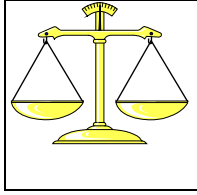
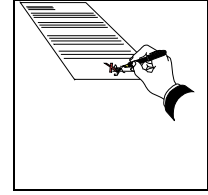


Date: _____



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CONFIDENTIAL WILL PLANNING INFORMATION SHEET

A. PERSONAL & FAMILY PARTICULARS

1. **Testator**

Full Legal Name: _____

Any other names also known by: _____

Address: _____

Telephone: Home: _____ Office: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Occupation: _____

2. **Spouse**

Full Legal Name of Spouse: _____

Address: _____

Telephone: Home: _____ Office: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Occupation: _____

3. **Children**

Full Legal Names

Ages

<u>Full Legal Names</u>	<u>Ages</u>
_____	_____
_____	_____
_____	_____

N.B. Please note in the space provided whether any of your children are adopted or are infirm or are your children but not the children of your spouse.

4. **Marriage**

Date of Marriage: _____

Place of Marriage: _____

If not married, are you contemplating marriage? _____

If married, then is this your first marriage? _____

If not first marriage, then name any children of the first marriage: _____

Is your first spouse still alive? _____

Has your first spouse remarried? _____

Do you have an existing separation agreement with respect to

your prior marriage? _____

Do you have a marriage contract with respect to your present marriage?

B. WILL PARTICULARS

1. Full name, address, occupation and relationship to you of first choice as **Executor/Trustee**:

2. Full name, address, occupation and relationship to you of **alternate Executor/Trustee** if your first appointed Executor/Trustee chooses not to act or is unable to act:

3. Full names(s), address(es), occupation(s) and relationship to you of your first choice as **Guardian(s)** for children under the age of majority (19 years):

4. Full names(s), address(es), occupation(s) and relationship to you of your second choice as **Guardian(s)** for children under the age of majority (19 years) if your first appointed Guardian chooses not to act or is unable to act:

5. List those to whom you would like any **specific personal effects or household goods** to be distributed:

6. List those to whom you would like to leave **specific amounts of cash**, including charities (with full legal names and addresses), if any:

7. State to whom you would like **what is left** of your Estate (the **residue**) (i.e. after 5. and 6. Have been attended to, if applicable) to be distributed and in what proportions (i.e. first choice):

8. State to whom you would like the residue of your Estate to be distributed if what you stated in 7. is not possible (i.e. second choice or alternate):

9. State the date of any previous Will you may have and its present location, including address:

C. POWER OF ATTORNEY

1. Do you wish to grant a Power of Attorney at this time? If so, please note that this is a separate document from your Will and is in effect during your lifetime, but not on your death. There will be an additional fee charged in relation to your Power of Attorney. Please state the full name, including middle name, address, and occupation of your choice of Attorney:

2. Do you wish to appoint a second attorney? If so, please state the second attorney's full name, including middle name, address, and occupation:

3. Do you wish the second attorney to be able to act separately to the first named attorney, or must they act together? _____

4. Would you prefer that the second named attorney acts only as an alternate if the first named attorney cannot act or chooses not to? _____

D. REPRESENTATION AGREEMENT FOR HEALTH CARE (SECTION 9)

1. Do you wish to appoint a Representative at this time to make health care decisions for you if you are not able? If so, please note that this is a separate document from your Will and your Power of Attorney. There will be an additional fee charged in relation to your Representation Agreement. If so, please state the Representative's full name, including middle name, address, occupation and birthdate:

2. Do you wish to appoint an alternate Representative if the first named Representative is unable or unwilling to act? If so, please state the second Representative's full name, including middle name, address, occupation and birthdate:

E. ASSETS

(Please indicate any assets that are not in British Columbia)

1. **Cash** (in Bank) - in your name \$ _____
- in joint name with _____ \$ _____

2. **Life Insurance**

<u>Amount</u>	<u>Owner</u>	<u>Beneficiary</u>
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3. **Liquid Assets**

	<u>Your Name</u>	<u>Spouse's Name</u>
Securities	\$ _____	\$ _____
Pension Plans	\$ _____	\$ _____

Annuities	\$ _____	\$ _____
R.R.S.P.s	\$ _____	\$ _____
R.R.I.F.s	\$ _____	\$ _____

4. **Non-Liquid Assets**

Principal Residence:

Circle whether you own your principal residence:

ALONE \ AS TENANT IN COMMON \ AS JOINT TENANT

Estimated Market Value \$ _____

Less: Mortgages (\$ _____)

Equity \$ _____

List any other real property in which you have an interest:

List any interests you have in a proprietorship, partnership or private company:

5. **Personal Effects**

Estimated value of household goods, furniture, jewellery, boats and automobiles:
\$ _____

D. DEBTS

List names of creditors and amounts of debt:

