



ANNA GUREVICH  
LAW OFFICE

93 Queen Street South  
Mississauga, ON L5M 1K7  
Tel: (289) 848-0096

Fax: 1(289) 800-9636  
Email: gurevichoffice@gmail.com  
Website: www.annagurevich.com

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## Last Will and Testament & Power of Attorney Instructions

Date: \_\_\_\_\_

Testator No. 1 - Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Other Names Used (if any): \_\_\_\_\_

Testator No. 2 - Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Other Names Used (if any): \_\_\_\_\_

Please Indicate Your Current Marital Status:

Married, no prior marriages                      Date of Marriage: \_\_\_\_\_  
 Married, previously widowed or divorced  
 Widow/Widower  
 Divorced  
 Common Law Partner/Spouse                      Date of Cohabitation: \_\_\_\_\_  
 Single  
 Engaged    Proposed Date of Marriage: \_\_\_\_\_

### **CONTACT INFORMATION:**

Address:

\_\_\_\_\_  
*Street No., Street Name, Apartment No., City, Province, Postal Code*

Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Business \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

I/We recognize and accept the risks associated with communicating by email, including (but without limitation) the lack of security, unreliability of delivery, and possible loss of confidentiality and privilege. My/Our initials below authorize you to communicate and forward documents to me/us via email and understand that you accept no responsibility or liability in respect of risk associated with its use.

Initials: Testator No. 1 \_\_\_\_\_ Testator No. 2 \_\_\_\_\_

**PARTICULARS OF TESTATOR No. 1:**

Date of Birth: *Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Are you a citizen of any other country?: \_\_\_\_\_

Immigration Status (*if applicable*): \_\_\_\_\_

Domicile (*what country do you regard to be your home*): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**PARTICULARS OF TESTATOR No. 2:**

Date of Birth: *Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Are you a citizen of any other country?: \_\_\_\_\_

Immigration Status (*if applicable*): \_\_\_\_\_

Domicile (*what country do you regard to be your home*): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**DO YOU HAVE A MARRIAGE CONTRACT/COHABITATION AGREEMENT?:**

If yes, what is the date of the Agreement: \_\_\_\_\_

**DO YOU HAVE A CURRENT WILL?:**

If yes, what is the date of the Will: \_\_\_\_\_

**PARTICULARS OF ESTATE**

**REAL ESTATE:**

Principal Residence: \_\_\_\_\_

Gross Value: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Manner of Title (*check one*): [  ] Joint Tenants or [  ] Tenants in Common

Other Property: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Value: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Manner of Title (*check one*): [  ] Joint Tenants or [  ] Tenants in Common

**DO YOU OWN ANY REAL ESTATE OUTSIDE OF THIS PROVINCE?:**

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**BANK ACCOUNTS:**

(1) Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

(2) Bank: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

(3) Bank: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

If more space is needed please attach a separate sheet.

**DO YOU HAVE A SAFETY DEPOSIT BOX?:**

If yes, where is it located: \_\_\_\_\_

Details of Contents: \_\_\_\_\_

\_\_\_\_\_

**RRSPs:**

(1) Company: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Beneficiary *(if any)*: \_\_\_\_\_

(2) Company: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Beneficiary *(if any)*: \_\_\_\_\_

(3) Company: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Beneficiary (if any): \_\_\_\_\_

If more space is needed please attach a separate sheet.

**PENSION PLAN**

(1) Company: \_\_\_\_\_  
Pension Holder: \_\_\_\_\_  
Date of Retirement: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_  
Beneficiary (if any): \_\_\_\_\_

(2) Company: \_\_\_\_\_  
Pension Holder: \_\_\_\_\_  
Date of Retirement: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_  
Beneficiary (if any): \_\_\_\_\_

**TERM DEPOSITS/BONDS/SECURITIES:**

Details: \_\_\_\_\_  
\_\_\_\_\_

Investment Advisor: \_\_\_\_\_

Contact Information (Company's Name, Address & Telephone No.):

\_\_\_\_\_  
\_\_\_\_\_

**LIFE INSURANCE:**

(1) Insured: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

Beneficiary *(if any)*: \_\_\_\_\_

(2) Insured: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

Beneficiary *(if any)*: \_\_\_\_\_

(3) Insured: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

Beneficiary *(if any)*: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Contact Information *(Company's Name, Address & Telephone No.)*:

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If there are named beneficiaries in the life insurance policy(ies) or RRSP(s), the beneficiary designations over-ride the terms of the will, unless the Will specifically states otherwise. If you want the terms of your Will to govern, the named beneficiary(ies) in the insurance policy and/or RRSP should be set out as "My Estate".

