

WILLS CHECKLIST

DATE: _____

Name: _____ D.O.B. _____ / _____ / _____
Print YY MM DD

Address: _____

Postal Code: _____ Telephone No. (H) _____
(B) _____

Prior Will Yes _____
No _____

FAMILY INFORMATION:

Marital Status: (Married/Single/Widow/Common law) _____

Date of Marriage: _____ Place of Marriage _____

Previous Marriage (Yes/No) _____

- If Yes date of Divorce _____

Name Of Spouse: _____

Children/Beneficiaries:

- 1. _____ D.O.B.: _____ Address: _____

- 2. _____ D.O.B.: _____ Address: _____

- 3. _____ D.O.B.: _____ Address: _____

- 4. _____ D.O.B.: _____ Address: _____

- 5. _____ D.O.B.: _____ Address: _____

Date Minors to receive: _____

Beneficiaries (if difference from above)

Name: _____ Relationship: _____ Address: _____
1. _____ / _____ / _____

- 2. _____ / _____ / _____

- 3. _____ / _____ / _____

- 4. _____ / _____ / _____

- 5. _____ / _____ / _____

Disposition of Property:

Real Estate: Principle Residence: _____
 Cottage: _____
 Investment Property: _____

Value of Personal Property & Household Effects: _____

Value in Bank Accounts: _____

Value in RRSP/GICS: _____

Life Insurance: _____

Cash Gifts:

Name: _____ Address: _____

Name: _____ Address: _____

Charities/Churches: _____
 Address: _____

Executors:

Name:
 1. _____ Address: _____

2. _____ Address: _____

Alternate Executors:

Name:
 1. _____ Address: _____

2. _____ Address: _____

Burial Arrangements:

Guardian Provisions for Children: (if applicable)

Basic Scheme For Disposition:

TESTAMENTARY CAPACITY:

1. Undue Influence _____
2. Opinion: _____
3. Test for Testamentary Capacity:

The Testator must be sufficiently clear in his understanding and memory to know, on his/her own, and in a general way:

- (a) Nature and extent of his/her property.
- (b) Persons who are the natural objects of his/her bounty.
- (c) The testamentary provisions he/she is making, and he/she must, moreover be capable of (I) appreciating these factors in relation to each other, and, (ii) forming an orderly desire as to the disposition of his property.

POWER OF ATTORNEY: Yes: _____ No: _____

Grantor: _____ Personal Care: _____ Property: _____

Attorney: _____

Alternate Attorney: _____

Grantor: _____ Personal Care: _____ Property: _____

Attorney: _____

Alternate Attorney: _____

Special Instructions: _____

