



STEPHEN H. SHUB PROFESSIONAL CORPORATION

**Stephen H. Shub LL.B.
Barrister, Solicitor, Notary**

FORM FOR REQUESTING A WILL

*To be completed and faxed to the Law Offices of S. Shub at 416-222-4277
or to be sent by mail to any of our 7 GTA locations*

NOTES: (1.) This form must be completed and faxed for each individual person requiring a will since “joint wills,” (in one document) are not done in Canada as each person or each spouse must have his or her own separate will.

(2.) Even though a person might not own significant assets today, one cannot foresee the future with respect to what assets a person might accumulate over time including assets from gifts, inheritance, lotteries, business ventures, etc. No one can predict the future as to what one might own or control at the time of one’s death. Our offices do **NOT** need to see a list of your current assets since such assets will inevitably change over time and since our wills focus on a formula for distribution of whatever assets you might own at the time of death. You decide on your own formula for distribution (usually percentages or shares of whatever you own being given to each of your intended heirs of beneficiaries).

(3.) When wills are being done in the law offices of S. Shub, we focus strictly on methods of distribution of whatever assets you own at the time of death, rather than using estate planning methods for tax reduction, for which one should consider consulting an estate planning specialist.

Standard Service \$175.00 + HST () **OR Rush 1 Week Service** \$195.00 + HST () If Rush, state reason _____

Full Legal Name: _____ **Also known as** (if applicable): _____

Current Home Address: _____

Date of Birth: _____ I am: male () female () **E-mail:** _____

Telephone: Res: _____ Cell: _____ Bus: _____

Marital Status: Married () Single () Divorced () Widowed () Common Law ()

If married: 1st marriage () 2nd marriage () 3rd marriage () **Name of current spouse:** _____

Details of children from any marriage or relationship **PRIOR** to existing marriage or relationship (state names and dates of birth and whether son or daughter):

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Details of children from **CURRENT** marriage or relationship (state names and dates of birth and whether son or daughter):

My estate administrator is to be (state name and relationship to you): _____

My alternative estate administrator is to be (state name and relationship to you): _____

My intended beneficiaries are (state names and relationships and what **% or share** is to be left to each beneficiary):

**The undersigned has made the above request and acknowledges having considered obtaining independent legal or accounting advise with respect to possible estate planning or tax consequences which the undersigned understand is not being provided by the law office of S. Shub or Stephen H. Shub Professional Corporation:

(Signature)

(Date)

(Print Name)

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