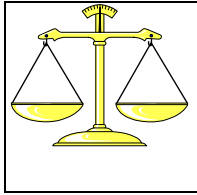
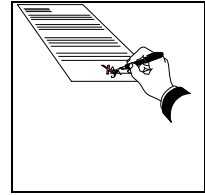


Date: _____



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CONFIDENTIAL WILL PLANNING INFORMATION SHEET

A. PERSONAL & FAMILY PARTICULARS

1. Testator

Full Legal Name: _____

Any other names also known by: _____

Address: _____

Telephone: Home: _____ Office: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Permanent Residence: _____

Occupation: _____ (if retired, former occupation: _____)

2. Spouse

Full Legal Name of Spouse: _____

Address: _____

Telephone: Home: _____ Office: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Permanent Residence: _____

Occupation: _____ (if retired, former occupation: _____)

3. **Children**

Full Legal Names

Ages

_____	_____
_____	_____
_____	_____

N.B. Please note in the space provided whether any of your children are adopted or are infirm or are your children but not the children of your spouse.

4. **Marriage**

Date of Marriage: _____

Place of Marriage: _____

If not married, are you contemplating marriage? _____

If married, then is this your first marriage? _____

If not first marriage, then name any children of the first

marriage: _____

Is your first spouse still alive? _____

Has your first spouse remarried? _____

Do you have an existing separation agreement with respect to
your prior marriage? _____

Do you have a marriage contract with respect to your present marriage?

B. WILL PARTICULARS

1. Full name, address, occupation and relationship to you of first choice as **Executor/Trustee**:

2. Full name, address, occupation and relationship to you of your 2nd choice/**alternate Executor/Trustee** if your first appointed Executor/Trustee chooses not to act or is unable to act:

3. Full names(s), address(es), occupation(s) and relationship to you of your first choice as **Guardian(s)** for children under the age of majority (19 years):

4. Full names(s), address(es), occupation(s) and relationship to you of your 2nd choice as **Guardian(s)** for children under the age of majority (19 years) if your first appointed Guardian chooses not to act or is unable to act:

5. List those to whom you would like to leave **specific amounts of cash**, including charities (with full legal names and addresses), if any:

6. State to whom you would like **what is left** of your Estate (the **residue**) (i.e. after 5 has been

attended to, if applicable) to be distributed and in what proportions (i.e. 1st choice) NB please indicate your spouse if that is your first wish:

7. State to whom you would like the rest (residue) of your Estate to be distributed if what you stated in 7. is not possible (i.e. 2nd choice):

8. State the date of any previous Will you may have and its present location, including address:

C. POWER OF ATTORNEY

1. Do you wish to grant a Power of Attorney at this time? If so, please note that this is a separate document from your Will and is in effect during your lifetime, but NOT on your death. There will be an additional fee charged for to your Power of Attorney. Please state the full LEGAL name, including middle name, address, and occupation of your choice of Attorney or Attorneys and his or her or their relationship to you (spouse, child, friend etc.):

2. If you are appointing more than one Attorney to act at the same time, do want them to have to act together or may they act separately? Please consider issues of convenience and proximity to you for your appointed attorneys to carry out tasks for you:

Together _____ Separately _____

3. Do you wish to appoint an alternate Attorney, ie someone who takes over if your first choice cannot act or continue to act? If so, please state the person's FULL LEGAL NAME, INCLUDING MIDDLE NAME, ADDRESS, AND OCCUPATION:

D. REPRESENTATION AGREEMENT FOR HEALTH CARE (SECTION 9)

1. Do you wish to appoint a Representative (or more than one) at this time to make health care decisions for you if you are not able? If so, please note that this is a separate document from your Will and your Power of Attorney. It has replaced what was known as a Living Will and parts of the Representative Agreement incorporate the same language. There will be an additional fee charged for your Representation Agreement. Please state the FULL LEGAL NAME, INCLUDING MIDDLE NAME, ADDRESS, OCCUPATION, PHONE NUMBERS AND BIRTHDATE of your choice of Representative or Representatives

2. If you are appointing more than one Representative to act at the same time, do want them to have to act together or may they act separately? Please consider issues of convenience and proximity to you for your appointed representatives to carry out tasks for you:

Together _____ Separately _____

3. Do you wish to appoint an alternate Representative, ie someone who takes over if your first choice cannot act or continue to act? If so, please state the person's full LEGAL name, including middle name, address, occupation, PHONE NUMBERS and BIRTHDATE:

4. Do you wish to include provisions in your Representative Agreement that would allow your Representative may give or refuse consent on your behalf to a **physician-assisted termination of your life** if you have a grievous and irremediable medical condition that either you or your

Representative decides is causing enduring suffering that is intolerable to you in the circumstances of your condition?

Yes _____ No _____

NB, under the current law, this provision may not be effective, as it does not allow for advance direction, but it may be in the future. It may be worth including in your Representation Agreement if you feel strongly about this issue.

E. ASSETS

(Please indicate any assets that are not in British Columbia)

1. **Cash** (in Bank) - in your name \$ _____
 - in joint name with _____ \$ _____

2. **Life Insurance**

<u>Amount</u>	<u>Owner</u>	<u>Named Beneficiary?</u>
---------------	--------------	---------------------------

3. **Liquid Assets**

	<u>Your Name</u>	<u>Spouse's Name</u>
Securities	\$ _____	\$ _____
Pension Plans	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
R.R.S.P.s	\$ _____	\$ _____
R.R.I.F.s	\$ _____	\$ _____

4. **Non-Liquid Assets**

Principal Residence:

Circle whether you own your principal residence:

ALONE \ AS TENANT IN COMMON \ AS JOINT TENANT

Estimated Market Value \$ _____
 Less: Mortgages (\$ _____)
 Equity \$ _____

List any other real property in which you have an interest:

List any interests you have in a proprietorship, partnership or private company:

5. Airmiles or Aeroplan or similar reward points plans

Plan issuer: _____

Name on account: _____

Account number: _____

Estimated value (miles, points, \$): _____

Some plans will permit the transfer of a deceased member's points if the membership is specifically identified and dealt with in your will. Some plans may have an expiry and your executor may have to deal with them before they become stale-dated. Do you wish to gift the points to a particular individual? If so, name _____ and relationship to you _____.

6. Digital and electronic information and online accounts

Do you have any digital or electronic information or online accounts?

yes

no

(For example, email accounts, domain names, websites or other accounts such as social media, cloud storage, online gaming, subscription media and electronic commerce or any digital works such as blog posts, photographs, videos or websites.)

You may want to be sure that your attorney will be able to find and access your digital assets.

Do you have any digital currency or cryptocurrency such as Bitcoin? If so, have you “coded” that currency with any documents or wishes?

- yes
- no

Have you provided someone with instructions as to how to access these digital assets?

- yes
- no

We encourage you to access online the **STEP Inventory for Digital Assets and Digital Devices** and to ensure that it is updated up with your most recent information.

7. **Personal Effects**

Estimated value of household goods, furniture, jewellery, boats and automobiles:
\$ _____

F. DEBTS

List names of creditors and amounts of debt:

G. WILL INSTRUCTIONS FOR DISCUSSION

Please note that drafts of documents are at risk of being considered to represent your final testamentary intentions. Please refrain from writing or marking on any draft or copy of a will to avoid the possibility that those thoughts would be regarded as a final testamentary intention.