Name	Type of Policy	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total value of Retirement Benefits			\$ _____

No. 4 ACCIDENT INSURANCE

Company Name	Type of Policy	Beneficiary	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 and Address of Bank	Amount
() _____	_____
() _____	_____
() _____	_____
() _____	_____
() _____	_____

No. 7 TERM DEPOSIT

Name and Address of Bank	Amount
() _____	_____
() _____	_____
() _____	_____
() _____	_____



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:**



BUSSEY AINSWORTH

Barristers, Solicitors & Notaries

294 Rink St. (at Rubidge), Suite 101

Peterborough, Ontario, K9J 2K2

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