

# STEPHEN H. SHUB PROFESSIONAL CORPORATION

Barrister, Solicitor, Notary

[www.WillPlanningOntario.ca](http://www.WillPlanningOntario.ca)

## FORM FOR REQUESTING A WILL

If you would like to have a will prepared by our office, complete this form and email it back to our offices at [quote@homelegalcost.com](mailto:quote@homelegalcost.com) OR by fax to 416-222-4277 OR in person at any of our 7 GTA Law Office locations.

### 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 a list of what you currently own, since such assets will change over time. Our wills focus on a formula of distribution of whatever you might own at the time of death.
3. With our wills, you decide your own formula for distribution (usually percentages or shares of whatever you own being given to each of your intended heirs or beneficiaries).
4. Our wills do NOT include estate planning methods for tax reduction. One should consider consulting an estate planning specialist for this service.

OUR FEE INCLUDES: A Will, Power of Attorney for both Property and Personal Care, Affidavit of Signature : \$285.00 + HST

TYPE OF SERVICE: Check the applicable service.

( ) Standard (2 to 3 weeks for signing)

( ) **Rush** (1 Week or less for signing) If rush, please state why: \_\_\_\_\_

### CONTACT INFORMATION:

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

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

T: 416-222-1882

F: 416-222-4277

E: [quote@homelegalcost.com](mailto:quote@homelegalcost.com)

**PLEASE FILL IN THE FOLLOWING SECTIONS. PLEASE PRINT YOUR RESPONSES.**

**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 married:** 1st marriage ( ) 2nd marriage ( ) 3rd marriage ( )

**Full name of current spouse:** \_\_\_\_\_

**IF** you have children from any marriage or relationship **PRIOR** to your current marriage/  
relationship, please list the 1) full name, 2) date of birth and 3) gender of each child:

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

Please list the 1) full name, 2) date of birth and 3) gender of each child from your **CURRENT**  
marriage or relationship:

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

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

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

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

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

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\*\*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 they understand is NOT being provided by the law offices of S. Shub and Stephen H. Shub Professional Corporation. \*\*

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(Signature)

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(Print Name)

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(Date)