



West Coast
Family Law Centre

Karen Henry
Lawyer

CLIENT WORK SHEET FOR ESTATE AND INCAPACITY PLANNING:

- Wills
- Powers of Attorney
- Representation Agreements

INSTRUCTIONS

The information requested in this form will help you and your lawyer use your time together efficiently. Please answer all questions as completely as possible. If some information is not available now, please provide it as soon as possible. If changes to this information occur in the future, advise your lawyer immediately. The contents of this form will be kept confidential.

Date: _____

A. CONTACT AND PERSONAL INFORMATION

CLIENT 1	CLIENT 2
Name in full: _____	Name in full: _____
Aliases: _____ (other names you are known by)	Aliases: _____ (other names you are known by)
Home Tel: _____	Home Tel: _____
Work Tel: _____	Work Tel: _____
Cell: _____	Cell: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
DOB (dd/mmm/yy) _____	DOB (dd/mmm/yy) _____
Place of birth: _____	Place of birth: _____
Citizenship: _____	Citizenship: _____
S.I.N.: _____	S.I.N.: _____

Your Home Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Your Marital Status: Married* Single Widowed*
 Divorced* Separated* Common-Law*

*Since what date (dd/mmm/yy): _____

Please bring a copy of your Separation Agreement, Cohabitation Agreement, Marriage Agreement or court order as we will need to consider obligations regarding spousal support, child support, life insurance or your estates.

B. SPOUSAL SUPPORT OBLIGATIONS TO A FORMER SPOUSE, IF ANY:

Do you have spousal support obligations to a former spouse?: ___ Yes ___ No

Name of ex-partner: _____

Nature of Relationship (married or common law): _____

Details of support obligations: _____

Are they set out in a Supreme Court order? ___ Yes ___ No

Are they set out in a Provincial Court order? ___ Yes ___ No

Are they set out in a Separation Agreement? ___ Yes ___ No

Are the support obligations binding on your estate or covered by life insurance? Yes No

If you have spousal support obligations, or insurance or debt obligations that continue from a past relationship, OR you are a guardian of any child/ren with another person, or if you have child support obligations, please bring a copy of the agreement or court order to your appointment.

(Please complete Section C below **only** if you have a common-law spouse and are still married to someone else **OR** you are receiving legal advice regarding a Will, Power of Attorney or Representation Agreement without your spouse's participation (e.g. your spouse has had a stroke and is currently incapable of making these documents).

**C. INFORMATION ABOUT YOUR CURRENT SPOUSE
IF HE OR SHE IS NOT CLIENT 1 or CLIENT 2**

Name in full: _____ Aliases: _____

Home Tel: _____ Work Tel: _____

Cell: _____ Occupation: _____

DOB (dd/mmm/yy) _____ Place of birth: _____

Citizenship: _____ S.I.N.: _____

Home Address: _____

D. CHILDREN and CHILD SUPPORT OBLIGATIONS

Child 1:

Name in full: _____ DOB: _____

Address: _____

Marital Status: _____

Is he or she your: Natural child? Adopted child? or Step-child (not adopted)?

Does she or have children? _____. If so, number of children: _____

Child 2:

Name in full: _____ DOB: _____

Address: _____

Marital Status: _____

Is he or she your: Natural child? Adopted child? or Step-child (not adopted)?

Does she or have children? _____. If so, number of children: _____

Child 3:

Name in full: _____ DOB: _____

Address: _____

Marital Status: _____

Is he or she your: Natural child? Adopted child? or Step-child (not adopted)?

