



# Will and Power of Attorney Questionnaire

Please complete and email, fax or mail this questionnaire to Hometown Law. Please remember that you will need to bring two pieces of identification to our office. If you have any questions, please let us know prior to signing. Any questions not applicable, please mark N/A:

Please note that there will be a charge of \$75.00 for appointments that are missed without prior notification.

## LAST WILL AND TESTAMENT

A Last Will and Testament is a document that sets out your wishes for the distribution of your property upon death. There are certain rules and requirements for a Will to be valid. If you do not make a Will, or if your Will does not meet the legal requirements, provincial laws will determine how your property is distributed.

## CONTINUING POWER OF ATTORNEY FOR PROPERTY AND POWER OF ATTORNEY FOR PERSONAL CARE

Continuing Power of Attorney for Property deals with property such as bank accounts and investments.

Power of Attorney for Personal Care applies to matters of health and personal welfare and can include health care directives commonly known as a 'living will.'

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**INFORMATION ABOUT YOU**

**NAMES:**  
(IN FULL)

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mx \_\_\_ (Client A)

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mx \_\_\_ (Client B)

\_\_\_\_\_

\_\_\_\_\_

Him \_\_\_ Her \_\_\_ They \_\_\_

Him \_\_\_ Her \_\_\_ They \_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**DATE OF BIRTH:**  
(YYY/MM/DD)

\_\_\_ / \_\_\_ / \_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_\_\_

**TELEPHONE NUMBERS:**

Home \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Best number to reach you during the day:

Best number to reach you during the day:

Home \_\_\_      Work \_\_\_      Cell \_\_\_

Home \_\_\_      Work \_\_\_      Cell \_\_\_

**EMAIL ADDRESS:**

(IF YOU AGREE TO ACCEPT SOLICITOR-CLIENT COMMUNICATION VIA EMAIL)

Client A

Client B

\_\_\_\_\_

\_\_\_\_\_



**MARITAL STATUS:**

Married \_\_\_ Common Law \_\_\_

If neither is applicable, please advise of your status (Example Widow, Single, Separated, Divorced):

Client A

Client B

\_\_\_\_\_

**CHILDREN:**

Names & D.O.B. (If you need more space, please use back of page or extra page if necessary)

**NAME**

**DATE OF BIRTH**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OCCUPATION/EMPLOYER NAME & ADDRESS:**

Client A

Client B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU CURRENTLY HAVE A WILL?**

Client A

Client B

Yes/No \_\_\_

Yes/No \_\_\_

Accountant/Investment Advisor's Name and telephone number:

\_\_\_\_\_



## **ESTATE/ TRUSTEE AND SUBSTITUTE TRUSTEE**

The biggest issue you will need to consider is whom you want to name as your Executor/Estate Trustee.

Your Estate Trustee basically governs your Will when you pass on. They ensure your Estate pays remaining bills and your last income tax payments. They also ensure that all beneficiaries listed in your Will are contacted. They keep a copy of your Will and inform every one of the presence of the Will should something happen to you. You should name a secondary and third Estate Trustee in the event that the original appointed Estate Trustee predeceases you, refuses the position or can no longer act. Typically, your spouse is named as both Estate Trustee and Power of Attorney and then family members, friends, etc.

**Please note, an Executor/Estate Trustee is a separate role from that of a Power of Attorney. A Power of Attorney only has authority to manage an individual's property or health when the grantor is living.**

### **SUMMARY OF ESTATE TRUSTEE'S ROLE**

- Determine the full nature and value of each of the assets;
- Open an Estate account;
- Determine the debts owed by the deceased at the time of death and make arrangements for their payment from the Estate assets;
- Attends to funeral & burial arrangements, (if there is a Funeral plan then they follow the plan);
- Distributes gifts to the beneficiaries

Do you wish to name your spouse as Executor/Estate Trustee of your will?

Yes \_\_\_ No\_\_\_

If you are not naming your spouse, or there is no spouse, who do you wish to name as your Primary Executor?

Client A

Client B

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If your primary Executor predeceases you or cannot act, who do you wish to name as an alternate Executor?

Client A

Client B

First Alternate: Name and Relationship

First Alternate: Name and Relationship

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Second Alternate: Name and Relationship

Second Alternate: Name and Relationship

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### **LIST OF PROPERTY AND ASSETS**

The second biggest issue of a Will is deciding who you want to leave your assets and property to (i.e., your beneficiaries)

If you are married, you will most likely want your property vesting to your spouse when you pass on. If something happens to both of you, you will want to lay down instructions on how your estate will be divided.

