
Will planning

Worksheet 10

This Worksheet is intended to:

- assist you in compiling information to take to your lawyer when you wish to make your Will
- assist in making you aware of decisions you will need to make and to help you make them.

After completing the worksheet you will be ready to contact a lawyer of your choice to make the Will. This worksheet does not give any legal advice. To draft a Will, you need to see a qualified lawyer.

A. Personal and Family Particulars

Date _____

1 Full Name _____

Address _____

Occupation _____

Home Phone _____ Office Phone _____

Date of Birth _____ Place of Birth _____

Citizenship _____

Marital Status (including plans to marry) _____

Date of Marriage _____ Place of Marriage _____

Do you have a marriage contract? _____

Have you or your spouse been married or lived in a common law relationship before? _____

2 Marriage or Common Law Relationship _____

Spouse's Full Name _____

Address _____

Occupation _____

Home Phone _____

Office Phone _____

Date of Birth _____

Place of Birth _____

Citizenship _____

3 Children (Please list all children of either spouse.)

Please note with an * any child of a former marriage of either spouse and with ** any child with a disability. Please include children you have adopted and children of any previous marriages or common law relationships. Have any of your children died?)

Full Name

Date of Birth

4 Other Dependents

Is there someone who is dependent upon you for financial support for whom you wish to provide, such as an elderly parent? _____

If yes, please complete the following:

Full Name _____

Address _____

Relationship _____

5 Other Responsibilities

Are you now serving as the legal guardian or trustee for an adult who has a disability or lacks capacity?

If yes, full name, address and relationship to you:

Full Name _____

Address _____

Relationship _____

Relationship to you _____

B. Will Particulars

1 Appointment of Guardian(s) for Infant Children

Do you have a child under the age of 19?

It is important to note that you CANNOT appoint a guardian for your child with a disability who is older than 19.

Who will be their guardian(s) should you die before they reach age 19?

Name	Address	Relationship to you	Occupation

Who will be their alternate guardian(s) before they reach age 19?

Name	Address	Relationship to you	Occupation

2 Distribution of Your Estate

(a) Do you wish to leave your estate to your spouse if he/she survives you? _____

(b) Do you wish to share your estate between your spouse and your children? _____

If so, how? _____

(c) If your spouse dies before you, do you wish to leave your estate to your children? _____

If so, in equal shares? _____

If in unequal shares, what proportion or amount is each child to get? _____

(d) At what age(s) do you wish your children to receive their share? _____

(e) If any child fails to survive to that age, do you wish his or her children to receive the share? _____

(f) If one of your children dies before you do, who do you wish to receive his or her share of your estate? _____

(g) If your spouse and children all die before you do, who do you want to receive your estate? _____

3 Discretionary Trust for someone receiving BC Disability Benefits

(a) Do you have a relative who is in receipt (or likely in the future to be in receipt) of BC Disability Benefits? Yes No

(b) Do you wish to set up a trust for this relative? Yes No

(c) Do you wish it to be a discretionary trust? Yes No

(d) Who do you wish to be trustees of this trust?

Name	Address	Relationship to you	Occupation

NOTE You may have any number of co-trustees. You should discuss with your lawyer whether you want each trustee to be a co-trustee or an alternate trustee. You should also discuss with your lawyer the ability of your named trustees to appoint additional or successor trustees.

(e) Who do you wish to be alternate trustees if any of the ones you have named are unable to serve?

Name	Address	Relationship to you	Occupation

(f) Residual Beneficiary

When you set up a trust you must specify what happens to the assets left in the trust when the person whom the trust was set up for dies.

Who do you want to receive the assets left in the trust when the person for whom the trust was set up for dies? _____

Does this cause a conflict of interest? You should make sure you discuss a potential conflict of interest with your lawyer.

(g) Trustee Powers

Do you wish your trustee to be able, if it becomes necessary or desirable, to buy, sell, rent, lease, or mortgage a residence for your relative with a disability? _____

If so, make sure you discuss your wishes with your lawyer. They will need to ensure they give the powers you want to your trustees.

Do you wish to give your trustees unrestricted investment powers to allow them to make any investment they think is appropriate? _____

Or

Do you wish them to be restricted in what they can invest? _____

It is important to discuss with your lawyer the powers you wish to give to your trustees.

Do you want to leave a particular asset to a particular person? This includes clothing, jewelry, art, etc. If so, describe below.

Do you want to give a cash gift to anyone? If so, describe below.

Do you want to give cash or another gift to charity? If so, describe below.

You must be aware that some assets can pass outside of your Will.

Have you filed a beneficiary designation with the plan issuers for your:

- | | | |
|-----------------|------------------------------|-----------------------------|
| a) RRSP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) RRIF | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

d) Life Insurance Policy

Yes

No

If so, these items will pass outside of your Will.

Yes

No

Do you own any other assets, for example property, bank accounts, etc. jointly with another person?

Yes

No

If so, these items will pass outside of your Will.

Yes

No

4 Additional Support for your relative

Do you wish PLAN to provide support for your relative when you are no longer able to do so? If so, contact PLAN to discuss incorporating appropriate clauses into your Will that will enable PLAN to assist your relative.

5 Other Comments or Instructions

This is for additional information, which your lawyer might need to consider.

C. Asset and Debt Summary

(please indicate if these assets or debts are not in British Columbia)

	Hers	His	Both
a) Cash and Term Deposits	\$ _____	\$ _____	\$ _____

b) Life Insurance

Insurance Co	Owner of Policy	Designated Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

c) RRSPs

RRSP Institution	Owner of RRSP	Designated Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

	Her name	His name	Joint Names
d) Stocks and Bonds	\$ _____	\$ _____	\$ _____
e) Pension Plans & Annuities	\$ _____	\$ _____	\$ _____

f) Describe any interests you may have in any proprietorships, partnerships or private companies. _____

g) Real Estate

	No.1	No.2
Address	_____	_____
Registered Owner(s)	_____	_____
Joint Tenants?	_____	_____
Estimated Value	\$ _____	\$ _____
Mortgage Balance (estimated)	\$ _____	\$ _____
Mortgage Life Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate equity	\$ _____	\$ _____

h) Personal Effects

Approximate value of household goods, furniture, jewelry, boats & automobiles: \$ _____

Are any of these articles owned jointly with someone else? Yes No

i) Miscellaneous

A) Interest in any existing estate or trusts: _____

B) Other substantial assets: _____

C) Do you have any real or personal property outside of BC? If so, please specify.

D. Summary of Debts (other than mortgages previously noted)

Creditor	Life Insurance	Amount
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Estimated Net Value of Estate

	Her name	His name	Joint Names
Total Assets	_____	_____	_____
Less Total Debts	_____	_____	_____
Less Estimated Tax	_____	_____	_____
Liability	_____	_____	_____
Total Net Value of Estate	\$ _____	\$ _____	\$ _____