Does she or have children? _____. If so, number of children: _____

If more children, please check box and write details on back of page

Do you have any child support obligations? ___ Yes ___ No

If so, who do you pay? _____

If so, Relationship with other parent (married, common law or never spouses): _____

Details of child support obligations: _____

Are they set out in a Supreme Court order? ___ Yes ___ No

Are they set out in a Provincial Court order? ___ Yes ___ No

Are they set out in a Separation Agreement? ___ Yes ___ No

Are the obligations binding on your estate or covered by life insurance? ___ Yes ___ No

E. FINANCIAL INFORMATION

Real Estate:

1. Your Home:

Address: _____

Whose name is the title registered in? _____

Joint Tenancy Tenants in Common

Approximate value: \$_____ Mortgage: \$_____

2. Recreational or Investment Property:

Address: _____

Whose name is the title registered in? _____

Joint Tenancy Tenants in Common

Approximate value: \$_____ Mortgage: \$_____

3. If you own any real estate **outside** BC or Canada, please provide details below:

4. Vehicles (including recreational vehicles and boats):

Year	Make/Model	Registered to	Value
_____	_____	_____	_____
_____	_____	_____	_____

5. Bank Accounts:

Bank	Chequing/Savings	In whose name(s)?	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Registered Accounts: e.g. RRSPs, RRIFs, RESPs, TFSAs:

Type of Account?	Institution?	Named beneficiaries	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Non-Registered Investments (held outside an RRSP, RRIF, RESP or TFSA):

	With?	In whose name(s)?	Value
Stocks	_____	_____	_____
Term Deposits	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Pensions in your name (or joint life pensions with your spouse):

With?	Named beneficiary	Value OR monthly payment amount
_____	_____	_____
_____	_____	_____

9. Life Insurance:

Company	Type (joint?)	Named beneficiary	Private/Employer
_____	_____	_____	_____
_____	_____	_____	_____

Do you have business or company interests (for example: shares in private companies, proprietorships or partnerships?) Details: _____

If so, do you have a shareholder agreement or partnership agreement? _____

10. Other valuable personal effects (for example: jewellery, antiques, artwork):

Type/value: _____

Do you own any other assets **outside** BC or Canada (e.g. boat or summer cabin in Ontario, any real estate or a bank account in the USA)?

11. Debts: Your personal and/or joint debts with others (for example: mortgages, credit cards, lines of credit, personal or bank loans):

Type of Debt:	With?	In whose name(s)?	Balance owing?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. INFORMATION RE CHOOSING PEOPLE FOR DIFFERENT ROLES

Completing this section is optional as you most likely will want to discuss the choice of Executor(s), Guardian(s), Attorney(s) and Representatives with your lawyer. We generally suggest you appoint one person and alternate, or two people for each of these functions. You may want to appoint the same people to be your Executors, Guardians, Attorneys and/or Representatives. However, carefully consider the responsibilities that each person may have the time and ability to handle if you die or become incapable.

Executors are appointed to follow the directions in your Will regarding the collecting and selling of assets, paying of debts and taxes, and distributing the monies and items in your estate to the beneficiaries.

Guardians are appointed by your Will to parent your children under the age of 19 if there is no other surviving guardian (e.g. both you and your spouse die, or both you and the children’s other parent die). Guardians make all parenting decisions, including education and medical care, and can manage smaller amounts of property and money.

Attorneys are appointed under a Power of Attorney to manage your financial and legal affairs if you become incapable of doing so for yourself.

Representatives are appointed under a Representation Agreement to make decisions regarding health care, where you live or what treatment you receive (or do not receive) at the end of your life, if you are incapable of making these decisions for yourself.

G. INFORMATION FOR YOUR WILL

Information regarding possible Executor(s):

Executor:

Name: _____

Phone #: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Relationship: _____ Occupation: _____ D.O.B.: _____

Co-Executor or Alternate Executor:

Name: _____ Phone #: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Relationship: _____ Occupation: _____ D.O.B.: _____

Co-Executor or 2nd Alternate Executor:

Name: _____ Phone #: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Relationship: _____ Occupation: _____ D.O.B.: _____

Information re possible Guardian(s) for children under 19 years of age:

Guardian:

Name: _____ Phone #: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Relationship: _____ Occupation: _____ D.O.B.: _____

Co-Guardian or Alternate Guardian:

Name: _____ Phone #: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

Relationship: _____ Occupation: _____ D.O.B.: _____

*If you wish to leave a specific amount of money, rather than a percentage of your estate, to a particular person or charity, or wish to leave a specific piece of furniture, artwork or other item to a specific person, please fill out the following. **If you have a list of many items to be distributed by your executor to specified persons, talk to your lawyer about attaching a non-binding memorandum to your will.***

Gifts of Money:

1. Person/charity: _____ Amount: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

2. Person/charity: _____ Amount: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

If more people or charities, please attach a separate sheet with the above information.

