

INTAKE FORM FOR WILLS AND POAS

PERSONAL INFORMATION				
Name in full (<i>first, middle, last</i>)		Other Names You May Be Known By		
Place of Birth	Date of Birth	Citizenship	S.I.N.	
Residence Street Address		City	Province	Postal Code
Telephone No. () ()		Cell Phone No. () ()		Email Address
Any other Residence or Future Residence		Street Address	City	Province
				Postal Code
Occupation	Employer	Telephone No. () ()	Fax No. () ()	Email Address

MARITAL STATUS	
We refer to the term "spouse" throughout this form. "Spouse" includes current married and common-law partners. "Former spouse" includes former common-law partners and anyone from whom you are currently separated or divorced.	
<input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Engaged	If Yes, to (Name): _____ Wedding Date: _____
<input type="checkbox"/> Marriage Contract/Cohabitation Agreement Date: _____	
If Married, Spouse: _____ Marriage Date: _____ Marriage Place: _____	
If Divorced, Separated or Widowed, Former Spouse: _____ Date: _____	
Other Previous Marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details as above for each previous marriage on back.	
Spouse Ever Previously Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details as above for each previous marriage on back.	
Any Continuing Support Obligations, Obligations on Death (ie. Life Insurance, Pension obligations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details of Obligations on Back	
Does Spouse have any Continuing Support Obligations, Obligations on Death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details of Obligations on Back	
<i>(Please provide copies of any Separation Agreements, Court Orders, Marriage Contracts or Cohabitation Agreements)</i>	

SPOUSE'S INFORMATION			
Draft Will for Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name in full (<i>first, middle, last</i>)		Other Names Spouse May Be Known By	
Place of Birth	Date of Birth	Citizenship	S.I.N.
Telephone No. ()	Cell Phone No. ()	Email Address	
Occupation	Employer	Telephone No. ()	Fax No. ()

CHILDREN <i>indicate if any children are not Canadian citizens and if any children are from a previous relationship, if any are stepchildren, adopted or handicapped, and indicate which children are being supported</i>			
Name and Address	D.O.B.	Married &/or Have Children? (provide names)	Notes (see above for info needed):
1.			
2.			
3.			
4.			

ANY OTHERS BEING SUPPORTED OR HELPED FINANCIALLY: (<i>ie. Ex-spouses, parents, relatives, adult children</i>). Note financial help may include such assistance as providing housing or other benefits.	
Name and Address	Relationship

ANY OTHER PERSONAL INFORMATION WHICH MAY IMPACT ESTATE:

Provide details of anything that you think might be important regarding your will or estate. For example is there anyone who you think might challenge your will or make a claim against your estate. Provide details of any family members or other potential beneficiaries with disabilities, and advise whether they receive any government or other assistance. Provide details of any family members or other potential beneficiaries who are subject to bankruptcy issues, legal claims or have difficulty handling money. Provide details about relevant matters concerning your health or the health of potential beneficiaries or executors.

ADVISORS NAMES AND CONTACT INFORMATION:

Financial Advisor:

Lawyer(s):

Accountant:

Insurance Advisor:

Family Doctor:

ASSETS

A. REAL ESTATE:	Registration/Title			<i>Value</i>
	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	
1. PRINCIPAL RESIDENCE Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Value: \$
Outstanding Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amt. Owed: \$
Mortgagor Information:				Net Value: \$
Mortgage Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurer:	
2. VACATION PROPERTY Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Value: \$
Outstanding Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amt. Owed: \$
Mortgagor Information:				Net Value: \$
Mortgage Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurer:	
3. RENTAL/INVESTMENT PROPERTY Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Value: \$
Outstanding Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amt. Owed: \$
Mortgagor Information:				Net Value: \$
Mortgage Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurer:	
4. OTHER PROPERTY (Specify Type) Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Value: \$
Outstanding Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amt. Owed: \$
Mortgagor Information:				Net Value: \$
Mortgage Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurer:	

