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AND POWER OF ATTORNEY PLANNING FORM

For law firm use:	File number:	Assigned Law	yer:
	□ Reciprocal Wills	□ P.O.A. Property	□ P.O.A. Personal Care
many additional page you at your initial app we can be sure that th	es as are required to clearly pointment and may have mo	answer each question. Our lore questions or request addition you are clear, complete, an	than is provided please add as lawyer will review this form with tional information from you so that ad set out your instructions
Full legal name (as or	n your birth certificate):		
Also known as:			
(include any maiden	name, former married name	e, nickname)	
Address:			
		11:	
Email address(es):			
Citizenship status:		Marital S	tatus:
Place and date of man	rriage:		
Previous marital histo	ory:		
		arriage end and when did it e	end? Please attach a copy of any
Court Order or Separ	ration Agreement) Copy	attachedP	ages
Please list and attach	a copy of any existing don	nestic contract such as a coha	bitation or pre-nuptial agreement.
If you have any earlic	er Will or Power of Attorne	ey, where are they stored?:	
Do you want your ear		rney □ Retrieved □ Destro	yed □ Left where it is



If more space is needed, please attach additional pages with the requested information

Is this Will being made in contemplar	tion of marriag	ge? □ No □ Yes				
If yes, expected date of marriage:		To:				
Please provide details about your chil (attach additional pages if needed)	ldren below:					
Full legal name (as on birth cer	rtificate)	Date of birth	Place of birth			
If you have any other dependents, or	are legally obl	igated to support anyor	ne, please provide details here:			
Full legal name		upport obligation	Amount of support & duration			
Please list any promises you have ma	de regarding y	our estate here:				
Who was the promise made to			Where can it be found			



☐ Additional page(s) attached re: information requested on this page: _____ page(s)



If more space is needed, please attach additional pages with the requested information

Executors (include in que				T
Full legal name	Date of birth	Place of birth	Current residence	Relationship
☐ Public Guardian and Truste	ee if none of the	e above are willing and able	e to serve	
☐ Additional Executors listed				
= 1 Idai Monat 2 Accurous Instee	. 011	unueneu puge(s)		
Panafiajany Idantifia	otion Sno	oifia Paguasts / Cif	ta .	
Beneficiary Identific				4-11-1
If you have specific gifts to n				tails nere:
(underline or put in quotation				D 1 4 1 1
Full legal name	Date of birth	Place of birth	Current residence	Relationship
<u> </u>			L	
☐ Additional page(s) attached	d re: informatio	n requested on this page:	page(s)	





If more space is needed, please attach additional pages with the requested information

Specific Bequest particulars

Item or Amount	To whom	Where can it be found?	Specific Purpose				
Do you want a requirement that a beneficiary survive you to receive a specific bequest? ☐ Yes ☐ No If yes, for how long? ☐ 30 clear days (standard) ☐ Other period:							
Include "Contesting Beneficiary" clause? □ YES □NO							
☐ Fall into residue							
☐ Additional page(s) attach	ed re: information requested	on this page: page(s)					





WILL AND POWER OF ATTORNEY PLANNING FORM If more space is needed, please attach additional pages with the requested information

Beneficiary Identification – Residual Bequests / Gifts

If you have specific gifts to	, ,			U / I	se set out d	etails here:
(underline or put in quotation Full legal name		Place of b		Current resid	lence	Relationship
Turi regui nume		Truce of o	11 (11	Current resid		relationship
L		1		I		1
Residual Bequests						
Percentage / Fraction	To (Benefi	ciary)	Alternate l	Beneficiary	Seco	nd Alternate
	_ (J)				
Do you want a requirement	that a beneficiar	v survive vo	on to receive a	residual beque	st? □ Yes	□ No
If yes, for how long? \square 30 c	•	•	Other period: _	•		
11 jes, 101 110 W 1611g. = 00 G						
Include "Contesting Benefic	ciary" clause?	YES	□NO			
TC!		4 -1 1 1				
If a residual bequest fails, the						
\Box be distributed to issue \Box p \Box be distributed to children	• •	-				
☐ Fall into residue	□ per surpes □	рег сарна				
☐ Other:						
□ Ouici .						
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If more space is needed, please attach additional pages with the requested information

Cift Over Institution(s) on Chapity(ios)

	ion(s) or Charity(les	•	G 101 5
Percentage / Fraction	Institution / Charity	Contact Information	Specific Purpose
Include "Successor Organiz	zation" clause? □ YES	$\Box NO$	
If yes, Trustee Discretion?	□ YES □N	O	
-	s full release"clause" □ YES	$\Box NO$	
Include "Securities" clause		$\Box \mathbf{NO}$	
merade Securities erade	. = 125		
E'	•		
Financial Informati			
Tax preparer / accountant	t Name	Tax Preparer / Accountar	nt Address
Investment Advisor / Fina	ncial Planner Name	Investment Advisor / Fina	noial Planner Address
investment Advisor / Fina	inciai i iaimei Name	investment Advisor / Fina	inciai Fiannei Address
Home Insurance Compan	v Name / Policv #	Home Insurance Compan	v Address & Contact
	<u>, </u>		v
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If more space is needed, please attach additional pages with the requested information

R.R.S.P. / R.S.P. / T.F.S.A. Investments (list)	Contact Details / Account # for each investment
Γ	
Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info
Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info
Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info
Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info
Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info
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Business Ownership (Name / Interest)	Location of Share Certificates / Contact Info

□ Additional page(s) attached re: information requested on this page: _____ page(s)





If more space is needed, please attach additional pages with the requested information

Bank Account (Branch, Account Number)	Safety Deposit Box (Bank, Box #, Location of Key)
Real Estate Owned (Address and Interest	Real Estate Owned (Address and Interest
Insurance Policies (Details of insurance)	Designated Beneficiary (If any)
insurance i oncies (Details of insurance)	Designated Denenciary (II any)

□ Additional page(s) attached re: information requested on this page: _____ page(s)





If more space is needed, please attach additional pages with the requested information

Other death benefit payable (Pens	ion etc)	Designated Bene	ficiary (If any)
P-1, (2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	/	g == 5	₩ X - ** ₩/
Other Major Assets		<u> </u>	
Asset description	Details / Location	n of asset	Value (monetary / sentimental)

 $\hfill\Box$ Additional page(s) attached re: information requested on this page: _____ page(s)





If more space is needed, please attach additional pages with the requested information

Liabilities / Responsibilities / Support Obligations

Type of Debt / Obligation	Owed to	Total amount	Details
V 1			

□ Additional page(s) attached re: information requested on this page: _____ page(s)





If more space is needed, please attach additional pages with the requested information

Power Of Attorney for Personal Care

Order Number	Attorney Name, date and Place of birth	Current Address	Relationship to you	Joint / Joint Several (with?)	&
□ Quality	of Life over Quantity Quantity	antity of Life – All poss	sible efforts	(see attached)	
□ Addition	nal page(s) attached re: informat	ion requested on this pa	ge: page(s)		





If more space is needed, please attach additional pages with the requested information

Power Of Attorney for Property

Order Number	Attorney Name, date and Place of birth	Current Address	Relationship to you	Joint / Joint & Several (with?)		
□ Restricted (See attached page(s) for restrictions) □ To be stored at Ecclestone Law □ Letter of Instruction □ Authorization and Direction						
□ Additional page(s) attached re: information requested on this page: page(s)						





If more space is needed, please attach additional pages with the requested information

Questions / Issues to raise at meeting with lawyer or Client's Notes	



