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**Congratulations – you have taken the first important step towards your new estate plan!**

**ESTATE PLANNING GUIDE**  
FOR WILL, POWER OF ATTORNEY AND REPRESENTATION AGREEMENT

- This Guide is designed to prompt you to think about important decisions you will need to make if you are preparing any of the estate planning documents we typically prepare for clients: Will, Power of Attorney and Representation Agreement (*HealthCare Agreement*).
- If parts of the Guide do not apply to you, (e.g. you only want a Will and a Power of Attorney but not a Representation Agreement) then you can omit those sections.
- Please complete the Guide as fully as possible – this will assist in keeping your cost down. Please be assured that all information requested is vital to proper preparation of your estate planning documents.
- If you have additional information that you feel is vital for us to know in order to prepare your estate planning documents, please attach additional pages as needed.
- If you require an office appointment to help you to complete this Guide, we would be pleased to assist you, however our hourly rates will apply.

- Note:** (a) *if you and your spouse are doing mirror Wills, Powers of Attorney, and/or Representation Agreements, you only need to complete one Questionnaire.*  
 (b) *photo identification and a retainer (deposit for work to be performed) will be required prior to starting work on your estate planning documents.*

DATE: \_\_\_\_\_

**FAMILY PARTICULARS**

**1. Personal Information**

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital Status:     Legally married                       Common-law                       Separated  
                                   Divorced                                       Single                                       Widowed

Date of Marriage: \_\_\_\_\_

Do you have a marriage agreement (pre-nuptial agreement)?                       Yes     No

Date of Divorce/Separation: \_\_\_\_\_

Have you or your spouse been married previously?                       Yes     No

Are you presently legally obligated to support any child or former partner?                      Yes                      No

Spouse's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**2. Children: (please list all children whether you intend to include them in your Will or not)**

*(Please note with a \* any child of a former marriage of either spouse, with \*\* any child who receives disability benefits, and with \*\*\* any child who has died)*

*	Name IN FULL	Date of Birth	Address (if different from you)	Marital Status

**WILL PARTICULARS****3. Executors:**

*(Please note that for income tax purposes, your estate is usually deemed to be resident where your primary Executor lives. If you are appointing an Executor who lives outside the province of BC, your estate may be taxed according to the laws of the province, state or country in which the Executor resides. You should seek tax accounting advice before proceeding with the appointment of a non B.C. resident Executor.)*

(a) Do you want your spouse to be your Executor?  Yes  No

If No:

(b) Primary Executor

Name IN FULL	Age	Address	Relationship to you	Occupation

(c) Alternate Executor (we recommend an alternate be appointed but it is not required)

Name IN FULL	Age	Address	Relationship to you	Occupation

**4. Guardians for minor children (under age 19)** If your spouse is not to be your primary guardian on your death, please name a substitute primary guardian:

(a) Primary Guardian

Name IN FULL	Age	Address	Relationship to you

(b) Alternate Guardian (we recommend an alternate be appointed but it is not required)

Name IN FULL	Age	Address	Relationship to you

**5. Special Bequests:** *(Cash and personal or real property)*

- Only list bequests that you believe must be in your Will to ensure the bequest will be honored.
- Any cash bequests in your Will are paid out in priority to the distribution of the rest of your estate.

Name IN FULL	Address	Relationship to you	Item/Amount

**6. Special Trusts:**

Do you wish to provide a trust in your Will for anyone who is over 19?

