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DATE: FROM:

TEL: () eMAIL:

ATTN' Chris Clermont Alan Clausi J.P. McAvoy
 Francis Aheto-Tsegah David M. Gardiner

WILLS AND POWERS OF ATTORNEY FAX FORM

Please fax this form to (613) 225-0921. This questionnaire is an initial step in the process only and not intended to be exhaustive. We will contact you with further questions:

1. WILLS

Full names and dates of birth of you and your spouse:

NAME DD / MM / YYYY

NAME DD / MM / YYYY

Do you have a prior Will? If so, where is it?

If you are married, provide the date and location of marriage:

DD / MM / YYYY LOCATION:

Do you or your spouse/partner have children, either from your current relationship or from any previous relationship? If so, what are their full names, and their dates of birth?

NAME DD / MM / YYYY

NAME DD / MM / YYYY

NAME DD / MM / YYYY

NAME DD / MM / YYYY

NAME DD / MM / YYYY

NAME DD / MM / YYYY

Who would you choose to be the guardian of your minor children, should you and your partner die before your children reach the age of 18?

NAME DD / MM / YYYY

After your death, who would you like to be your executor, ie the person(s) that administers your estate for you. Who would you choose as a substitute executor?

NAME

NAME (SUBSTITUTE)

After your death, and after your debts are paid, what do you want with the residue of your Estate (the assets that are left over)?

NAME

Some people in your position might advise one of the following for example:

- 1. Give all of the residue to their spouse, and in the event their spouse predeceases them, everything to their children to be held in trust by the executor until children turn 18; or
2. Break the estate into 2 or more shares and give one share to their spouse and one or more shares to another party/parties.

2. POWERS OF ATTORNEY

Power of Attorney for Personal Care

Should you lose the capacity to make your own medical decisions, please name the individual(s), and a substitute, you would like to make these decisions for you.

NAME

NAME

NAME (SUBSTITUTE)

Although further discussion is required on the following issue with your lawyer, would you want to maintained by artificial machinery in the event that such equipment is necessary to keep you alive?

YES

NO

Power of Attorney for Property

Should you lose the capacity to make your own property decisions, please name the individual(s), and a substitute, you would like to make these decisions for you.

NAME

NAME

NAME (SUBSTITUTE)