***Provide name of joint owner, if someone other than spouse**

B. CASH – BANK ACCOUNTS: <i>(Name of Institution & Account #)</i>	<i>Account Holder</i>			<i>Value</i>
	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Cash – Bank Accounts:	\$	\$	\$	\$
Location of Safety Deposit Box(es) and Key(s):				
*Provide name of joint owner, if someone other than spouse				

C. NON-REGISTERED FINANCIAL INVESTMENTS: ie. GICs, BONDS, STOCKS, MUTUAL FUNDS				
<i>(Identify Institution &/or Issuer & Account #)</i>	<i>Account Holder</i>			<i>Value</i>
	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Non-RRSP Financial Investments:	\$	\$	\$	\$
*Provide name of joint owner, if someone other than spouse				

D. RRSPs/RRIF/ TFSA/ LIRAs:				
<i>(Name of Institution & Account Number)</i>	<i>Ownership</i>		<i>Beneficiary</i>	<i>Value</i>
	<i>Self</i>	<i>Spouse</i>		
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$

E. RESPs:					
<i>(Name of Institution & Account Number)</i>	<i>Subscriber</i>			<i>Beneficiary(ies)</i>	<i>Value</i>
	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

***Provide name of joint owner, if someone other than spouse**

F. BUSINESS INTERESTS:	
1. Name, Address and Nature of Primary Business:	
Ownership of Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation	
If Partnership, Names of Partners:	
If Corporation, Names of Shareholders:	
Total Value of Business: \$	Value of Your Interest in Business: \$

Notes: <i>(Provide Copies of All Agreements Related to Business, ie. Partnership Agreement, Shareholder Agreement, Buy/Sell Agreement)</i>	
2. Name, Address and Nature of Any Other Business:	
Ownership of Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation	
If Partnership, Names of Partners:	
If Corporation, Names of Shareholders:	
Total Value of Business: \$	Value of Your Interest in Business: \$
Notes: <i>(Provide Copies of All Agreements Related to Business, ie. Partnership Agreement, Shareholder Agreement, Buy/Sell Agreement)</i>	

G. LIFE INSURANCE:							
Company Name/ Policy Number	Owner of Policy	Life Insured			Beneficiary	Death Benefit	Cash-In Value
		Self	Spouse	Other			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

H. REGISTERED PENSION PLANS:	
Self:	Spouse:
Employer or Company Name and Pension Administrator:	Employer or Company Name and Pension Administrator:
Value to Beneficiary (Name) or Estate?:	Value to Beneficiary (Name) or Estate?:

I. LOANS RECEIVABLE						
Person Owning You Money	Type of Loan & Terms of Repayment	Ownership			Amount Owed	
		Self	Spouse	Joint		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

J. PERSONAL PROPERTY

ie. Jewellery, Antiques, Cars, Boats, Collections etc. of Significant value or that may be dealt with in Will

Ownership

	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	<i>Value</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

*Provide name of joint owner, if someone other than spouse

K. OTHER PROPERTY**

<i>Type of Property</i>	<i>Ownership</i>			<i>Value</i>
	<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

* Provide name of joint owner, if someone other than spouse

** *Interests in Trusts or Estates, Pending Legal Claims, Annuities.....*

LIABILITIES

LIABILITIES: <i>(Not including Mortgages)</i>					
<i>Type of Loan</i> <small>(ie. Bank Loan, LOC, IOU, Tax)</small>	<i>Person or Institution</i> <i>Debt is Owed To</i>	<i>Responsibility for Debt</i>			<i>Amount</i> <i>Owed</i>
		<i>Self</i>	<i>Spouse</i>	<i>Joint*</i>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
*Provide name of joint debtor, if someone other than spouse					

PRELIMINARY INSTRUCTIONS FOR WILL & POWER OF ATTORNEY

DO YOU HAVE A WILL NOW?:

Do you (and your spouse) presently have a will(s)? Yes No

If yes, do you have more than 1 will each (ie. a Primary and a Secondary Will)? Yes No

Location of Will and other Important Documents and Financial Information:

LIFE INSURANCE :

You can revoke or change the beneficiary of your life insurance policy(ies) in your will. You can also establish a trust for the proceeds of your life insurance policies in your will.

