

Estate planning information collection Worksheet

The following information should be collected prior to completing the service at www.legalwills.ca or if you are planning to step through the service on behalf of another person.

These are not legal documents It is simply a way of collecting information that can then at a later time be entered into the service at www.legalwills.ca

To create a legal Last Will and Testament, Power of Attorney or Protection Mandate you should go to www.legalwills.ca and find the service that you need and click on “Try it Right Now” underneath the icon for the service. At any point through the service you can save the information entered (or wait until the end). At which point you will be prompted to create an account with a User ID and Password. You can also pay for the service at this time. The account details must have a unique combination of first name, last name and email address, so you can use the same email address for multiple accounts. The User ID for each account must be unique.

Once you have completed the service you will be able to download and print the document. If the Will is being prepared for somebody else, this should then be handed to the Testator (the person for whom the Will is being created). The testator must be able to understand the contents of the document and it must reflect their wishes. To make the document a legal Last Will and Testament it must be signed in the presence of two witnesses who must then sign. The witnesses can be any competent adults who cannot benefit from the contents of the Will (they cannot be beneficiaries or the spouse of a beneficiary).

Once the document is signed and witnessed, it should be kept in a safe place that will be accessible to the Executor (Liquidator) at the appropriate time.

If you have any questions, please email the team at support@legalwills.ca

Basic information for the Will

Full name of person needing the Will (the Testator):

Address: _____

Marital Status: _____

Children (name, gender, Date of Birth):

Grandchildren (name, gender, DoB if known):

Deceased family members (name, relationship):

Tutors (Guardians) for Minor Children (child's name, guardian's name, alternate if first choice cannot serve):

Liquidator (Executor); person who will carry out the instructions in the Will (name, relationship, address):

Alternate Liquidator (Executor); in case first choice cannot serve (name, relationship, address):

Instructions for the distribution of the estate

Legacies to Charities

Include type of bequest (money, possession or percentage of estate), amount and specific details of charity

Care of a Pet

Include Name, Type of Pet (e.g.dog, cat), Life Expectancy, Approximate date of birth, annual maintenance, name of carer, and name of backup carer]

Specific Legacies (include detailed description, beneficiary and alternate legatee or beneficiary)

Distribution of remaining estate after taxes, expenses and specific gifts have been disbursed (including alternate plan in case first choice plan cannot be fulfilled). Also include life interests if applicable in blended family situations

Trusts for children (list name of minor child and age at which child should receive their inheritance or portions of the estate e.g. 1/3 at 21, 1/3 at 25, the remainder at 30)

Describe any debts that should be forgiven as part of the Will if any

Additional notes

Information for the Financial Power of Attorney

Choose when the document is to come into effect

. Immediately

On a specific date

Name up to 3 Mandataries

(Include name, relationship and address)

Determine if joint attorneys will work together or independently

. Jointly (they must all agree on every decision)

Each one can act independently

Name up to 2 backup/ alternate Mandataries

(Include name, relationship and address)

Powers to the Mandataries

. General authority or

. Real estate . Moveable property . Business matters . General financial affairs

Limited powers to buy or sell any specific property

Additional Powers or Restrictions

Termination

- . Never
- . On a specific date
- . After a specific amount of time

Mandatory compensation

Information for the Protection Mandate service

Name of a single Mandatary

(Include name, relationship and address)

Name of a single backup/alternate Mandatary

(Include name, relationship and address)

Additional instructions for the Mandatary

I direct my Health Care Representative to make health care decisions in accordance with the following instructions and/or limitations:

Mandatary compensation

Describe the level of compensation to be received by the Mandatary

Mandatary reporting

Describe the frequency of reporting required of the Mandatary