**PERSONAL PROPERTY:** *(i.e. Vehicles, boats, jewellery, artwork, antiques, etc.)*

Description & Approximate Value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed please attach a separate sheet.

**PARTICULARS OF DEBTS:**

**CREDIT CARDS:**

_____	_____
Company	Account No.
_____	_____
Company	Account No.
_____	_____
Company	Account No.

Line of Credit: \_\_\_\_\_  
Amount Outstanding: \_\_\_\_\_  
Creditor(s): \_\_\_\_\_  
Amount Outstanding: \_\_\_\_\_

**BUSINESS INTERESTS:**

(1) Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

What is your role in the business? *(Owner, Director, Officer):* \_\_\_\_\_

Do You Have a Shareholders Agreement?

If yes, who are the principal shareholders: \_\_\_\_\_

(2) Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

What is your role in the business? (*Owner, Director, Officer*): \_\_\_\_\_

Do You Have a Shareholders Agreement?

If yes, who are the principal shareholders: \_\_\_\_\_

Corporate Lawyer: \_\_\_\_\_

Corporate Accountant: \_\_\_\_\_

If more space is needed please attach a separate sheet.

**EXECUTOR(S)** (*also referred to as Estate Trustee*)

[ ] Spouse (*Do not need to complete information below*)

(1) Full Legal Name: \_\_\_\_\_

*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_

*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**ALTERNATE EXECUTOR(S)**

(1) Full Legal Name: \_\_\_\_\_

*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_



Relationship to Testator: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**BENEFICIARIES:**

Surviving Spouse

If no surviving spouse, then children alive at death

(1) Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address *(if they do not live with you)*: \_\_\_\_\_

Marital Status *(if applicable)*: \_\_\_\_\_

If married, Spouse's Name: \_\_\_\_\_

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(ii) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(2) Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address *(if they do not live with you)*: \_\_\_\_\_

Marital Status *(if applicable)*: \_\_\_\_\_

If married, Spouse's Name: \_\_\_\_\_

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(ii) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(3) Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address *(if they do not live with you)*: \_\_\_\_\_

Marital Status *(if applicable)*: \_\_\_\_\_

If married, Spouse's Name: \_\_\_\_\_

Names and Ages of Grand-Children *(if applicable)*:

(I) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(ii) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(4) Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address *(if they do not live with you)*: \_\_\_\_\_

Marital Status *(if applicable)*: \_\_\_\_\_

If married, Spouse's Name: \_\_\_\_\_

Names and Ages of any Grand-Children *(if applicable)*:

(I) Name: \_\_\_\_\_ Age: \_\_\_\_\_

(ii) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate if any of the above children are not your biological children.

Date of Adoption *(if applicable)*: \_\_\_\_\_

Do any of your children have a physical or mental disability?:  Yes or  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Other Beneficiaries

(1) Full Legal Name: \_\_\_\_\_

*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

If more space is needed please attach a separate sheet and/or schedule.

**PARTICULARS OF BEQUEST, DEVISE OR LEGACY:** *(specific property or monetary gifts)*

\_\_\_\_\_  
\_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

If more space is needed please attach a separate sheet.

**NOTE:** In some instances where an individual would like to leave personal possessions or property to specific individuals (such as jewellery, furniture, collections, etc.) it is more appropriate to incorporate by reference a handwritten memorandum to your Will.