I want to change the beneficiary designation on my life insurance policy(ies) Yes No

If yes, do you want the beneficiary(ies) to receive the proceeds of your life insurance outright? Yes No

If Yes, Please provide Names of Beneficiary(s) & Alternate(s):

Alternatively, do you want to provide for your life insurance proceeds to be held in trust? Yes No
(ie. insurance trust for your children)

If Yes, Please provide Names of Beneficiary(ies) of Trust:

PROCEEDS OF REGISTERED PLANS (*RRSPs, RRIFs, Pensions, etc.*)

Like life insurance, you can change the beneficiary of your RRSPs, and RRIFs and certain other registered plans in your will. You can also establish a trust for the proceeds of these plans in your will.

I want to change the beneficiary designation on my registered plans (ie RRSPs) Yes No

If yes, do you want the beneficiary(ies) to receive the proceeds of your registered plans outright? Yes No

If Yes, Please provide Names of Beneficiary(s) & Alternate(s):

Alternatively, do you want to provide for your registered plans to be held in a trust ? Yes No
(ie. RRSPs to be held in trust for your children)

If Yes, Please provide Names of Beneficiary(ies) of Trust:

PERSONAL PROPERTY (*Jewellery, household items, collections, cars, etc.*)

Often people want to leave certain items of property – which can have either monetary or sentimental value to family or friends. There are many ways this can be done. Please indicate by checking below all the boxes that may apply to your will.

I have a few items that I know I want to give to certain people. I want to specify the gift of these items in my Will: Please describe the item and name the beneficiary for each item.

I plan to make a memorandum some time in the future setting out how I want certain items of personal property distributed, and I may want to change this memo from time to time.

I have or will make a memorandum of how I want certain items of personal property distributed. I don't expect to make any changes to this memo over time.

I want all of my personal property to go to my spouse if alive – but, if my spouse is not alive then:

I want my Trustees to divide my personal property equally among my children as my Trustees decide is appropriate

I want my Trustees to divide my personal property among my children as my children agree. Provided that if my children are unable to agree then:

I want my Trustees to decide how to divide my personal property among my children;

OR I want my personal property divided among my children By lot OR By rotation

I want any personal items going to my minor children to be held for each child until they are 18.

Other:

YOUR HOME

For most people their interest in their home will form part of their general estate or will be transferred directly to a beneficiary as it can be complicated to hold real estate in trust. If you want your interest in your home to be treated separately from the rest of your estate and either given to a beneficiary or held in a trust for the use of a beneficiary, please provide instructions below:

If you do want your home to be treated differently from your general estate, please confirm the ownership of the property:

If you want to leave your interest in your home to a beneficiary(ies), other than the beneficiaries of the rest of your estate, provide name of beneficiary(ies), and alternate(s):

If you want your home to be held in trust for the use of a beneficiary, please provide beneficiary's name(s) and age(s):

If your home is to be held in trust, please consider the following questions, which will need to be dealt with in your will: Who is to pay for repairs to the home? Who is to pay for its maintenance? Does the estate trustee have the ability to substitute property? When is the property to be sold? If the property can be sold during beneficiary's (ies') lifetime – what is to happen to the proceeds of sale?

OTHER REAL ESTATE
(ie. Cottage, Rental Property)

Do you want any other real estate to be treated differently from your general estate?
If you do, please confirm the address and ownership of the property:

If you want to leave your interest in this property to a beneficiary, other than the beneficiary of the rest of your estate, provide name of beneficiary(ies), and alternate(s):

If you want your interest in this property to be held in trust for the use of a beneficiary (ies), please provide beneficiary's(ies') name(s) and age(s):

If your interest in this property is to be held in trust, please consider the following questions, which will need to be dealt with in your will: Who is to pay for repairs to the property? Who is to pay for its maintenance? Does the estate trustee have the ability to substitute property? When is the property to be sold? If the property can be sold during beneficiary's(ies') lifetime – what is to happen to the proceeds of sale?

