

GUERTIN AVOCATS / LAWYERS

WILLS & POWERS OF ATTORNEY

SPECIAL CLIENT PACKAGE

INSTRUCTIONS & QUESTIONNAIRE

A WILL AND A POWER OF ATTORNEY: ESSENTIAL TOOLS TO SOUND PLANNING

A Power of Attorney allows you to choose someone to take care of your affairs or make decisions for your personal care when you can't. Without one, complete strangers may take over and do so, all at your expense! In this age of government intervention, a Power of Attorney buys you peace of mind at a minimal cost.

A Will is your way of telling family and friends how you wish your estate to be divided when you die. Without one, the law is your only guide: dictating a code of distribution that is rarely appropriate for any type of estate. Having a Will means you can name someone you trust to take care of things and to be guardian of your children. With all its advantages a Will is an important document no one should do without.

Take time to plan your affairs. Whether you are about to buy your first home, thinking of moving or simply refinancing, now is the time to add a Power of Attorney and a Will to your plans.

SIMPLE ESTATES

Our SPECIAL PACKAGE applies to the following simple situations only:

A typical couple with or without children wishing to will all of their belongings to their spouse or, should their spouse not survive for 30 days, to their children or next-of-kin in equal shares.

Same couple wishing to name their spouse as Attorney with power to do anything on the other's behalf including disposing of property and making decisions for the personal care of the other.

COMPLICATED ESTATES

Our SPECIAL PACKAGE should fit most typical situations. Some estates however require special attention. If you have special requests or instructions, own property other than a home, its contents, cars and modest savings, have extended families, or are in any way concerned about the adequacy of our package for your particular situation, we advise you to consider a customized package.

SETTING YOUR APPOINTMENT

Our QUESTIONNAIRE below must be forwarded to us by mail, fax, e-mail or in person and received at least 5 days before your scheduled appointment to give us sufficient time to prepare your Wills and Powers of Attorney. Only one appointment for signing both your documents and our SPECIAL PACKAGE documents will be available and granted. Due to time constraints, no changes will be allowed or made at your scheduled appointment.

QUESTIONNAIRE

D.O.B.

NAMES (in full): Mr. _____
Mrs./Ms./Miss _____

MARITAL STATUS: ___ Single ___ Married ___ Common law spouses

If you are planning to change your marital status in the near future, you should consider customizing your Will. Remember that your Will may be revoked by a subsequent marriage.

CHILDREN: Names: _____ D.O.B. _____

WILLS

1. Do you have an existing will? Y / N

2. If yes, do you wish to revoke that will? Y / N
(If no, consider customizing)

3. Do you wish to name your spouse as executor and sole beneficiary of your will? Y / N
(If no, consider customizing)

4. If both of you should die within 30 days of each other,
(1) Who do you wish to name as alternate executor?

Name: _____

Address: _____

Relationship to both of you: _____

(2) Do you wish to dispose of your estate to: (choose one of the following)

___ your issue in equal shares *per stirpes* (i.e. to your children alive equally or where a child predeceases you or dies before attaining the predetermined age, that child's share to his or her issue equally), or

___ your next-of-kin (Specify: _____)

(If other than above, consider customizing)

(3) Do you wish each of your children's share to be held in trust until the child attains the age of: (choose one of the following)

___ 18 years

___ 21 years

___ 25 years

___ 30 years

(4) Do you wish your executor to have the power and discretion to pay for each child's education and maintenance out of each child's respective share before the child reaches the age specified in paragraph 4 (3) above?

Y / N

(If no, consider customizing)

5. Do you wish your executors to have general power to sell your property, pay debts and funeral expenses and typical trustee powers?

Y / N

(If no, consider customizing)

6. Do you wish to name guardians for your minor children? If so, please specify:
Names: _____
Address: _____

7. Do you wish to exclude children born out of wedlock in your will (adopted children and children whose parents later marry excepted)?

