



# Will Information Worksheet

## Getting Ready to Write your Will

*(For Residents of Québec)*

Legal**Wills**  
CANADA



# The Will Writing Business

**Congratulations on taking this important step forward, getting started really is the hardest part!**

Before you can finally check this important item off your to-do list you'll first need to ensure you have key details on hand. We don't want to send you on a scavenger hunt mid-process, so this worksheet will help you organize everything in advance.

## **First things first, a quick disclaimer:**

This is NOT your actual Will. It's simply a guide to help you organize your information so that once you start the process online, you're ready to rock and roll! Once armed with your filled out worksheet, you'll be able to complete your own Will or assist someone in preparing theirs.

Our service over at [www.legalwills.ca](http://www.legalwills.ca) walks you through the entire process step by step, allowing you to save your progress and return at any time. When you're done, you'll be able to download and print your Will, but to make your Will legally valid, you will need to sign it in the presence of two witnesses who are not legatees (or spouses of legatees).

## **If you have any questions, our team is here to help!**

Reach out to us at [support@legalwills.ca](mailto:support@legalwills.ca) or explore the resources on our website. With over 25 years of experience, we've likely answered every question you can think of! Our sole goal is to make this process as simple and stress-free as possible.

**Now that we've gotten that out of the way, let's get started!**

## TESTATOR – WHO IS THE WILL BEING WRITTEN FOR?

Full Name: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## SPOUSE/PARTNER (IF APPLICABLE):

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

## CHILDREN (IF APPLICABLE):

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## GRANDCHILDREN (IF APPLICABLE):

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## BLENDED FAMILY?

You or your spouse/partner have children from a previous relationship?

☐ Yes ☐ No

## IF YES, CHOOSE ONE OF THE FOLLOWING

- ☐ Leave everything to my spouse/partner "in trust," for later distribution to my children.
- ☐ Leave everything to my children, but provide a "life interest" in my home to my spouse/partner.
- ☐ Neither of these.

**LIQUIDATOR** (PERSON WHO WILL CARRY OUT YOUR WISHES IN THE WILL):

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**ALTERNATE LIQUIDATOR** (IN CASE YOUR FIRST CHOICE IS UNABLE TO SERVE)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**SECOND ALTERNATE LIQUIDATOR** (IN CASE YOUR FIRST CHOICE IS UNABLE TO SERVE)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**TUTORS FOR MINOR CHILDREN** (IF APPLICABLE):

Child's Name: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Choosing Tutor: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Choosing Tutor: \_\_\_\_\_

\* Alternate Tutor – if first choice is unable to serve:

Child's Name: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Choosing Tutor: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Choosing Tutor: \_\_\_\_\_

\* Alternate Tutor – if first choice is unable to serve:



**SPECIFIC GIFTS**

- Items, Property, or Money Left to Specific People or Organizations.
- Include details such as descriptions, names, and relationships.

Gift: \_\_\_\_\_

Gift: \_\_\_\_\_

Legatee: \_\_\_\_\_

Legatee: \_\_\_\_\_

Alternate Legatee: \_\_\_\_\_

Alternate Legatee: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARITABLE DONATIONS (OPTIONAL)**

- If you wish to leave a donation to a charity, please provide:

Full Name of Charity: \_\_\_\_\_

Full Name of Charity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Type of Donation

Type of Donation

- Money, Specific Item, Percentage of Estate

- Money, Specific Item, Percentage of Estate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARRANGEMENTS FOR PETS (OPTIONAL)**

- If you have pets, you may wish to include care instructions. Please provide:

Pet's Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Birth Date or Year: \_\_\_\_\_

Life Expectancy (if known): \_\_\_\_\_ Expected Annual Care Cost: \_\_\_\_\_

Primary Caregivers Name: \_\_\_\_\_

Alternate Caregivers Name: \_\_\_\_\_

*\*If first choice is unable to serve*

**DISTRIBUTION OF REMAINING ESTATE**

- *This is usually the main legatee of your estate*
- *After debts, expenses, and specific gifts have been distributed, who will receive the rest of your estate?*

Full Name: \_\_\_\_\_

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

Alternate Plan:

- *If your first choice cannot inherit, who should receive their portion?*

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

**TRUSTS FOR CHILDREN**

- *If leaving an inheritance to minors, at what ages should they receive it?*
- *Example: 1/3 at age 21, 1/3 at age 25, and the remainder at 30*

Name of Minor: \_\_\_\_\_

Age at which they should receive inheritance and amount:

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

Name of Minor: \_\_\_\_\_

Age at which they should receive inheritance and amount:

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

Name of Minor: \_\_\_\_\_

Age at which they should receive inheritance and amount:

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

**FORGIVENESS OF DEBT**

- *If you wish to forgive any debts owed to you, list them here*

Name of Debtor: \_\_\_\_\_

Amount & Details: \_\_\_\_\_

**INFORMATION FOR THE FINANCIAL POWER OF ATTORNEY****CHOOSE WHEN THE DOCUMENT IS TO COME INTO EFFECT:**

- ☐ Immediately
- ☐ On a specific date

**NAME UP TO 3 MANDATARIES:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**DETERMINE IF JOINT MANDATARIES WILL WORK TOGETHER OR INDEPENDENTLY:**

- ☐ Jointly (they must all agree on every decision)
- ☐ Each one can act independently

**NAME UP TO 2 ALTERNATE MANDATARIES:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**POWER TO THE MANDATARIES:**

- ☐ General Authority or
- ☐ Real Estate      ☐ Moveable Property      ☐ Business Matters      ☐ Financial Affairs

**LIMITED POWERS TO BUY OR SELL ANY SPECIFIC PROPERTY:**

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**ADDITIONAL POWERS OR RESTRICTIONS:**

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**TERMINATION:**

- ☐ Never
- ☐ On a specific date
- ☐ After a specific amount of time

**MANDATARY COMPENSATION:**

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**INFORMATION FOR THE PROTECTION MANDATE SERVICE**

**NAME OF A SINGLE MANDATORY:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**NAME OF A SINGLE ALTERNATE MANDATORY:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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



**ADDITIONAL INSTRUCTIONS FOR THE MANDATORY:**

- *I direct my Health Care Representative to make health care decisions in accordance with the following instructions and/or limitations:*

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**MANDATORY COMPENSATION:**

- *Describe the level of compensation to be received by the Mandatory*

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**MANDATORY REPORTING:**

- *Describe the frequency of reporting required of the Mandatory*

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# And that's it!

**Congratulations on completing your worksheet – we know gathering all that information can be cumbersome. You're now officially ready to write your Will.**

## What Now?

You are now ready to enter all of this information into our online Will writing service over at [www.LegalWills.ca](http://www.LegalWills.ca). If you're assisting someone else, please ensure that they fully understand and agree with the information provided.

*You're on your way to completing one of the most important documents of your life, so give yourself a pat on the back – you deserve it.*



**LegalWills**  
*You DECIDE. ®*

## Contact Us

### ADDRESS

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### PHONE

1-888-660-WILL

### WEBSITE

[LegalWills.ca](http://LegalWills.ca)

### EMAIL

[support@LegalWills.ca](mailto:support@LegalWills.ca)

### FACEBOOK

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