BUSINESS INTERESTS *(Proprietorships, partnerships and private corporations)*

LEGACY TRUSTS: <i>(Defined Amount Held in Trust and Paid Out over Time)</i>			
Amount or Percentage of Estate	Name, Relationship & Address of Beneficiary(ies) <i>(If a beneficiary predeceases, do you want the legacy to be paid to another person or persons ie. the beneficiary's children or spouse?)</i>	Purpose of Trust (ie. Education), if any	When is the legacy trust to be established? On your death or on the death of the last of you and your spouse to die?

DISPOSAL OF RESIDUE: <i>(Residue is what remains after debts, taxes and legacies and other gifts paid)</i>
Residue is either left to beneficiaries outright or in trust. The details of any trusts will be discussed in person, however it would be helpful for you to check any boxes which may apply and provide further information below.
1. OUTRIGHT DISTRIBUTION
<input type="checkbox"/> All to your spouse, but if your spouse predeceases you:
<input type="checkbox"/> Equally to your children, but if any of your children predecease you leaving children of their own then alive
<input type="checkbox"/> the deceased child's share is divided among their issue (their children) OR
<input type="checkbox"/> the deceased child's issue do not receive a share
<input type="checkbox"/> All to Other Beneficiary. Provide Name:
<input type="checkbox"/> Or equally to his or her issue if deceased
<input type="checkbox"/> All to Be Divided Equally among other Beneficiaries. Provide Names:
<input type="checkbox"/> Or equally to their issue if deceased
<input type="checkbox"/> Other – specify:
2. SPOUSAL TRUST
<i>Spouse is entitled to all of income from trust for his or her lifetime.</i>
Name of Trustee(s) of Spousal Trust and relationship to you:
<input type="checkbox"/> Pay capital in the discretion of the trustee(s)
<input type="checkbox"/> Restrictions on distribution of capital

Provide instructions about what is to happen to remainder of trust on death of spouse. Ie. Divided equally among children or their issue?

Other – specify:

3. LIFETIME FAMILY TRUST FOR EACH CHILD

Trustees:

Children are each to be sole trustee of their own trust

OR

Children are each to be trustee of their trust with 1 or more other trustees – provide names and relationship to you:

Beneficiaries:

Child and their issue (children) are to be beneficiaries of each trust - if other beneficiaries provide details:

OR

Child and Spouse and their issue are to be the beneficiaries of the trust – provide details:

4. TRUST FOR CHILDREN OR OTHER BENEFICIARIES

Trust for your children

Trust for disabled beneficiary. Provide name, relationship to you:

Trust for other beneficiary(ies). Provide names, relationship to you, and purpose of trust:

We suggest that inheritances to young people are spread out over a number of years, in 3 or more distributions.

Age(s) of Distributions and Amount of Capital Share given at each Distribution period:

Age and %:	Age and %:	Age and %:	Age and %:
------------	------------	------------	------------

Other instructions or wishes:

4. COMMON DISASTER PROVISIONS

Names and Relationships of Beneficiaries and Instructions for Division amongst Beneficiaries. For example: all to be divided between 2 named persons; all to named charity; all to be divided into 2 parts, 1 part for each spouse’s family equally divided among siblings ...

5. AGE TO RECEIVE INHERITANCE FOR NON-TRUST BENEFICIARIES
<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25

<p>EXECUTOR(S)/TRUSTEE(S) <i>(Your executor is the person or people who will administer your estate and any trusts in your Will, except those trusts for which you have named a separate trustee.)</i></p>
<p>EXECUTOR(S) OF FIRST CHOICE</p>
<p>Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No . If No, provide name and relationship and contact info for each executor:</p>
<p>ALTERNATE EXECUTOR(S)</p>
<p>Provide name and relationship and contact info for each executor:</p>
<p>Provide details of all Conditions, and Restrictions for Executors ie. majority rules, minimum number of executors:</p>

<p>GUARDIAN(S) <i>(Your guardian is the person or people you name to take care of your children until they turn 18).</i></p>
<p>Guardian(s) of First Choice (Provide Name, Relationship, City of Residence)</p>
<p>Alternate Guardian(s) (Provide Name, Relationship, City of Residence)</p>

