

STEPHEN H. SHUB PROFESSIONAL CORPORATION

Lawyers and Notaries
www.WillPlanningOntario.ca

FORM FOR REQUESTING A WILL

For a Will package to be prepared by our office, complete this form and email it to our offices at info@willplanningontario.ca OR by fax at 416-222-4277 OR by mail to our **MAIN OFFICE** at 9555 Yonge St. Suite 306, Richmond Hill ON L4C 9M5

IMPORTANT NOTES:

1. This form must be completed for each person requiring a will. Joint wills (in one document) are not done in Canada. Each person or spouse must have their own separate will.
2. Even though a person might not own valuable assets today, one cannot foresee the future with respect to what assets a person might have over time from gifts, inheritances, lotteries, businesses etc. Our offices do NOT need to see list of what you currently own, since such assets will change over time. Our wills focus on a formula for distribution of whatever you might own at the time of death.
3. With our wills, you decide on your own formula for distribution (usually percentages or shares of whatever you own being given to each of your intended heirs or beneficiaries).

OUR FEE INCLUDES: A Will, Power of Attorney (for both Personal Care and Property) and Affidavit of Signature:

TYPE OF SERVICE: Check the applicable services.

- Standard (2 to 3 weeks for signing)
- Rush** (1 week or less for signing) If rush, please state why _____
- Personal signing required (\$485.00 + HST)
- Video signing required (\$585 + HST)
- If more than one will request (**\$385 + HST**)

Contact Information:

Mobile: _____

Home: _____

E-mail: _____

WillPlanningOntario.ca

Tel: 416-520-6120

Fax: 416-222-4277

E-mail: info@WillPlanningOntario.ca

COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT OR TYPE

Full Legal Name: _____

Also known as (if applicable): _____

Current Home Address: _____

Date of Birth: _____ Male () Female ()

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

If Officially Married: 1st marriage () 2nd marriage () 3rd marriage ()

Full name of current spouse: _____

Have you ever made a will before? Yes () No ()

IF you have children from any marriage or relationship **PRIOR** to your current marriage/relationship, for each child, list the 1) full name 2) age 3) gender 4) marital status

1. _____

2. _____

3. _____

4. _____

IF you have have children from your **EXISTING** marriage or relationship, for each child, list the 1) full name 2) age 3) gender 4) marital status

1. _____

2. _____

3. _____

4. _____

List the 1) full name and 2) relationship to you, of your **Estate Administrator**:

List the 1) full name and 2) relationship to you, of your **Alternative Estate Administrator**:

For Power of Attorney (for Personal Care and Property):

() Attorney to be same as Estate Administrator () Name of Attorney and relationship, if different from Estate Administrator: _____

List the 1) full names 2) relationships and 3) the percentage or share you wish to leave to each of your **Intended Beneficiaries**

Other Matters of Concern:

** The undersigned has made the above request and acknowledges having considered obtaining independent legal or accounting advice with respect to possible estate planning or tax consequences, which is NOT being provided by the law offices of S. Shub and Stephen H. Shub Professional Corporation. NOTE: You will be contacted by phone to clarify any issues or matter of concern.

Signature: _____

Date: _____

Print Name: _____