



severide law

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ESTATE PLANNING GUIDE

WILL, POWER OF ATTORNEY and REPRESENTATION (Healthcare) 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 (Healthcare) Agreement.
- 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. 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.



Part 1 - Family Particulars DATE _____

1A Your Personal Information

FULL NAME (as on ID)				OCCUPATION	
FULL ADDRESS (including postal code)					
DATE OF BIRTH (mm/dd/yyyy)		PLACE OF BIRTH		CITIZENSHIP	
EMAIL		CELL PHONE #		HOME TEL. #	

MARITAL STATUS Single Legally married Common-law (min. 2 yrs. of co-habitation)

 Separated Divorced Widowed

DATE OF MARRIAGE (mm/dd/yyyy)		DATE OF START OF COMMON-LAW RELATIONSHIP	
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DO YOU HAVE A MARRIAGE/COHABITATION AGREEMENT (PRE-NUPTIAL AGREEMENT)? Yes (please provide a copy) No

DATE OF DIVORCE/SEPARATION (mm/dd/yyyy)		If you have a separation agreement or divorce order, please provide a copy.
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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)

1B Spouse's Personal Information

FULL NAME (as on ID)				OCCUPATION	
FULL ADDRESS (including postal code)					
DATE OF BIRTH (mm/dd/yyyy)		PLACE OF BIRTH		CITIZENSHIP	
EMAIL		CELL PHONE #		HOME TEL. #	

_____ initials _____ initials



1C Children

(includes biological and legally adopted children - please list all children whether you intend to include them in your Will or not)

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		MARITAL STATUS	
IS THE CHILD YOURS, YOUR SPOUSE/PARTNER'S, OR BOTH	TEL. #	OCCUPATION	
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		MARITAL STATUS	
IS THE CHILD YOURS, YOUR SPOUSE/PARTNER'S, OR BOTH	TEL. #	OCCUPATION	
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		MARITAL STATUS	
IS THE CHILD YOURS, YOUR SPOUSE/PARTNER'S, OR BOTH	TEL. #	OCCUPATION	
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		MARITAL STATUS	
IS THE CHILD YOURS, YOUR SPOUSE/PARTNER'S, OR BOTH	TEL. #	OCCUPATION	

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:

1D Reproductive Material

HAVE YOU ARRANGED FOR, OR PLAN TO ARRANGE FOR, FREEZING REPRODUCTIVE MATERIALS AND WISH TO GIVE DIRECTION OR CONSENT FOR THEIR USE FOLLOWING YOUR DEATH? Yes No

If yes, please provide instructions:



Part 2 - General Particulars

2A HAVE YOU EVER PREPARED A WILL, POWER OF ATTORNEY, REPRESENTATION AGREEMENT, OR EQUIVALENT ELSEWHERE? Yes No

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

2B WHAT IS YOUR PREFERRED METHOD OF GENERAL COMMUNICATION WITH OUR OFFICE? Email Phone Postal Mail

2C WHAT IS YOUR PREFERRED METHOD OF RECEIVING DRAFTS OF YOUR DOCUMENTS? Email Pick up from Severide Postal Mail

2D PLEASE INDICATE ANY APPLICABLE DEADLINE, SUCH AS A TRAVEL DATE, BEFORE WHICH YOU REQUIRE YOUR COMPLETED DOCUMENTS _____
(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) (mm/dd/yyyy)

Part 3 - Assets Information

3A Bank Accounts (Non-Registered Accounts)

NAME OF BANK	TYPE OF ACCOUNT	IF JOINT WITH WHOM	APPROX. VALUE	ACCOUNT SHOULD BE KEPT BY JOINT OWNER OR DISTRIBUTED PURSUANT TO WILL	
				Keep	Will
				Keep	Will
				Keep	Will
				Keep	Will

3B Other Non-Registered Assets (e.g. Investments Accounts)

BANK/INVESTMENT COMPANY	TYPE OF INVESTMENT	IF JOINT WITH WHOM	APPROX. VALUE	ACCOUNT SHOULD BE KEPT BY JOINT OWNER OR DISTRIBUTED PURSUANT TO WILL	
				Keep	Will
				Keep	Will
				Keep	Will



