



Will Planning Worksheet

For Parents of Children and Adults with Disabilities

This worksheet is intended to:

1. Assist you in compiling information to take to your lawyer when you wish to make your will.
2. Assist in making you aware of decisions you will need to make when drafting your will.

After completing the worksheet, you will be ready to contact a lawyer of your choice to make a will. This worksheet does not give any legal advice; in order to draft a will you need to see a qualified lawyer.

1. Personal and Family Particulars

Date: _____

Personal Information

Full Name: _____

Address: _____

Occupation: _____

Home Telephone: _____

Office Telephone: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Marital Status (including plans to marry) _____

Date of Marriage: _____

Place of Marriage: _____

Do you have a marriage contract? _____

Have you or your spouse been married before? _____

Have you or your spouse ever lived in a common-law relationship before?

Yes _____ No _____

Marriage or Common Law Relationship

Spouse's Full Name: _____

Address: _____

Occupation: _____

Home Telephone: _____

Office Telephone: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Children:

(Here you can list all children of either spouse; note with a * any child of a former marriage of either spouse and with ** any child with a disability. Please include children you have adopted and children of any previous marriages or common-law relationships.)

Other Dependents:

Is there someone who is dependent upon you for financial support for whom you wish to provide, such as an elderly parent?

Yes: _____ No: _____

If yes, please complete the following:

Full Name: Address: Relationship:

Other Responsibilities:

Are you now serving as the Committee or other legal guardian for a disabled or incapacitated adult?

Yes: _____ No: _____

If yes, please complete the following:

Full Name: Address: Relationship:

2. Will Particulars

Appointment of Guardian(s) for Infant Children:

Do you have a child under the age of 19*?

**It is important to note that when your child with disabilities reaches the age of 19 you cannot appoint a guardian.*

Who is to be their guardian(s) if you were to pass away before they reach age 19?

Name	Address	Relationship to you	Occupation

Who is to be their alternate guardian(s) before they reach age 19?

Name	Address	Relationship to you	Occupation

Distribution of Your Estate:

a) Do you wish to leave your estate to your spouse if he/she survives you?

b) Do you wish to share your estate between your spouse and your children? If so, how?

c) If your spouse dies before you, do you wish to leave your estate to your children?

If so, in equal shares?

If in unequal shares, what proportion or amount is each child to get?

d) At what age do you wish your children to receive their share?

e) If any child fails to survive to that age, do you wish his or her children to receive the share?

f) If one of your children dies before you do, who do you wish to receive his or her share of your estate?

g) If your spouse and children all die before you do, who do you want to receive your estate?

3. Discretionary Trust for Someone on Disability Benefits

Do you have a child who is in receipt or likely, in the future, to be in receipt of disability benefits? Yes _____ No _____

Do you wish to set up a trust for this child? Yes _____ No _____

Do you wish it to be a discretionary trust? Yes _____ No _____

Who do you wish to be trustees of this trust?

Name	Address	Relationship to You	Occupation

**Note that you may have any number of co-trustees. You should discuss with your lawyer whether you want each trustee to be a co-trustee or an alternate trustee. You should also discuss with your lawyer the ability of your named trustees to appoint additional or successor trustees.*

Who do you wish to be alternate trustees if any of the ones you have named are unable to serve?

Name	Address	Relationship to You	Occupation

Ultimate Beneficiary:

When you set up a trust you must specify what happens to the assets left in the trust when the person whom the trust was set up for dies.

Who do you want to receive the assets left in the trust when the person for whom the trust was set up for dies?

Does this cause a conflict of interest?

You should make sure you discuss a potential conflict of interest with your lawyer.

Trustee Powers:

Do you wish your trustee to be able, if it becomes necessary or desirable, to buy, sell, rent, lease, or mortgage a residence for your child with a disability?

If so, make sure you discuss your wishes with your lawyer. They will need to insure they give the powers you want to your trustees.

Do you wish to give your trustees unrestricted investment powers to allow them to make any investment they think is appropriate?

Or

Do you wish them to be restricted in what they can invest?

It is important to discuss with your lawyer the powers you wish to give to your trustees.

Do you want to leave a particular asset to a particular person? This can include clothing, jewelry, art, etc. If so, describe below.

Do you want to give a cash gift to anyone? If so, describe below.

Do you want to give cash or another gift to charity? If so, describe below.

You must be aware that some assets can pass outside of your will.

Have you filed a description of beneficiary with the Plan Issuers for your:

- | | | |
|--------------------------|-----|----|
| a) RRSP | Yes | No |
| b) RRIF | Yes | No |
| c) Pension Plan | Yes | No |
| d) Life Insurance Policy | Yes | No |

If so, these items will pass outside of your will.

Do you own any other assets, for example property, bank accounts, etc. jointly with another person? Yes _____ No _____

If so, these items will pass outside of your will.

4. Other Comments or Instructions

This is for additional information, which your lawyer might need to consider:

Asset and Debt Summary

(Please indicate if they are not in British Columbia)

	Hers	His	Both	Notes
Cash and Term Deposits	\$	\$	\$	

Life Insurance

Insurance Company	Owner of Policy	Designated Beneficiary	Amount (\$)

RRSPS

RRSP Institution	Owner of RRSP	Designated Beneficiary	Amount (\$)

Other

	Her Name	His Name	Joint Names
Stocks and Bonds	\$	\$	\$
Pension Plans & Annuities	\$	\$	\$

Describe any interests you may have in any proprietorships, partnerships or private companies.

Real Estate

	Property #1	Property #2
Address		
Registered Owner(s)		
Joint Tenants?		
Estimated Value	\$	\$
Mortgage Balance (estimate)	\$	\$
Mortgage Life Insured?	Yes: _____ No: _____	Yes: _____ No: _____
Approximate Equity	\$	\$

Personal Effects:

Approximate value of household goods, furniture, jewelry, boats & automobiles:

\$ _____

Are any of these articles owned jointly with someone else? Yes: _____ No: _____

if so, with whom?

Miscellaneous:

Interest in any existing estate or trusts:

Other substantial assets:

Do you have any real or personal property outside of British Columbia? If so, please specify:

Summary of Debts: (other than mortgages previously noted)

Creditor	Life Insurance (Yes/No)	Amount (\$)

Estimated Net Value of Estate:

	Her Name	His Name	Joint Names
Total Assets			
Less Total Debts			
Less Estimated Tax Liability			
Total Net Value of Estate	\$	\$	\$