### **MAJOR ITEMS THAT FORM YOUR ESTATE**

- Your House- You can bequeath that to someone. You can also ask that the house be sold, and the proceeds be given to someone. You can also give the right for a certain person to buy their home within a specific period
- Your Car
- The proceeds of all stocks, bonds RRSP's - You can divide this area up based on percentage and then list who you want it to go to (for example - 25% of the funds go to John Doe, 5% to Sally Smith etc. (ensuring it totals 100%)
- Bank account proceeds
- Specific Personal Items- you can list as many personal items as you want. For example, you can leave a specific piece of furniture to someone (or painting or clothes). I specifically recommend that you list a beneficiary for items such as jewelry since they would be valuable
- Pets

With these kinds of items, you can also list alternatives if the person you want to give them to is no longer alive. Typically, people will divide their entire Estate into pieces. For example, if you have two children, a person commonly leaves each child 50% of their Estate.



**BENEFICIARIES**

**Married couples usually name each other as the beneficiaries of their wills. Are you naming your spouse as the primary beneficiary?**

Yes \_\_\_ No\_\_\_

In the event your primary beneficiary dies before or at the same time as you, you should name an alternate, for example your children, family members and/or friends. When naming people as beneficiaries, make sure to use their full legal names. It can also be beneficial to add the person's relation to you.

**Do you wish to provide your estate to your issue in equal shares *per stirpes*?**

( i.e., to your children alive equally or where a child predeceases you or dies before attaining the predetermined age, that child's share to his or her issue equally)

Yes \_\_\_ No\_\_\_

**Do you wish to have a Trust account set up for your children?**

Yes \_\_\_ No\_\_\_

At what age should the trust account vest for your children/heirs? \_\_\_\_\_

Conditions: \_\_\_\_\_

**OR**

Divide your estate to the following:

(If you need more space, please use back of page or extra page if necessary)

Client A

Client B

Name and Relationship to you:

Name and Relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Name and Relationship to you:

Name and Relationship to you:

\_\_\_\_\_

\_\_\_\_\_



Are you specifically excluding any of your immediate family members as a beneficiary? If yes, please explain briefly.

Yes \_\_\_ No\_\_\_

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Are any of your children adopted or considered stepchildren, if yes, please outline name(s) and whether considered adopted or stepchildren.

Client A

Client B

Yes \_\_\_ No\_\_\_

Yes \_\_\_ No\_\_\_

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### **SPECIFIC GIFTS**

Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to family, friends, or relatives. If you have such property and wish it left to a specific person, please complete the following. If you need more space, please use back of page or extra page is necessary.

Beneficiary Name & Relationship to You \_\_\_\_\_

Description of Gift \_\_\_\_\_

Beneficiary Name & Relationship to You \_\_\_\_\_

Description of Gift \_\_\_\_\_

### **DONATIONS**

You can also choose to donate a certain amount of your Estate to a charity or specific organization (like university or hospital)

Donations: \_\_\_\_\_

Do you own assets in joint names with anyone other than you spouse/partner? Yes \_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Do you own assets outside of Ontario or Canada (International Assets)? Yes \_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_



**GUARDIANSHIP APPOINTMENT FOR CHILDREN UNDER 18**

If you have any children under the age of 18, you should appoint a Guardian you trust and believe will raise your children (under the age of 18) in a way you believe is in their best interest. If possible, you should name one or two alternative guardian(s) in case your firstly named guardian predeceases or is unable to person their duties.

Firstly, Named Guardian:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

Alternate/Substitute #1:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

Alternate/Substitute #2:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

**FUNERAL**

Do you have any specific wishes concerning your funeral? If yes, please record them below. If you need more space, please use back of this page.

Client A

Client B





**CONTINUING POWER OF ATTORNEY FOR PROPERTY  
AND POWER OF ATTORNEY FOR PERSONAL CARE**

Do you wish to name your spouse as your Power of Attorney for Property and Care?

Yes \_\_\_ No\_\_\_

**POWER OF ATTORNEY FOR PROPERTY**

If you are not naming your spouse, or there is no spouse, who do you wish to name as your Primary Attorney for Property?

Client A

Client B

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If your primary Power of Attorney for Property predeceases you, or cannot act, who do you wish to name as an alternate Power of Attorney?

Client A

Client B

First Alternate: Name and Relationship

First Alternate: Name and Relationship

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Second Alternate: Name and Relationship

Second Alternate: Name and Relationship

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**POWER OF ATTORNEY FOR CARE**

If you are not naming your spouse, or there is no spouse, who do you wish to name as your Primary Attorney for Care?

Client A

Client B

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If your primary Power of Attorney for Personal Care predeceases you, or cannot act, who do you wish to name as an alternate Power of Attorney?

Client A

Client B

First Alternate: Name and Relationship

First Alternate: Name and Relationship

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Second Alternate: Name and Relationship

Second Alternate: Name and Relationship

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Do you currently have Powers of Attorney?

Client A

Client B

Yes \_\_\_ No\_\_\_

Yes \_\_\_ No\_\_\_