



WILL CHECKLIST
PART I – INFORMATION FROM CLIENT

File No.	Meeting with:	Date:
Lawyer:	Also present:	

A. WILL-MAKER

Will-Maker #1:	M <input type="checkbox"/> F <input type="checkbox"/>	Will-Maker #2 (Spouse/Partner)	M <input type="checkbox"/> F <input type="checkbox"/>
Aliases:		Aliases:	
Address:		City:	
Postal Code:		Res. Phone:	
Business Phone:		Business Phone:	
Occupation:		Occupation:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
S.I.N.		S.I.N.	
Citizenship: Canadian <input type="checkbox"/> Other <input type="checkbox"/>		Citizenship: Canadian <input type="checkbox"/> Other <input type="checkbox"/>	

Note: If the information below is substantially different for each spouse, attach separate sheet of paper and complete the information for each spouse separately

Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/> Final Order <input type="checkbox"/>	Separated: <input type="checkbox"/> Date of Separation _____ Separation Agreement: Yes/No
Legal marriage <input type="checkbox"/> Common-law <input type="checkbox"/> Same sex marriage-like relationship <input type="checkbox"/>	Date of marriage or cohabitation started: Place:	List committed relationships: _____ _____
Is it a community property jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marriage Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Copy available:
Cohabitation Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Copy available:

Prior marriage: N/A <input type="checkbox"/>	Date and place:	Date of divorce:
Former spouse:	Separation Agreement or Final Order: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maintenance obligation: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.		
Is Will made in contemplation of marriage/divorce/separation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	To/from:

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B. CHILDREN: N.A. Indicate if any child has a disability

Name:		Name:	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>	Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>
Natural <input type="checkbox"/> Adopted <input type="checkbox"/>		Natural <input type="checkbox"/> Adopted <input type="checkbox"/>	
Other parent:		Other parent:	
Name:		Name:	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>	Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>
Natural <input type="checkbox"/> Adopted <input type="checkbox"/>		Natural <input type="checkbox"/> Adopted <input type="checkbox"/>	
Other parent:		Other parent:	
Name:		Name:	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>	Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>
Natural <input type="checkbox"/> Adopted <input type="checkbox"/>		Natural <input type="checkbox"/> Adopted <input type="checkbox"/>	
Other parent:		Other parent:	
Name:		Name:	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>	Occupation:	M <input type="checkbox"/> F <input type="checkbox"/>
Natural <input type="checkbox"/> Adopted <input type="checkbox"/>		Natural <input type="checkbox"/> Adopted <input type="checkbox"/>	
Other parent:		Other parent:	

Are there any children of deceased children? No Yes

Names: of children of deceased children: _____

Does any child have a disability: No Yes Name of child: _____

Any other person dependent on the Will-Maker for financial support? No Yes If yes, list names

Will-Maker serving as committee or legal guardian for any one? No Yes If yes, list names

Will-Maker's Family Tree: (attach separate sheet of paper)

WILL CHECKLIST

PART I – INFORMATION FROM CLIENT – Page 3

C. ASSETS AND LIABILITIES

(if insufficient space, list on separate sheet of paper)

1. REAL ESTATE N.A.

Street Address	Legal description	Market Value	Mortgage approx. outstanding	Interest (e.g. Joint Tenancy)	Nature ^(*)
			(**)		

^(*) (residential, recreational or investment)

^(**) Is mortgage life insured?

2. BUSINESS INTERESTS N.A.

(List interests in any business, e.g. sole proprietorship, partnership, private company)

Name: _____

Value: _____

Accountants: _____

Do any special provisions need to be included in order to deal with a business? Yes No

If yes, set out on a separate sheet of paper and obtain copies of any agreements (partnership/shareholders/buy-sell) or financial statements

3. BANK ACCOUNTS N.A.

Bank:	Type of account	Account No.
Address:		
Safety deposit box: Yes <input type="checkbox"/> No. <input type="checkbox"/>	Joint owner: Yes <input type="checkbox"/> No. <input type="checkbox"/>	
Bank:	Type of account	Account No.
Address:		
Safety deposit box: Yes <input type="checkbox"/> No. <input type="checkbox"/>	Joint owner: Yes <input type="checkbox"/> No. <input type="checkbox"/>	

WILL CHECKLIST

PART I – INFORMATION FROM CLIENT – Page 4

4. LIFE INSURANCE POLICIES N.A.

Name of Company	Policy No.
Address:	Amount:
	Type of Policy:
Designated beneficiary:	
Name of Company	Policy No.
Address:	Amount:
	Type of Policy:
Designated beneficiary:	

5. SECURITIES/BONDS/SHARES N.A.

Broker: _____

6. R.R.S.P.'S, RRIF'S, TFSA'S N.A.

7. PENSION PLANS AND ANNUITIES N.A.

8. PERSONAL EFFECTS N.A.

9. OTHER ASSETS (e.g. debts owing to you) N.A.

10. FOREIGN ASSETS N.A.

11. DIGITAL ASSETS (See Checklist) N.A.

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D. LIABILITIES AND DEBTS

Including loans payable, guarantees, indemnities. Describe in detail and provide with copies of any securities. Indicate whether life-insured.

Who will bear the tax liability? Estate or .