3C Registered Assets (Life insurance, RRSP, GIC, TFSA)

BANK/COMPANY	TYPE OF INVESTMENT	NAMED BENEFICIARY(IES) & ALTERNATE BENEFICIARY(IES)	APPROX. VALUE	ACCOUNT SHOULD BE KEPT BY JOINT OWNER OR DISTRIBUTED PURSUANT TO WILL	
				Keep	Will
				Keep	Will
				Keep	Will

3D Corporate Assets (include any interest in a partnership or a sole proprietorship)

NAME OF COMPANY	PROVINCE	PERCENTAGE OF INTEREST	IS THERE A SHAREHOLDER'S AGREEMENT IN PLACE?		APPROX. VALUE
			No	Yes (please provide a copy)	
			No	Yes (please provide a copy)	

3E Real Estate

(unless you can provide us with recent proof of ownership at the time of completing this questionnaire, we will confirm ownership details with the Land Title Office)

	ADDRESS	REGISTERED OWNER(S)	REGISTERED AS JOINT TENANTS?	
PRINCIPAL RESIDENCE			No	Yes
OTHER PROPERTY			No	Yes

3F Other Assets outside of Canada

TYPE OF ASSET	LOCATION	DO YOU HAVE A WILL OR OTHER LEGAL DOCUMENT IN THAT LOCATION TO TRANSFER THAT ASSET ON YOUR DEATH?	
		No	Yes (please provide a copy)
		No	Yes (please provide a copy)



Part 4 - Will

4A WOULD YOU LIKE TO MAKE A WILL? Yes (please complete all of Part 4) No (please proceed to Question 4J)

4B Executors

APPOINT SPOUSE TO BE YOUR FIRST EXECUTOR? Yes (complete B) No (complete A & B)

IF NO:

(A) Primary Executor (if not Spouse) - LIST IN ORDER OF PRIORITY

(may be a person or a trust company) (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 B.C., 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)

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	TEL. #		OCCUPATION
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	TEL. #		OCCUPATION

(B) Alternate Executor (can be a person or a trust company)

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	TEL. #		OCCUPATION
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	TEL. #		OCCUPATION

If naming more than one Alternate, must they act together or in order of priority? Must act together In order of priority

____ initials ____ initials



4C Guardians for minor children (under age 19) - LIST IN ORDER OF PRIORITY

(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 guardian)

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	PRIMARY OR ALTERNATE		
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	PRIMARY OR ALTERNATE		

If appointing more than one Primary or Alternate, must they act together? Yes No

4D Special Bequests (you may leave a separate Memorandum of Articles to dispose of your personal property (not legally binding) or you may specifically list items in your Will)

(A) DO YOU WISH TO REFERENCE A SEPARATE MEMORANDUM PREPARED BY YOU TO DISTRIBUTE PERSONAL PROPERTY? Yes No

(B) DO YOU WISH TO INCLUDE OTHER SPECIFIC GIFTS (CASH AND PERSONAL OR REAL PROPERTY) IN YOUR WILL? Yes No

(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)

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
DESCRIPTION OF ITEMS		CASH AMOUNT	
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
DESCRIPTION OF ITEMS		CASH AMOUNT	



4E 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 their 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:

4F Residue

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

(B) If you answered No to 4F(A), or if your spouse fails to survive you, do you wish to leave your estate to your children? **Yes** **No**

(C) If you answered yes to 4F(B), at what age or ages do you wish your children to receive their share of your estate? (if under 19 the child's share must be held in trust under BC law)

Immediately All at specific age

OR

In instalments:

1st instalment at _____ age _____ % share

2nd instalment at _____ age _____ % share

Balance at _____ age

(D) If a child does not survive you, their share is to go to:

That deceased child's children (your grandchildren) or, if none, to deceased child's surviving siblings;

Deceased child's surviving siblings; or

Other: _____



(E) If ALL beneficiaries listed above predecease you, who should receive the residue of your estate? (e.g. charities, friend, other family members)

Table with 4 columns: FULL NAME (as on ID), FULL ADDRESS (including postal code), AMOUNT OR PERCENTAGE, DATE OF BIRTH (mm/dd/yyyy), RELATIONSHIP, DOES THIS NEED TO BE HELD IN TRUST. It contains two identical rows for beneficiary information.