Yes  No

*(Funds to be held in trust for a parent, or special needs child during his/her lifetime after which the funds would, for example, form part of the residue of your estate)*

If Yes, describe why a trust may be necessary: \_\_\_\_\_

\_\_\_\_\_

**7. RESIDUE:**

(a) Do you wish to leave the residue of your estate to your spouse?  Yes  No

(b) If you answered no to 7(a), or if your spouse fails to survive you:  
Do you wish to leave your estate to your children?  Yes  No

If you answered yes to 7(b), at what age or ages do you wish your children to receive their share of your estate? *(note: if under 19 the child's share must be held in trust)*

immediately

all at specific age \_\_\_\_\_

in instalments:

1<sup>st</sup> instalment at age \_\_\_\_\_ % share

2<sup>nd</sup> instalment at age \_\_\_\_\_ % share

Balance at age \_\_\_\_\_

(c) If a child does not survive you, his/her share is to go to:

That deceased child's children (your grandchildren) or, if none, to deceased child's siblings;

Deceased child's siblings.

(d) If all of the beneficiaries listed above predecease you, who do you wish to receive the residue of your estate? (include charities if desired)

Name IN FULL	Address	Relationship to you	Amount/Percent

**8. Other instructions:** \_\_\_\_\_

**9. Last Wishes:**

Do you have funeral or burial wishes or arrangements that you would like mentioned in your Will?

Yes  No

Funeral Wishes: \_\_\_\_\_

**REPRESENTATION AGREEMENT**

**10.** Do you also require a Representation Agreement (Health Care)?  Yes  No

If no, please proceed to next page

If yes, please specify who you are appointing:

(a) Primary Representative(s) *(You may appoint more than one, whom you may designate to either act together or independently of each other. Please indicate your preference below)*

Do you want your spouse to be your Primary Representative?  Yes  No

**If No:**

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

If appointing two people, must they act together?  Yes  No

(b) Alternate Representative(s) *(to only act in the event primary representative(s) cannot act)*

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

If appointing two people, must they act together?  Yes  No

**POWER OF ATTORNEY**

**11.** Would you also like to consider a Power of Attorney (Financial and Legal)?  Yes  No  
If no, please proceed to next page

If yes, please specify who you are appointing:

(a) Primary Attorney(s) *(You may appoint more than one, whom you may designate to either act together or independently of each other, please indicate your preference)*

Do you want your spouse to be your Primary Attorney?  Yes  No

**If No:**

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If appointing two people, must they act together?  Yes  No

(b) Alternate Attorney(s) (to only act in the event primary attorney(s) cannot act)

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If appointing two people, must they act together?  Yes  No

**Please ensure your Attorney knows where to locate your Power of Attorney.**

### ASSETS INFORMATION

12. Do you have any Joint Accounts with someone other than your spouse?  Yes  No  
If yes, with whom? Name: \_\_\_\_\_  
Your Relationship: \_\_\_\_\_
13. Do you have any assets, such as Life Insurance policies or registered investment accounts (e.g. RRSP) which have a designated beneficiary?  Yes  No
14. Do you own any interest in a private Company or business?  Yes  No  
(e.g.: sole owner, partner, shareholder)
15. Real Estate: *(Note: We will not confirm ownership with the Land Title Office unless instructed by you)*
- |                              | Property #1  | Property #2  |
|------------------------------|--|--|
| Address                      |  |  |
| Registered Owner(s)          |  |  |
| Registered as Joint Tenants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
16. Do you own any Real Estate or other valuable assets outside of Canada? (Vacation property, mobile homes, bank accounts etc.)  Yes  No
17. Where will you keep your original documents? *(Home safe or safety deposit box)*  
Name of Location: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_
18. Our office will automatically file a Wills Notice with Vital Statistics for each Will that is signed, so that there is a record of when you executed your Will and where the original is located. If you do not wish to incur this expense (\$18.50), please indicate below:  
**I DO NOT** want a Wills Notice filed
19. What is your preferred method of general communication with our office?  
 Phone  Email  Postal Mail
20. What is your preferred method of receiving draft documents from our office?  
 Email  Postal mail  Pick up from Severide
21. Please indicate any applicable deadline, such as a travel date, before which you require your completed documents: \_\_\_\_\_

**Thank you for taking the time to complete this Questionnaire.**

**We will contact you after we have reviewed your information, and will provide you with an estimate of the cost of completing your estate plan.**