CREDITORS	
Creditor – Name and Address	Approximate Amount
	\$
	\$
	\$

E. ESTIMATED VALUE OF THE ESTATE

	Will-Maker	Spouse	Joint
Total Assets	\$	\$	\$
Less Liabilities	(\$)	(\$)	(\$)
Net value	\$	\$	\$

WILL CHECKLIST
PART II –INSTRUCTIONS – Page 1

INSTRUCTIONS TO BE COMPLETED BY SOLICITOR

A. EXECUTORS:

1. **FIRST EXECUTORS:** Alone Joint or survivor (unless contrary proviso, must act unanimously)

Name:	Name:
Address:	Address:
Occupation:	Occupation:
Relationship:	Relationship:

2. **ALTERNATE(S):** Alone Joint or survivor

Name:	Name:
Address:	Address:
Occupation:	Occupation:
Relationship:	Relationship:

3. **SECOND ALTERNATE(S):** Alone Joint or survivor

Name:	Name:
Address:	Address:
Occupation:	Occupation:
Relationship:	Relationship:

Is an Executor's "**Charging Clause**" required? Yes No

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PART II –INSTRUCTIONS – Page 2

B. GUARDIANS: N.A.

1. FIRST GUARDIANS

Spouse first: Yes No (if No - why?)

Name:	Name:
Relationship:	Relationship:
Suitability: Age:	Suitability: Age:
Financial Capacity:	Financial Capacity:
Willingness to Serve:	Willingness to Serve:

2. ALTERNATE GUARDIANS: Joint or survivor

Name:	Name:
Relationship:	Relationship:
Suitability: Age:	Suitability: Age:
Financial Capacity:	Financial Capacity:
Willingness to Serve:	Willingness to Serve:

Special Guardianship provisos: Yes No

3. DIGITAL GUARDIANS as above Joint or survivor

Name:	Name:
Relationship:	Relationship:
Suitability: Age:	Suitability: Age:
Financial Capacity:	Financial Capacity:
Willingness to Serve:	Willingness to Serve:

WILL CHECKLIST
PART II –INSTRUCTIONS – Page 3

DISTRIBUTION OF ESTATE

A. **PERSONAL EFFECTS** N.A. or

To: _____

Alternatively: _____

B. **SPECIFIC BEQUESTS AND LEGACIES INCLUDING CHARITIES**

Beneficiary/Legatee	Description of asset or amount of legacy

If gift of **real property**, specify:

- beneficiary to assume the mortgage or if the estate is to pay it off ;
- Property Purchase Tax to be paid by: Estate beneficiary ;
- capital gains resulting from deemed disposition to be paid by estate or beneficiary .

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PART II –INSTRUCTIONS – Page 4

C. RESIDUE

1. **Residue outright to spouse or partner:** N.A. Yes

Trusts: _____

Life Estate: _____

2. **If spouse/partner predeceases then:**

(a) Outright to children equally: No Yes
If a child has predeceased, to deceased's child children: No Yes

(b) In trust for children equally until age
_____ per cent at age _____
_____ per cent at age _____
_____ per cent at age _____
_____ per cent at age _____
residue at age _____

(c) Gift over on lapse to: _____

(d) If no children, to grandchildren: No Yes
In equal shares per stirpes per capita

(e) If no descendants, N.A. or to:

(f) Gift over on lapse or failure to: N.A. or

(g) The share of a person (other than a child of the Will-Maker) to be held and used for that child's benefit until he or she attains the age of _____ years.

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PERSONS EXCLUDED: N.A. or state reasons:

	Separated or divorced since	
	Marriage contract	
	Able to support him/herself financially	

Circumstances of alienation from a previous beneficiary:
Consider recording reasons in Memorandum or Affidavit.

FUNERAL WISHES

Funeral arrangements N. A. or _____

Burial or Cremation: or _____

Other wishes: _____

EXECUTORS/TRUSTEES' POWERS

Include all powers (including wide investment powers) or

Omit the following: _____

WILL CHECKLIST
PART III – ADMINISTRATION – Page 1

A. SPOUSE’S WILL

Yes No

If substantial differences, use separate sheet of paper (do not write on reverse).

B. ESTIMATED COSTS AND REPORT

FEES: _____/hour) \$ _____ (estimated)
Estimated Disbursements: \$ _____
Estimated Taxes: \$ _____
Estimated Total: \$ _____

REPORT: To include the following

Additional copies of Will to: _____

C. INSTRUCTIONS FOR ADDITIONAL DOCUMENTS

1. **ENDURING POWER OF ATTORNEY:** N.A. Yes

If Attorney other than spouse:

Attorney #1	Full Name:	
	Occupation:	
	Address:	
Attorney #2	Full Name:	
	Occupation:	
	Address:	

3. **LIVING WILL:** N.A. Yes

4. **NOMINATION OF COMMITTEE:** N.A. Yes

5. **REPRESENTATION AGREEMENT:** N.A. Yes See above for Attorney(s)

WILL CHECKLIST
PART III – ADMINISTRATION – Page 2

D. EXECUTION

Will-Maker's state of mind on execution:

Also present at the meeting:

E. LOCATION OF ORIGINAL EXECUTED WILL

Will to be kept at law firm? Yes or at (see below):

Name of Institution:	
Address:	
Postal Code:	

Copies to: _____

I/We hereby confirm the above instructions:

Date: _____

(signature of Will-Maker)

(signature of Will-Maker)