

**Campbell Clark Yemensky
Barristers and Solicitors
Suite 208, 1400 Clyde Avenue
Ottawa, Ontario K2G 3J2**

**Information and Asset Sheet
*PERSONAL AND CONFIDENTIAL***

Please fax this completed Information and Asset Sheet to the attention of
Marisa Potvin @ (613) 224-8943 or e-mail as attachment to mpotvin@familylaw-ottawa.ca

A. FULL NAMES, ETC.

Your Name: _____ Age: _____

Date of Birth: _____

Place of Birth: _____

Surname at Birth: _____

Living in Ontario Since: _____

Citizenship _____

Husband/Wife/Partner: _____ Age: _____

Citizenship of Husband/Wife/Partner _____

Your Full Address: _____

_____ Postal Code _____

Telephone - Home: _____

Office: _____

Cellular: _____

E-mail: _____

B. CHILDREN:

1. _____

_____ Full Name

_____ Age: _____ Birthdate: _____

_____ (Address)

_____ (Occupation)

a. Child's Spouse _____ Age: _____

Occupation: _____

b. Grandchild _____ Age: _____

c. Grandchild _____ Age: _____

d. Grandchild _____ Age: _____

Any with health/special needs? _____

Any non-resident Canadian? _____

Any with other/dual citizenship? _____

2.

Full Name
Age: _____ Birthdate: _____

(Address)

(Occupation)

a. Child's Spouse _____ Age: _____
Occupation: _____
b. Grandchild _____ Age: _____
c. Grandchild _____ Age: _____
d. Grandchild _____ Age: _____

Any with health/special needs? _____
Any non-resident Canadian? _____
Any with other/dual citizenship? _____

3.

Full Name
Age: _____ Birthdate: _____

(Address)

(Occupation)

a. Child's Spouse _____ Age: _____
Occupation: _____
b. Grandchild _____ Age: _____
c. Grandchild _____ Age: _____
d. Grandchild _____ Age: _____

Any with health/special needs? _____
Any non-resident Canadian? _____
Any with other/dual citizenship? _____

C. FINANCIAL:

Real Estate

Property Address: _____

How title is held: _____

If title is held solely, who will be your
beneficiary of this land? _____

Property Address: _____

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beneficiary of this land? _____

Property Address: _____

How title is held: _____

If title is held solely, who will be your
beneficiary of this land? _____

Investments/Pensions:

Name: _____

Company: _____

Address: _____

Telephone number: _____

Name: _____

Company: _____

Address: _____

Telephone number: _____

Name: _____

Company: _____

Address: _____

Telephone number: _____

Name: _____

Company: _____

Address: _____

Telephone number: _____

Insurance:

Name: _____

Company: _____

Address: _____

Telephone number: _____

_____ Beneficiaries of policy: _____

Name: _____

Company: _____

Address: _____

Telephone number: _____

_____ Beneficiaries of policy: _____

Debts:

Name of Creditor : _____

_____ Account Number: _____

Do you have insurance to cover this debt? (i.e. credit card insurance): _____

_____ Name of Creditor : _____

Account Number: _____

Do you have insurance to cover this debt? (i.e. credit card insurance): _____

Name of Creditor : _____

Account Number: _____

Do you have insurance to cover this debt? (i.e. credit card insurance): _____

Name of Creditor : _____

Account Number: _____

Do you have insurance to cover this debt? (i.e. credit card insurance): _____

Name of Creditor : _____

Account Number: _____

Do you have insurance to cover this debt? (i.e. credit card insurance): _____

D. ACCOUNTANT:

Name: _____

Company: _____

Address: _____

Telephone number: _____

DOCUMENTATION

A. EXECUTOR(S): (this person satisfies your obligations after your death and distributes your estate to the beneficiaries. The executor/executor may be your spouse, child, friend and may also be a beneficiary under your Will)

Do you want your spouse to be your Executor/Executrix? Yes / No

Name of Executor, if not spouse: _____

Address of Executor, if not spouse: _____

Back-up Executor: _____

Address of Back-up Executor: _____

B. GUARDIAN(S): (for children under sixteen)

Name(s): _____

C. ESTATE BENEFICIARIES:

D. SPECIAL BEQUESTS:

Are there any personal items or articles which you wish to bequest to a specific person?

Article	Person to whom it is intended
_____	_____
_____	_____
_____	_____
_____	_____

E. POWER OF ATTORNEY FOR PROPERTY:

Do you want your spouse to be your Primary Attorney? Yes / No

Name of Back-up(s): _____

Name of Secondary Back-up(s) _____

If more than one back-up, must both sign?: Yes / No

F. DO YOU WISH TO PLACE ANY RESTRICTIONS ON THE POWERS OF YOUR ATTORNEY FOR FINANCIAL MATTERS? (For example, restricting the powers of the Attorney to deal with any specific assets;) Yes / No

G. POWER OF ATTORNEY FOR PERSONAL CARE:

Do you want your spouse to make decisions for you? Yes / No

Name of Back-up(s): _____

Specific Instructions: Yes / No

H. DO YOU WISH TO PLACE ANY RESTRICTIONS ON THE POWERS OF YOUR ATTORNEY FOR PERSONAL CARE (please see attached potential restrictions and feel free to add any further restriction that may come to mind).

I. ESTRANGED SPOUSE:

Name of Estranged Spouse _____

Separated or Divorced _____

Are there on going obligations to provide either child or spousal support or maintain insurance? _____

J. DO YOU WANT TO BE CREMATED? _____

K. DO YOU HAVE SPECIFIC INSTRUCTIONS WITH REGARD TO FUNERAL ARRANGEMENTS?

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CONDITIONS AND RESTRICTIONS

The following are my instructions to my Attorney(s) and my wishes with respect to the giving or refusing of consent to specified kinds of treatment under specified circumstances:

If at any time I should have an injury, disease or illness which results in severe physical or mental disability from which my physician considers there is no reasonable expectation of either a substantial recovery or a substantial improvement in the quality of life from that then being experienced by me as a result of such disability, I direct that I be kept alive no longer than 90 days by medications, artificial means or "heroic measures" and then be allowed to die, and I direct that any such medications, means or measures that would keep me alive in those circumstances be withheld or withdrawn.

Notwithstanding the statement in paragraph 3 a above, I direct that fluids and food (hydration and nutrition) always be provided to me, by any means, unless death is inevitable and truly imminent so that the effort to sustain my life is futile or unless I am unable to assimilate fluids and food. The meaning of the words "imminent" and "futile" for the purpose of this direction are those which I have discussed with my attorney(s) and are determined in their exclusive judgment.

I direct that my attorney(s) be part of the determination of whether or not a "Do Not Resuscitate" (DNR) order is appropriate for me.

I direct that my attorney(s) request and that I receive hospice/palliative care which may be necessary to alleviate pain and other symptoms so that I may live to the limits of my potential.

I direct that my life is not to be ended by assisted suicide. If I should ask for assistance to commit suicide please recognize it as either a plea for pain and symptoms management or a plea for spiritual or psychological help.

I request my Attorney to seek a second opinion on medical treatment prior to granting authorization to proceed from qualified medical practitioners specializing in the medical field related to my affliction, injury or disease.

I request that in the event that there is no reasonable prospect of my recovery, I direct my Attorney to use any and all available means to maintain my comfort, even if such means may hasten my death.

I request my Attorney donate my organs for transplant purposes including donation for medical research. I further authorize my Attorney to authorize an autopsy if deemed valuable for medical research.

I further request my Attorney to arrange for my remains to be buried/cremated