



**SECOND FLOOR,
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WILL PLANNING GUIDE

This Will Planning Guide is to assist you in formulating your wishes and to aid our firm in obtaining complete Will instructions.

This form may not include all the information you wish give us or which we may need. Please make note of all additional information pertaining to yourself, your family, and your assets and liabilities that you feel may help us in preparing your Last Will and Testament.

Thank you.

Dated: _____

Will POA Personal Directive

PART I – PERSONAL & FAMILY INFORMATION			
Name:		Spouse (including common-law)	
M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	
Aliases:		Aliases:	
Address:		City:	
Postal Code:		Res Phone:	
e-mail address:			
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
S.I.N.		S.I.N.	
Occupation:		Occupation:	
Business Phone:		Business Phone:	
Marital Status:		Marital Status:	
Date of Marriage:		Date of Marriage:	
Place of Marriage:		Place of Marriage:	
Marriage Contract:		Marriage Contract:	
Previous Marriage(s):		Previous Marriage(s):	
Support Obligations:		Support Obligations:	
Is Will made in contemplation of marriage? No _____ Yes _____ To: _____			
CHILDREN:			
Name:		M <input type="checkbox"/> F <input type="checkbox"/>	
Date of Birth:		Date of Birth:	
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted		<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	
<input type="checkbox"/> From prior marriage to:		<input type="checkbox"/> From prior marriage to:	
Name:		M <input type="checkbox"/> F <input type="checkbox"/>	
Date of Birth:		Date of Birth:	
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted		<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	
<input type="checkbox"/> From prior marriage to:		<input type="checkbox"/> From prior marriage to:	

Are there any children of deceased children: No Yes

Names: _____

PART II – SUMMARY OF ASSETS			
1. Cash & Term Deposits:			
Her Name	His Name	Both Names	
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	
2. Life Insurance			
Insurance Company	Owner of Policy	Designated Beneficiary	Amount
3. RRSP or RRIF			
Name of Institution	Registered Owner	Designated Beneficiary	Amount
4. Stocks & Bonds			
Her Name	His Name	Both Names	
5. Pension Plan & Annuities:			
Her Name	His Name	Both Names	
6. Corporate Interest:			
Please describe any interests you may have in any proprietorship, partnership or private company.			
7. Real Estate:			
	Property No. 1	Property No. 2	
Address:			
Legal Description:			
Joint Tenants (yes or no):			
Estimated Value:			
Mortgage Balance:			
Life Insured (yes or no):			
Approximate Equity:			

PART IV – WILL PARTICULARS

1. Full names, addresses, occupations and relationships to you of your choice of executor and alternate executors:

2. Full names addresses, occupations and relationships to you of your choice of guardian and alternate guardians (if applicable):

3. Full names addresses and relationships to you of any person or persons that you wish to gift cash to (please include amount of in dollars of the cash gift):

4. Do you wish to provide a trust fund for anyone? Yes or No
(If “YES”, please provide details including full names of beneficiary, and state whether the beneficiary is a parent, a child or is handicapped):

PART IV – WILL PARTICULARS CONT'D

5. (a) Do you wish to leave the residue of your estate to your spouse if he/she survives you?
YES/NO

(b) If your spouse fails to survive you, do you wish to leave your estate to your children?
YES/NO

(c) If your children are minors:

1. at what age do you wish them to receive their share of your estate? _____

2. if any child fails to survive you to that age, do you wish her/his children (if any) to receive that share of your estate? YES/NO

(d) Do you wish to leave all or a portion of your estate to anyone other than your spouse or children? YES /NO

(If "YES", please provide details including full names of beneficiaries, and the portions that you wish them to receive).

(e) If your spouse & your children fail to survive you, who do you wish to leave your estate to?

(f) If your instructions for disbursing your estate are other than above, please outline your wishes below:

PART IV – WILL PARTICULARS CONT'D

6. Do you wish to limit the investment discretion of your Trustee(s)?

7. Do you have wishes concerning your funeral or burial which you would like to include in your will?

8. Do you have any existing will, and if so, what is it's date and location:

9. Do you wish to keep your will in our fireproof safe? _____ (No extra charge)
Do you wish to take your will with you? _____

10. Do you want us to register the location of your will at the Wills Registry _____
Note: This is not necessary, but please let your Executor(s) know of the location of your Will.

OTHER COMMENTS OR INSTRUCTIONS

POWER OF ATTORNEY

Appointee Name:

Appointee Address:

Appointee Occupation:

Alternate Appointee Name:

Alternate Appointee Address:

Alternate Appointee Occupation:

PERSONAL DIRECTIVES

Please ask our office for further particulars on a personal directive.

REPRESENTATION AGREEMENT

Please ask our office for further particulars on representation agreements