

WILLS & POWERS OF ATTORNEY INFORMATION SUMMARY

Date: _____

Name: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Address: _____

Telephone: Home: _____ Business: _____ Fax: _____

Employer: _____

Prior Will: _____

CHILDREN:

Names/Addresses	Birth Date	Married	No. & age of children

EXECUTORS: (with addresses)

Primary: _____

Alternate: _____

NATURE OF ASSETS

Type of Asset	Yes	No	Details
Real Estate Joint? Mortgage?			
Money Owning to You			
Life Insurance Name of Beneficiary:			
Business Interests			
Investments			
Bank Accounts (1) (2) (3)			
Motor Vehicles			
Jewellery & Personal Effects			
Other			
Safety Deposit Box			
Major Debts (1) (2) (3)			

DISPOSITION OF ASSETS:

Trusts - Age

Time of Division

Power to Encroach

GUARDIANS: _____

BURIAL INSTRUCTIONS:

POWERS OF ATTORNEY

Property - Primary: _____

Alternate: _____

Personal - Primary: _____

Alternate: _____

Physician: _____

NOTES: