

WILLS INTAKE FORM

FOR OFFICE USE ONLY
NAME OF CLIENT: _____
FILE REFERENCE NO.: _____
DATE OF INSTRUCTION: _____

CLIENT INFORMATION (TESTATOR)

SPECIFIC REASON FOR URGENCY? _____

1.CLIENT 1: FULL NAME & NAMES "KNOWN AS"	CLIENT 2: FULL NAMES & NAMES "KNOWN AS"
2.ADDRESS	2.ADDRESS
3.CONTACT INFORMATION	3. CONTACT INFORMATION
CELL: _____	CELL: _____
HOME: _____	HOME: _____
WORK: _____	WORK: _____
EMAIL: _____	EMAIL: _____
4. DATE AND PLACE OF BIRTH	4. DATE AND PLACE OF BIRTH
5. CITIZENSHIP	
Canadian Citizen: <input type="checkbox"/> Other: <input type="checkbox"/>	Canadian Citizen: <input type="checkbox"/> Other: <input type="checkbox"/>
Canadian Resident: <input type="checkbox"/> Other: <input type="checkbox"/>	Canadian Resident: <input type="checkbox"/> Other: <input type="checkbox"/>
Details if Other: _____	Details if Other: _____

<p>6.MARITAL STATUS</p> <p><input type="checkbox"/> SINGLE COMMON LAW <input type="checkbox"/></p> <p><input type="checkbox"/> MARRIED WIDOWED <input type="checkbox"/></p> <p><input type="checkbox"/> ENGAGED DIVORCED <input type="checkbox"/></p> <p><input type="checkbox"/> SEPARATED</p> <p>IF THE WILL IS BEING MADE IN CONTEMPLATION OF MARRIAGE:</p> <p>DATE OF MARRIAGE: _____</p> <p>TO (NAME OF FUTURE SPOUSE): _____</p>	<p><input type="checkbox"/> SINGLE COMMON LAW <input type="checkbox"/></p> <p><input type="checkbox"/> MARRIED WIDOWED <input type="checkbox"/></p> <p><input type="checkbox"/> ENGAGED DIVORCED <input type="checkbox"/></p> <p><input type="checkbox"/> SEPARATED</p>
<p>7.DATE AND PLACE OF MARRIAGE</p>	<p>DATE AND PLACE OF MARRIAGE</p>
<p>8.PREVIOUS MARITAL HISTORY PROVIDE COPY OF DECREE</p>	<p>PREVIOUS MARITAL HISTORY PROVIDE COPY OF DECREE</p>
<p>9.DOMESTIC CONTRACTS DETAILS (IF ANY) PROVIDE COPY</p>	<p>DOMESTIC CONTRACTS DETAILS (IF ANY) PROVIDE COPY</p>
<p>10.ANY EXISTING WILLS AND POWERS OF ATTORNEY (PROVIDE COPY)</p>	<p>ANY EXISTING WILLS AND POWERS OF ATTORNEY (PROVIDE COPY)</p>

11.CHILDREN: Please include further detail on last page if more than 4 children

CHILD1: NAME	DATE OF BIRTH	ADDRESS	MARITAL STATUS
CHILD 2: NAME	DATE OF BIRTH	ADDRESS	MARITAL STATUS
CHILD 3: NAME	DATE OF BIRTH	ADDRESS	MARITAL STATUS
CHILD 4: NAME	DATE OF BIRTH	ADDRESS	MARITAL STATUS

IF ANY OF THE ABOVE CHILDREN ARE NOT THE NATURAL CHILDREN OF CLIENT 1 AND CLIENT 2, PLEASE PROVIDE DETAILS:

12.GRANDCHILDREN

GRANDCHILD1: NAME	DATE OF BIRTH	ADDRESS	CHILD OF:
GRANDCHILD 2: NAME	DATE OF BIRTH	ADDRESS	CHILD OF:
GRANDCHILD 3: NAME	DATE OF BIRTH	ADDRESS	CHILD OF:

GRANDCHILD 4: NAME	DATE OF BIRTH	ADDRESS	CHILD OF:

13. OTHER DEPENDANTS, SUPPORT OBLIGATIONS OR SIGNIFICANT FAMILY MEMBERS:

14. PROMISES YOU HAVE MADE REGARDING YOUR ESTATE

15. Any Other Beneficiaries to be named in will (other than dependants named above)

Full Name	Date of Birth	Relationship to Testator	Address	Telephone Number	Email address (if available)

Special Concerns: (estranged family members etc.)

FINANCIAL INFORMATION

16.OCCUPATION, EMPLOYER AND ANNUAL INCOME

CLIENT 1:

CLIENT 2:

17.ADVISORS

WHO PREPARES TAX: _____

INVESTMENT ADVISORS AND/OR FINANCIAL PLANNER: _____

PREVIOUS LAWYERS: _____

SAFETY DEPOSIT BOX OR LOCK BOX: _____

HOME INSURANCE: NAME OF BROKER OR COMPANY: _____

CONTACT DETAILS FOR BROKER OR COMPANY: _____

ASSETS

18.BANK ACCOUNTS

INSTITUTION AND ACCOUNT NUMBER	CLIENT 1	CLIENT 2	JOINT

IF ANY OF THESE ACCOUNTS ARE HELD IN YOUR NAME WITH ANOTHER PERSON, IS IT YOUR INTENTION THAT THE OTHER PERSON RECEIVE THE ENTIRE BALANCE IN SUCH ACCOUNT UPON YOUR DEATH?

CLIENT 1 YES NO

CLIENT 2 YES NO

19. NON-REGISTERED INVESTMENTS ie. GIC's, STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

	CLIENT 1	CLIENT 2
COMPANY NAME: CONTRACT NUMBER: TYPE OF PLAN: NAMED BENEFICIARY: VALUE TO YOUR ESTATE		
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COMPANY NAME: CONTRACT NUMBER: TYPE OF PLAN: NAMED BENEFICIARY: VALUE TO YOUR ESTATE:		
COMPANY NAME: CONTRACT NUMBER: TYPE OF PLAN: NAMED BENEFICIARY: VALUE TO YOUR ESTATE:		

20. RRSP'S, RRIF'S, PENSIONS AND ANNUITIES

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

21. OWNERSHIP INTEREST IN A BUSINESS

NAME OF BUSINESS:

DETAILS:

22.LIFE INSURANCE, DISABILITY, CRITICAL ILLNESS POLICIES

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

COMPANY NAME:

CONTRACT NUMBER:

TYPE OF PLAN:

NAMED BENEFICIARY:

VALUE TO YOUR ESTATE:

23.REAL ESTATE AND LEASEHOLD INTERESTS

REAL ESTATE LOCATION:

VALUE:

REAL ESTATE IN NAME OF:

REAL ESTATE LOCATION:

VALUE:

REAL ESTATE IN NAME OF:

24.PERSONAL PROPERTY – MAJOR ASSETS EXCL REAL ESTATE EG. VEHICLES, BOATS ETC.		
ASSET:		
IN NAME OF:		
VALUE:		
25.ANY ITEM REQUIRING APPRAISALS:		
26.APPROXIMATE VALUE OF HOUSEHOLD GOODS AND FURNITURE		
ITEM VALUE:		
27.LOCATION OF IMPORTANT PERSONAL PAPERS AND INFORMATION (IE. COMPUTER LOGIN ETC)		
28.ARE YOU AN EXECUTOR OR BENEFICIARY UNDER ANOTHER PERSON’S ESTATE OR TRUST?		
29.HAVE YOU SET UP A TRUST FOR ANOTHER PERSON		
30.LIABILITIES		
31.MORTGAGES, DEBTS, AND OTHER EXPOSURE TO LIABILITIES IE. LINE OF CREDIT, GUARANTEES ETC.		
32.OTHER MATTERS NOT COVERED:		
33.SPECIFIC WILL INSTRUCTIONS:		

34.ATTORNEYS FOR CONTINUING POWER OF ATTORNEY FOR PROPERTY (INCLUDING ALTERNATE CHOICE)		
CLIENT 1	NAME: TELEPHONE NUMBER:	ADDRESS:
CLIENT 2	NAME: TELEPHONE NUMBER:	ADDRESS:
ALTERNATE CHOICE CLIENT 1	NAME: TELEPHONE NUMBER:	ADDRESS:
ALTERNATE CHOICE CLIENT 2	NAME: TELEPHONE NUMBER:	ADDRESS:
If more than one concurrently, are they to act JOINTLY (ie. Must act together) or JOINTLY AND SEVERALLY (ie. Together or independent		
35.ATTORNEYS FOR CONTINUING POWER OF ATTORNEY FOR PERSONAL CARE (INCLUDING ALTERNATE CHOICE)		
CLIENT 1	NAME: TELEPHONE NUMBER:	NAME: TELEPHONE NUMBER:
CLIENT 2	NAME: TELEPHONE NUMBER:	NAME: TELEPHONE NUMBER:

ALTERNATE CHOICE CLIENT 1	NAME: TELEPHONE NUMBER:	NAME: TELEPHONE NUMBER:
ALTERNATE CHOICE CLIENT 2	NAME: TELEPHONE NUMBER:	NAME: TELEPHONE NUMBER:
If more than one concurrently, are they to act JOINTLY (ie. Must act together) or JOINTLY AND SEVERALLY (ie. Together or independent		
36.ARE EXECUTORS TO HAVE BROAD POWERS REGARDING SALE OF ASSETS, INVESTMENTS ETC.		
CLIENT 1		
CLIENT 2		
37.SPECIFIC GIFTS (PERSONAL EFFECTS, JEWELLERY, CLOTHING, HOUSEHOLD GOODS, VEHICLES)		
CLIENT 1	ITEM:	TO:
CLIENT 2	ITEM:	TO
ARE THESE GIFTS CONDITIONAL ON SPOUSE PREDECEASING?	CLIENT 1:	CLIENT 2:

38.DISPOSITION OF RESIDENCE AND/OR COTTAGE	
CLIENT 1	CLIENT 2

39.CASH LEGACIES (INCLUDING CHARITIES)	
CLIENT 1	CLIENT 2
CONDITIONAL ON SPOUSE PREDECEASING?	CONDITIONAL ON SPOUSE PREDECEASING?
40.DISPOSITION OF RESIDUE (PER STIRPES, PER CAPITA, ETC)	
CLIENT 1	CLIENT 2
41.CREATE TRUSTS FOR BENEFICIARIES?	
CLIENT 1	CLIENT 2
42.GUARDIAN FOR CHILDREN	
CLIENT 1	CLIENT 2
SPECIFIC PROVISIONS REGARDING EXPENSES, EDUCATION, RELIGIOUS UPBRINGING ETC.	

43. NAME OF FAMILY PHYSICIAN	
CLIENT 1	CLIENT 2
44. FUNERAL/BURIAL INSTRUCTIONS	
45. ANY SPECIFIC INSTRUCTIONS OR CLAUSES	
CLIENT 1	CLIENT 2

I/WE HEREBY ACKNOWLEDGE THAT I/WE HAVE REVIEWED AND APPROVED THE INFORMATION AND INSTRUCTIONS SET OUT HEREIN. WE CONFIRM ITS ACCURACY AND OUR INSTRUCTIONS HEREIN.

DATED AT _____ THIS _____ DAY OF _____ 20_____

 CLIENT 1

 CLIENT 2