

CLIENT INSTRUCTIONS FORM

Date:

PART I — PERSONAL AND FAMILY INFORMATION

Accurate and complete information is important for discussion and preparation of document purposes.

1. PERSONAL INFORMATION:	
Surname:	
ALL given names:	
Date and place of birth:	
Address:	
Phone (home):	
Phone (business):	
Cell Phone:	
Facsimile:	
Email:	
Occupation:	
Country of Residence for income tax purposes	

2. MARITAL STATUS: Please put a check mark beside the one:			
<input type="checkbox"/>	Single	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Re-Married	<input type="checkbox"/>	Living in a Relationship (Common-law)

3. SPOUSAL INFORMATION:	
Spouse Surname:	
ALL given names	
Date and place of birth:	
Spouse Address: (if different from yours)	

4. CHILDREN (list all children)

Child's Surname	All Given Names	Birthdate (Day/Month/Year)	Address (if different from yours)

PART II — WILL INFORMATION

1. Do you have a Will?	[] Yes [] No	Date of Present Will:
2. Does your spouse have a Will?	[] Yes [] No	Date of Present Will:
3. Do you and your spouse have a marriage contract?	[] Yes [] No	If yes, please provide a copy

4. Do you own or have an interest in a business (i.e., sole proprietorship, partnership or limited company)?	[] Yes [] No	If, yes, please provide copies of business agreements. Please give details.
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5. Are you going to appoint a **guardian(s) for your children**? If so, fill in his/her particulars in the chart below. Has your guardian consented to accept the position? [] Yes [] No

Surname	Given Names	Address/Phone	Age	Relationship to you

6. Who are you going to appoint to be the **executor(s)** of your estate? Please fill in his/her particulars in the chart below.

Has your executor(s) consented to accept this position? [] Yes [] No

Surname	Given Names	Address/Phone	Age	Relationship to you

7. Are you going to appoint an **alternate executor(s)**? If so, please fill in his/her particulars in the chart below.
Has your alternate executor consented to accept the position? [] Yes [] No

Surname	Given Names	Address/Phone	Age	Relationship to you

8. BENEFICIARIES of your estate:

Will your spouse be the beneficiary of your estate? [] Yes [] No
If No, list the beneficiaries below.

Surname	Given Names	Address/Phone	Age	Relationship to you

9. If your spouse is deceased, will your children be the alternate **beneficiary(ies)** of your estate? [] Yes [] No
If no, please fill in his/her particulars in the chart below.

Surname	Given Names	Address/Phone	Age	Relationship to you

11. Do you have **special instructions for your executor re funeral and burial?**

PART III — ASSETS

AUTOMOBILES:			
	Vehicle 1	Vehicle2	Vehicle2
Item:			
In whose name:			

REAL ESTATE:			
	Property 1	Property 2	Property 3
Location Address:			
In whose name:			

BANK INFORMATION:			
	Account 1	Account 2	Account 3
Bank Address:			
In whose name:			

If any of these accounts is/are held in your name with another person, do you intend that the other person should inherit the balance in such account(s) upon your death?
 Yes No

Safety Deposit Box:	
Location:	
Box Number:	

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Lawyer

LIFE INSURANCE:	Account 1	Account 2
Name of Insurance Company:		
Policy Number:		
Type of Plan:		
Named Beneficiary:		
Value to your Estate		

RRSPS, RIFs, Pensions and Annuities	Account 1	Account 2
Name of Issuing Company / Institution		
Contract Number:		
Named Beneficiary:		
Value to your Estate		

Wills, Powers of Attorney, Estates

Suite 304 - 200 Queens Avenue, London, Ontario, N6A 1J3 Phone: 519.642.2500 Fax: 519.432.0784 Email: wills@russsmonteith.ca

www.russsmonteith.ca

PART IV — POWERS OF ATTORNEY

Give serious consideration to whom you grant power of attorney for property or personal care. The person appointed has **considerable power over your property or personal care** and therefore should be someone you trust.

1. For your continuing power of attorney for property, provide his/her particulars in the following chart. Has your continuing power of attorney for property consented to accept the position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Surname	Given Names	Address/Phone	Age	Relationship to you

2. Are you going to appoint an alternate continuing power of attorney for property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in his/her particulars in the chart below. Has your alternate continuing power of attorney for property consented to accept the position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Surname	Given Names	Address/Phone	Age	Relationship to you

3. Do you wish to have a power of attorney for personal care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in his/her particulars in the chart below. Has your power of attorney for personal care consented to accept the position? <input type="checkbox"/> Yes <input type="checkbox"/> N				
Surname	Given Names	Address/Phone	Age	Relationship to you

W.RUSSELL M.MONTEITH, Q.C.

Lawyer

4. Are you going to appoint an alternate continuing power of attorney for personal care? [] Yes [] No
If yes, please fill in his/her particulars in the chart below.
Has your alternate power of attorney for personal care consented to accept the position? [] Yes [] No

Surname	Given Names	Address/Phone	Age	Relationship to you

Wills, Powers of Attorney, Estates

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