OTHER INSTRUCTIONS, COMMENTS OR NOTES:

POWERS OF ATTORNEY

PLANNING YOUR POWERS OF ATTORNEY:	
<p>Do you (and your spouse) presently have Continuing Power(s) of Attorney for Property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you (and your spouse) presently have Power(s) of Attorney for Personal Care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, location(s) and date(s) of prior Power(s) of Attorney:</p>	
POWERS OF ATTORNEY:	
A. SELF	B. SPOUSE
Provide Names, Relationship & Addresses of Attorneys	Provide Names, Relationship & Addresses of Attorneys
<p>Continuing Power of Attorney for Property:</p> <p><input type="checkbox"/> Name of Attorney(s) _____</p> <p>_____</p> <p><input type="checkbox"/> Substitute _____</p> <p>_____</p> <p>If more than 1 Attorney is Named, are Attorneys to act together, or can either Attorney act?:</p> <p><input type="checkbox"/> Together <input type="checkbox"/> Either or Both Attorney</p> <p>If more than 2 Attorneys are Named, are Decisions to be made unanimously or by majority rule?:</p> <p><input type="checkbox"/> Unanimously <input type="checkbox"/> By Majority</p> <p><input type="checkbox"/> Are there to be restrictions in Power of Attorney ie. only to be used if you are proven to be incapable? If yes, how is incapacity to be determined?:</p> <p>Power of Attorney for Personal Care:</p> <p><input type="checkbox"/> Name of Attorney(s) _____</p> <p>_____</p> <p><input type="checkbox"/> Substitute _____</p> <p>_____</p> <p>If more than 1 Attorney is Named, are Attorneys to act together, or can either Attorney act?:</p> <p><input type="checkbox"/> Together <input type="checkbox"/> Either or Both Attorney</p> <p>If more than 2 Attorneys are Named, are Actions to be made unanimously or by majority rule?:</p> <p><input type="checkbox"/> Unanimously <input type="checkbox"/> By Majority</p> <p><input type="checkbox"/> Do you want to include specific instructions in Power of Attorney? If yes, do you want to say that you don't want life support if you are terminally ill ?:</p> <p><input type="checkbox"/> Include "No Life Support" clause</p> <p>Provide details of any other specific instructions:</p>	<p>Continuing Power of Attorney for Property:</p> <p><input type="checkbox"/> Name of Attorney(s) _____</p> <p>_____</p> <p><input type="checkbox"/> Substitute _____</p> <p>_____</p> <p>If more than 1 Attorney is Named, are Attorneys to act together, or can either Attorney act?:</p> <p><input type="checkbox"/> Together <input type="checkbox"/> Either or Both Attorney</p> <p>If more than 2 Attorneys are Named, are Decisionsto be made unanimously or by majority rule?:</p> <p><input type="checkbox"/> Unanimously <input type="checkbox"/> By Majority</p> <p><input type="checkbox"/> Are there to be restrictions in Power of Attorney ie. only to be used if you are proven to be incapable? If yes, how is incapacity to be determined?:</p> <p>Power of Attorney for Personal Care:</p> <p><input type="checkbox"/> Name of Attorney(s) _____</p> <p>_____</p> <p><input type="checkbox"/> Substitute _____</p> <p>_____</p> <p>If more than 1 Attorney is Named, are Attorneys to act together, or can either Attorney act?:</p> <p><input type="checkbox"/> Together <input type="checkbox"/> Either or Both Attorney</p> <p>If more than 2 Attorneys are Named, are Actions to be made unanimously or by majority rule?:</p> <p><input type="checkbox"/> Unanimously <input type="checkbox"/> By Majority</p> <p><input type="checkbox"/> Do you want to include specific instructions in Power of Attorney? If yes, do you want to say that you don't want life support if you are terminally ill ?:</p> <p><input type="checkbox"/> Include "No Life Support" clause</p> <p>Provide details of any other specific instructions:</p>