Greenfeld Financial Management/iA Private Wealth
Will Checklist
PART I – INFORMATION FROM CLIENT – Page 1

Note: **PART I** may be completed by client
PARTS II and III should be completed by the solicitor

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

A. TESTATOR

Testator #1: M ☐ F ☐	**Testator #2 (Spouse/Partner)** M ☐ F ☐
Aliases:	Aliases:
Address:	City:
Postal Code:	Res. Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Cell:	Email:
Occupation:	Occupation:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
S.I.N.	S.I.N.
Citizenship: Canadian ☐ Other ☐	Citizenship: Canadian ☐ Other ☐

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: ☐	Divorced: ☐	Separated: ☐
Legal marriage ☐ Common-law ☐ Same sex marriage-like relationship ☐	Date of marriage or cohabitation started:	Place:
Is it a community property jurisdiction? Yes ☐ No ☐		
Marriage Agreement Yes ☐ No ☐	Date:	Copy available:
Cohabitation Agreement: Yes ☐ No ☐	Date:	Copy available:

Prior marriage: N/A ☐	Date and place:	Date of divorce:
Former spouse:	Separation Agreement or Order: Yes ☐ No ☐	
Maintenance obligation: Yes ☐ No ☐ If yes, describe.		
Is Will made in contemplation of marriage/divorce?	Yes ☐ No ☐	To/from:

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PART I – INFORMATION FROM CLIENT – Page 2

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 ☐ F ☐	Occupation:	M ☐ F ☐
Natural ☐ Adopted ☐ Other parent:		Natural ☐ Adopted ☐ Other parent:	
Name:		**Name:**	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M ☐ F ☐	Occupation:	M ☐ F ☐
Natural ☐ Adopted ☐ Other parent:		Natural ☐ Adopted ☐ Other parent:	
Name:		**Name:**	
Date and Place of Birth:		Date and Place of Birth:	
Address:		Address:	
Occupation:	M ☐ F ☐	Occupation:	M ☐ F ☐
Natural ☐ Adopted ☐ Other parent:		Natural ☐ Adopted ☐ Other parent:	

Are there any children of deceased children? No ☐ Yes ☐

Names: of children of deceased children: ______________________________

Any other person dependent on the Testator for financial support? No ☐ Yes ☐ If yes, list names

Testator serving as committee or legal guardian for any one? No ☐ Yes ☐ If yes, list names

Testator's Family Tree: (attach separate sheet of paper)

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 ☐ No. ☐	Joint owner: Yes ☐ No. ☐	
Bank:	**Type of account**	**Account No.**
Address:		
Safety deposit box: Yes ☐ No. ☐	Joint owner: Yes ☐ No. ☐	

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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 and RRIF'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. ☐

____

____

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

	Testator	**Spouse**	**Joint**
Total Assets	$	$	$
Less Liabilities	($)	($)	($)
Net value	$	$	$

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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 ☐

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 ☐

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 ☐.

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 issue, 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 testator) to be held and used for that child's benefit until he or she attains the age of _____ years.

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PART II –INSTRUCTIONS – Page 5

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: ____

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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 ☐

D. EXECUTION

Testator'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: ______________________________

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