Gifts of Specific Items to named individuals or charities:

1. Person/charity: _____ Item and value: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

2. Person/charity: _____ Item and value: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

If more people or specific gifts of articles, please attach a separate sheet with the above information.

Possible distribution of the remainder of your Estate after specific gifts to charities or individuals:

All to: Spouse Children equally* To children if spouse predeceases

If a child predeceases you, gift to his or her children? Yes No

Or other wishes for the distribution of your estate:

*If not to children equally, please give reasons you are considering this distribution of your estate: _____

If distribution to children, at what age do you want them to receive their share?

19 25 Other age: _____

What are your wishes for your remains?

Cremation Burial No instructions

Have you made pre-paid cremation or funeral arrangements? _____

Where would you like the original of your will to be located?:

Karen Henry's vault My safety deposit box at: _____

Are you named as an Executor for another person(s)? Yes No

H. YOUR ESTATE PLANNING OBJECTIVES:

What are your estate planning objectives? Please check all below that apply to you.

- _____ Provide money to your children
 - _____ Provide money to your grandchildren
 - _____ Minimize taxes payable by your estate and heirs
 - _____ Give money to one or more charities
 - _____ Gain a tax receipt for your estate by making a gift to charity
 - _____ Provide for the management of your business
 - _____ Other goals: _____
-
-

I. INFORMATION FOR YOUR POWER OF ATTORNEY

1st Attorney:

Spouse Child (age now _____) Name: _____

Other person: Name: _____ Relationship to you: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

D.O.B.: _____ Phone #: (____) _____ Occupation: _____

2nd Attorney or Alternate Attorney:

Spouse Child (age now _____) Name: _____

Other: Name: _____ Relationship to you: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

D.O.B.: _____ Phone #: (____) _____ Occupation: _____

Do you have business activities or professional activities that will need to be managed or wound up if you become incapable? Yes No

If yes, details: _____

Do you think your appointed Attorney(s) will need to be reimbursed for their expenses or paid for their time in acting as your Attorney? Yes No

If yes, details: _____

Do you want to instruct your Attorney(s) or give them the power to make any of the following gifts or contributions (if Yes, please provide details):

Yes No RESP contributions for your grandchildren, nieces or nephews?

If yes, details: _____

Yes No Contributions to one or more registered charities?

If yes, details: _____

Yes No Regular gifts of money to your adult children (e.g. Christmas, birthdays)

If yes, details: _____

Yes No Regular gifts of money to your grandchild children (e.g. Christmas, birthdays)

If yes, details: _____

J. INFORMATION FOR YOUR REPRESENTATION AGREEMENT

First Representative:

Spouse Child (age now _____) Name: _____

Other person: Name: _____ Relationship to you: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

D.O.B.: _____ Phone #: (____) _____ Occupation: _____

2nd or Alternate Representative:

Spouse Child (age now _____) Name: _____

Other person : Name: _____ Relationship to you: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

D.O.B.: _____ Phone #: (____) _____ Occupation: _____

3rd or 2nd Alternate Representative:

Spouse Child (age now _____) Name: _____

Other person : Name: _____ Relationship to you: _____

Address: _____
(Street/PO Box) (Town/City) (Province) (Postal Code)

D.O.B.: _____ Phone #: (____) _____ Occupation: _____

Is there any specific medical care that you will **never** want to receive? (e.g. blood transfusions)

Yes No

Details: _____

K. FINAL POINTS

Do you have a safety deposit box? If so, where? _____

Do you have an existing Will? Yes No

Have you ever made a Will in another province or country? Yes, in _____ No

Do you have an existing Power of Attorney? Yes No

Have you made a Power of Attorney in another province or country? Yes, in _____ No

If yes, where are the originals or your existing Will and Power of Attorney? _____

How did you hear about us?

Telephone Book Former Client Lawyer Referral

Referred by _____ Other _____

Please note any questions you have for your lawyer:

