FORM FOR REQUESTING A WILL / POWER OF ATTORNEY

(to be completed and faxed to the Law Offices of S. Shub at 416-222-4277 or to be sent by mail to the Law Offices of S. Shub)

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 or beneficiaries).

(3) When wills are being done in the law offices of S. Shub, we focus strictly on methods of distribution for 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.

REQUEST BY(name in full): _____

_____
(also known as, if applicable)

Current Home Address: _____

(include city and code) _____

Date of Birth: _____ 19 _____ I am: male ( ) female ( )

Telephone: Res: _____ Cell: _____
Bus: _____ Fax: _____

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

If married: 1st time marriage ( ) 2nd time marriage ( ) 3rd time marriage ( )

If currently officially married, and you live together, spouse's name _____

Details of children of any prior marriage or relationship (prior to existing marriage or existing relationship). State names and dates of birth and whether son or daughter:

_____

_____

_____

Details of children of 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):

_____

_____

_____

_____

I am ☐/am not ☐ in a rush for the will ☐/ POA ☐ due to (state reason):
(check mark one)

_____

_____

I am requesting: a will (☐) a power of attorney / living will for possible future mental or physical incapacity (☐)

A representative from the Law Offices of S. Shub is requested to contact me in order to finalize an appointment for signing my will/power of attorney. I understand that your legal fee for preparation and sign up of the will is $75.00 per person (if a couple) when each is doing a will at the same time; $88.00 if a single person; $25.00 for each continuing power of attorney (usually done together with a will in case of mental or physical incapacity).

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 the undersigned understands is not being provided by the law office of S. Shub or Stephen H. Shub Professional Corporation:

_____ _____

(Signature) (Date)

_____

(Print Name)