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

ESTATE PLANNING GUIDE

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 (*Medical Power of Attorney*).
- 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 and your spouse are doing mirror Wills, Powers of Attorney, and/or Representation Agreements, you only need to complete one Questionnaire.
- 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.

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.

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 (<i>minimum 2 years of co-habitation</i>)
	Separated	Divorced
		Widowed
		Single

Date of Marriage: _____ Date of start of Common-law: _____

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

- If yes, please provide a copy

Date of Divorce/Separation: _____

- If you have a separation agreement or divorce order, please provide a copy

Have you or your spouse been married previously? Yes No

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

**Throughout this form we use the term Spouse to refer to both legal and common law marriages*

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)

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

Please indicate if any of the above named children are: a child of a former marriage of either spouse, a child who has a cognitive disability or a child who has died) _____

GENERAL PARTICULARS

3. Have you ever prepared a Will, Power of Attorney, Representation Agreement, or equivalent in British Columbia or any other Province or Country? Yes No

• If Yes, please specify which document and where and provide us with copies of any such documents: _____

4. What is your preferred method of general communication with our office?
Email
Phone
Postal Mail

5. What is your preferred method of receiving draft documents from our office?
Email
Pick up from Severide
Postal mail

6. Please indicate any applicable deadline, such as a travel date, before which you require your completed documents: _____

NOTE: We will use our best efforts to accommodate deadlines but may not be able to meet your deadline due to prior or priority client commitments

WILL PARTICULARS

7. Where will you keep your original Wills? (e.g. Home safe or safety deposit box)

Name of Location: _____

Full Mailing Address: _____

8. 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

9. 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 (*can be a person or a trust company*)

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

10. Guardians for minor children (under age 19) *If your spouse predeceases you or is not to be the primary guardian of your minor or disabled children 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

11. 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.
- You may leave a separate memorandum of articles to dispose of your personal property-not legally binding.

Name IN FULL	Address	Relationship to you	Item/Amount

12. Special Trusts:

Do you wish to provide a trust in your Will for anyone who is over 19? Yes No
(e.g. Funds to be held in trust for a spouse, an elderly parent, or special needs child during his/her lifetime or for a set time period, after which the funds would, for example, form part of the residue of your estate)

If Yes, describe why a trust may be necessary: _____

13. Residue:

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

(b) If you answered No to 13(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 13(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 under BC law)*

immediately
 all at specific age _____
 in instalments:
 1st instalment at age _____ _____% share
 2nd 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;
 Other: _____

- (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

14. Last Wishes:

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

Yes No

Particulars: Cremation/Burial – Service/No Service _____

15. Other instructions or comments: _____

ASSETS INFORMATION - Part 1

- 16.** Do you have any Joint Accounts with someone other than your spouse? Yes No
 • If Yes, please complete Section A on page 7
- 17.** Do you have any assets, such as Life Insurance policies or registered investment accounts (e.g. RRSP) which have a designated beneficiary? Yes No
 • If Yes, please complete Section B on page 7
- 18.** Do you own any interest in a private Company or business? Yes No
(e.g.: sole owner, partner, shareholder)
 • If Yes, please complete Section C on page 7
- 19.** Do you own any Real Estate in Canada: Yes No
 • If Yes, please complete Section D on page 7
- 20.** Do you own any real estate OR other valuable assets outside of Canada? *(ie: Vacation property, mobile homes, bank accounts, 401K etc.)* Yes No
 • If Yes, please complete Section E on page 7

ASSET INFORMATION - Part 2**SECTION A - Joint Accounts**

Name of Bank	Type of Account	Joint with Whom	Right of Survivorship?

SECTION B - Life insurance, RRSP and other Investments

Bank/Company	Type of Investment	Named Beneficiary	Alternate Named Beneficiaries

SECTION C - Corporate Assets *(include any interest in a partnership or a sole proprietorship)*

Name of Company	Province/Country	Percentage of Interest	Shareholder's Agreement?

SECTION D - Real Estate *(unless we are provided recent proof of ownership at the time of completing this questionnaire, we will confirm ownership details with the Land Title Office)*

	Property #1	Property #2
Address		
Registered Owner(s)		
Registered as Joint Tenants?	Yes No	Yes No

SECTION E - Other Assets outside of Canada

Type of Asset	Location	Do you have a Will or other legal documents in that Location to transfer that Asset on your death?

POWER OF ATTORNEY (Legal & Financial Matters)
(including banking transactions - but NOT medical decisions)

21. Would you also like to make a Power of Attorney? 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 of Primary Attorney: _____

Relationship: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Full name of Primary Attorney: _____

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 of Alternate Attorney: _____

Relationship: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Full name of Alternate Attorney: _____

Relationship: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

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

REPRESENTATION AGREEMENT (Health Care Matters)

A Representation Agreement will allow you to legally appoint someone to make medical decisions on your behalf.

22. Would you also like to make a Representation Agreement? Yes No
- If no, you have completed the questionnaire
 - If yes, please complete this section:

(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 of Primary Representative: _____

Relationship: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____

Full name of Primary Representative: _____

Relationship: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____

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

(b) **Alternate Representatives(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 as Alternate Representatives, must they act together? Yes No

- (c) **Monitor** (A monitor is a person who is required by the *Representative Agreement Act* to make reasonable efforts to determine whether the Representative complies with the duties of the Representative. Appointing a person to act as monitor of your representative(s) may be complicated/unusual. You may wish to discuss this with your lawyer.)

Do you wish to appoint a Monitor? Yes No Unsure

- (d) **DNR or Life Support**

Do you wish to include instructions to **not** be resuscitated and request **no** heroic measures if death is otherwise imminent? Yes No

- (e) **Treatment**

Please indicate in the section below the treatments you want or do not want if you are in a **terminal condition or permanent unconscious condition**:

	Do Want	Not Wanted
cardiac resuscitation		
mechanical respiration		
tube feeding and other artificial forms of nutrition (food) and hydration (water)		
blood or blood products		
surgery		
invasive diagnostic tests		
kidney dialysis		
antibiotics		

If any of the above treatments have commenced, other than those needed to keep you comfortable, do you want them to be discontinued or withheld?

Yes No

- (f) **Organ Donation**

Do you wish to be an Organ Donor?

Yes No

If Yes: have you registered with the BC Transplant Agency?

Yes No

Thank you for taking the time to complete this Questionnaire.