Request Instructions for Memorandum to Will

**DISTRIBUTION OF CHILD'S SHARE ( IF ANY)**

If child predeceases the Testator then share goes to:

Issue (i.e. grandchildren)

Surviving Siblings (brothers and/or sisters)

Capital Is Distributed as Follows:

Age 18     [ ]   Age 21     [ ]   If Other, Please Provide Details:  
Age 24     [ ]   Age 28     [ ]  
Age 32     [ ]   Other       [ ]

(Example: Deliver 1/3 to children at age 21, Deliver 1/3 to children at age 24, Deliver balance to children at age 28)

**GUARDIAN(S) FOR INFANT CHILDREN:** *(under 18 years of age)*

Full Legal Name(s): \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**FAMILY DISASTER INSTRUCTIONS:**

- Divide half of my estate between my siblings and the other half between my spouse's siblings
- Divide half my estate between my parents and the other half between my spouse's parents
- Other Disposition: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**BURIAL INSTRUCTIONS:**

Special instructions regarding funeral, cremation or burial instructions are best handled by a letter of instruction (separate from your will) to your family or other responsible person.

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS FOR CONTINUING AND PERSONAL CARE  
POWERS OF ATTORNEY**

Date: \_\_\_\_\_

Grantor No. 1 - Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Other Names Used (if any): \_\_\_\_\_

Grantor No. 2 - Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Other Names Used (if any): \_\_\_\_\_

**CONTACT INFORMATION:**

*(Please complete if you did not complete the information on page 1 of the Will Intake Form)*

Address:

\_\_\_\_\_  
*Street No., Street Name, Apartment No., City, Province, Postal Code*  
\_\_\_\_\_

Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Business \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**DO YOU HAVE CURRENT POWERS OF ATTORNEY?:**

If yes, what is the date of the POA: \_\_\_\_\_

**I. CONTINUING POWER OF ATTORNEY (Property Matters)**

**ATTORNEY:** *(Person to act on your behalf)*

Spouse *(Do not need to complete information below)*

(1) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

**ALTERNATE ATTORNEY:**

(1) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

**RESTRICTIONS TO THE DUTIES OF ATTORNEY:**

If yes, what restrictions? \_\_\_\_\_

\_\_\_\_\_

**II. PERSONAL CARE POWER OF ATTORNEY (Health Related Matters)**

Attorney Same as Continuing Power of Attorney *(you do not need to complete this section)*

**ATTORNEY:** *(Person to act on your behalf)*

Spouse *(Do not need to complete information below)*

(1) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

**ALTERNATE ATTORNEY:**

(1) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_  
*First Name, Middle Name(s), Surname*

Address: \_\_\_\_\_

Relationship to Grantor: \_\_\_\_\_

If you named more than one attorney, Do you want your attorney's to act :

- Jointly, or
- Independently of one another.

**RESTRICTIONS TO THE DUTIES OF ATTORNEY:**

If yes, what restrictions? \_\_\_\_\_

\_\_\_\_\_

**OPTIONAL INSTRUCTIONS:**

The following are general clauses that appear in the Personal Care Power of Attorney, please indicate if you DO NOT want any of the clauses included:

- 1) I do not wish to be removed from my residence and placed in an institution, regardless of the costs to my estate, unless my attorney is satisfied that there is no reasonable alternative but to do so.

[ ] Remove

- 2) I do not wish to have my life unduly prolonged by any course of treatment or any medical procedure which offers no reasonable expectation of my recovery from life threatening physical or mental incapacity, except as may be necessary for the relief of suffering.

[ ] Remove

- 3) I indemnify from the liability to me, my estate or any third party, any person who, in reliance on this Power of Attorney, acts so as to carry out or act consistently with my wishes expressed herein and who in so doing does not act in a manner that such person considers is in my best interests.

[ ] Remove



**AUTHORIZATION:**

I understand that a Last Will and Testament and Powers of Attorney are legal documents that will have a binding effect only when properly signed and witnessed (by two witnesses that are not related to me). I understand that draft documents will be prepared by your office using the information provided on this intake form. By submitting this form I authorize Anna Gurevich to prepare my Last Will and Powers of Attorney. I understand that the completion of this form does not constitute a valid Last Will or POA.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

In order that we can be prepared to meet with you, can you please provide our office with copies of the following documents prior to your appointment:

- the Title/Deed(s) for your property(ies);
- recent statements of any RRSP's;
- recent statements of your investments;
- insurance policies (private and group);
- pension information;
- any domestic contracts (separation agreements, marriage contract etc.);
- any business partnership agreements or shareholder agreements to which you are a party;
- charitable information if any of your beneficiaries is a charity.