Y / N

8. Under Ontario law a spouse may be entitled to share in a beneficiary's inheritance in certain circumstances unless the person making the will specifically excludes spousal rights in his will. Do you wish to limit the right of a spouse to share in a beneficiary's inheritance to the extent permitted by law?

Y / N

POWER OF ATTORNEY FOR PROPERTY

9. Do you wish to have a Power of Attorney appointing a person of your choice to make decisions about your PROPERTY and manage your FINANCES on your behalf?

Y / N

10. If yes, do you wish to revoke any previous continuing power of attorney made by you?

Y / N

11. Who do you wish to appoint as your Attorney(s)?

____ spouse, or
____ other: Name(s): _____

If more than one, do you want them to have the authority to act separately?

Y / N

12. If the person you wish to appoint, or any one of them, cannot or will not be your attorney because of refusal, resignation, death, mental incapacity, or removal by the court, do you wish to appoint a SUBSTITUTE attorney?

Y / N

If so, who do you wish to appoint as your substitute attorney?

Name: _____

13. A Power of Attorney may be used *whether or not* you become mentally incapable. The law however permits you to limit your attorney's authority. This is *optional*. Do you wish to limit your attorney's authority as follows? :

____ You wish your attorney to have authority to act **only** in the event you become incapable of managing your property confirmed by a letter from a qualified medical doctor for the Province of Ontario stating that you are no longer mentally capable of managing property.

____ You wish to prohibit your attorney from taking any payment for services as otherwise permitted by law.

____ Other: consider customizing.

POWER OF ATTORNEY FOR PERSONAL CARE

14. Do you wish to give a person of your choice the authority to make decisions about your PERSONAL CARE should you become mentally incapable? Decisions about personal care involve things such as where you live, what you eat, and the kind of medical treatment you receive.

Y / N

15. If yes, do you wish to revoke any previous power of attorney for personal care made by you?

Y / N

16. Who do you wish to appoint as your attorney for personal care?

____ spouse, or

____ other: Name(s): _____

If more than one, do you want them to have the authority to act separately?

Y / N

17. If the person you wish to appoint, or any one of them, cannot or will not be your attorney because of refusal, resignation, death, mental incapacity, or removal by the court, do you wish to appoint a SUBSTITUTE attorney?

Y / N

If so, who do you wish to appoint as your substitute attorney?

Name: _____

18. You may, if you wish, give your attorney(s) instructions about specific decisions that you want to have made in certain circumstances or place conditions or restrictions on your attorney's authority. This is *optional*. If you wish to provide special instructions or conditions or restrictions in this power of attorney you must consider customizing.

INSTRUCTIONS TO SOLICITOR

WE INSTRUCT YOU TO PREPARE WILLS, POWERS OF ATTORNEY FOR PROPERTY AND POWERS OF ATTORNEY FOR PERSONAL CARE UPON THE TERMS CONTAINED IN THE QUESTIONNAIRE ABOVE.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THE POWER OF ATTORNEY KIT PROVIDED FREE OF CHARGE BY THE GOVERNMENT OF ONTARIO (1994).

WE UNDERSTAND THAT THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR EVERYONE AND IN ALL CIRCUMSTANCES. WE ALSO UNDERSTAND THAT COMPLETE LEGAL ADVICE CANNOT BE GIVEN WITHOUT COMPLETE DISCLOSURE OF ALL OUR PERSONAL AND FINANCIAL AFFAIRS. WE DO NOT WISH TO MAKE SUCH DISCLOSURE AT THIS TIME. WE HAVE BEEN ADVISED TO CUSTOMIZE OUR WILLS AND POWERS OF ATTORNEY WHERE APPROPRIATE AND FULLY UNDERSTAND OUR OPTIONS. WE ARE SATISFIED THAT THESE INSTRUCTIONS SATISFY OUR CURRENT NEEDS.

Date: _____