4G Last wishes

DO YOU HAVE FUNERAL OR BURIAL WISHES OR ARRANGEMENTS THAT YOU WOULD LIKE MENTIONED IN YOUR WILL?

Yes No

Cremation Burial Service No Service Celebration of Life Wake

Particulars: _____

4H Other instructions or comments:

4I WHERE WILL YOU KEEP YOUR ORIGINAL WILLS?

(e.g. home safe or safety deposit box) (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. The cost is \$18.50 per Will)

Name of Location _____

Full Mailing Address _____

4J WOULD YOU LIKE TO MAKE A POWER OF ATTORNEY? Yes – complete Part 5 below No – go to Question 4K

4K WOULD YOU LIKE TO MAKE A REPRESENTATION AGREEMENT? Yes – complete Part 6 below No – you have completed this document

Signature

Signature

_____ initials _____ initials



Part 5 - Power of Attorney

Powers of Attorney can only be used to make legal and financial decisions (including banking) but not medical decisions.

(you may appoint more than one Attorney, whom you may designate to either act together or independently of each other, please indicate your preference)

5A APPOINT YOUR SPOUSE TO BE YOUR PRIMARY ATTORNEY? Yes – complete B No – complete A and B

IF NO:

(A) Primary Attorney(s) – (if not Spouse) - LIST IN ORDER OF PRIORITY

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #

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) - LIST IN ORDER OF PRIORITY

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #

IF APPOINTING TWO PEOPLE, MUST THEY ACT TOGETHER? Yes No

5B DO ANY OF YOUR NAMED ATTORNEY(S) HOLD SHARES IN A PRIVATE COMPANY? Yes No

_____ initials _____ initials



Part 6 - Representation Agreement (Health Care Matters)

To appoint someone to make medical decisions on your behalf.

6A APPOINT YOUR SPOUSE TO BE YOUR FIRST REPRESENTATIVE? Yes – complete B No – complete A and B

IF NO:

(A) Primary Representative(s) – (if not Spouse) - LIST IN ORDER OF PRIORITY

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #

IF APPOINTING TWO PEOPLE, MUST THEY ACT TOGETHER? Yes No

(B) Alternate Representative(s) (to only act in the event primary representative(s) cannot act) - LIST IN ORDER OF PRIORITY

FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #
FULL NAME (as on ID)		DATE OF BIRTH (mm/dd/yyyy)	
FULL ADDRESS (including postal code)		RELATIONSHIP	
	HOME TEL. #		CELL PHONE #

IF APPOINTING TWO PEOPLE, MUST THEY ACT TOGETHER? Yes No



6B 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

6C DNR or Life Support

IF YOUR DEATH IS OTHERWISE IMMINENT DUE TO A TERMINAL CONDITION OR A PERMANENT UNCONSCIOUS CONDITION:

I DO NOT WANT resuscitation and I do not want heroic measures

My DNR wishes are irrevocable

OR

My Representative may give consideration to new medical advancement if it may be significant to my quality of life

I WANT Life Support

6D MAID (Medical Assistance in Dying)

I WOULD LIKE MAID IF IT IS AVAILABLE TO ME BY LAW AT THE TIME Yes No Require further information

6E Organ Donation (we cannot include this clause if you have not registered. Please confirm here register.transplant.bc.ca/verification)

DO YOU WISH TO BE AN ORGAN DONOR? Yes No

IF YES, HAVE YOU REGISTERED WITH THE BC TRANSPLANT AGENCY? Yes No

6F Marital Breakdown

IF YOUR SPOUSE IS YOUR REPRESENTATIVE, AND YOU THEN BECOME SEPARATED OR DIVORCED, DO YOU STILL WANT YOUR EX-SPOUSE TO ACT FOR YOU? Yes No

6G Religion

DO YOU PRACTICE A RELIGION? Yes No

IS YOUR REPRESENTATIVE PERMITTED TO ALTER OR ENGAGE YOU IN A RELIGION? Yes No

_____ initials _____ initials