

# - WILLS/ESTATE PLANNING -

## Electronic Intake Form

### PERSONAL INFORMATION

**NB: Testator = person making the Will**

#### Testator

Testator's Legal Name: \_\_\_\_\_

("also known as"): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:       Single                       Married                       Common Law

Divorced                       Separated                       Widowed

Testator's Occupation: \_\_\_\_\_

Testator's Employer/Business: \_\_\_\_\_

#### Spouse

Spouse's Legal Name: \_\_\_\_\_

("also known as"): \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer/Business: \_\_\_\_\_

#### Children

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Special Circumstances**

Does the testator have an existing domestic contract (Separation Agreement or Marriage Contract)?  Yes  No

Does the testator have any existing support obligations (child or spousal)?  Yes  No

Are there any special personal circumstances that might affect the testator's will (i.e. disabled beneficiary, spendthrift beneficiary, illegitimate children, etc.)?

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

**ASSETS**

**Real Estate**

Address: \_\_\_\_\_

Name on Title: \_\_\_\_\_

Current Market Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Equity: \_\_\_\_\_ Acquisition Date and Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Title: \_\_\_\_\_

Current Market Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Equity: \_\_\_\_\_ Acquisition Date and Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Title: \_\_\_\_\_

Current Market Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Equity: \_\_\_\_\_ Acquisition Date and Cost: \_\_\_\_\_

**Bank Accounts**

Name of Institution: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

**Investments**

Name of Institution: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

**Name of Institution:**

\_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account No.: \_\_\_\_\_ Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

**Life Insurance**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Pensions**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Business Interests**

Name of Business: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

Shareholder/Partnership Agreements: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

Shareholder/Partnership Agreements: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

Shareholder/Partnership Agreements: \_\_\_\_\_

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

**Automobiles/Vehicles/Recreational Vehicles**

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

**Jewellery/Artwork/Collections/Heirlooms:**

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Ownership: \_\_\_\_\_

**Other Assets (debts owed to testator, royalties):**

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

**LIABILITIES**

Creditor: \_\_\_\_\_

Amount: \_\_\_\_\_ Interest: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Creditor: \_\_\_\_\_

Amount: \_\_\_\_\_ Interest: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Creditor: \_\_\_\_\_  
Amount: \_\_\_\_\_ Interest: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_

Creditor: \_\_\_\_\_  
Amount: \_\_\_\_\_ Interest: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_

Creditor: \_\_\_\_\_  
Amount: \_\_\_\_\_ Interest: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION OF ESTATE**

This information will be taken directly by the solicitor in person.

**PROPOSED GUARDIANSHIP OF MINOR CHILDREN**

Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Exclusion of Illegitimate Children:       Yes       No

Funeral Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTATE TRUSTEE(S)**

Primary Estate Trustee(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate Estate Trustee(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate Estate Trustee(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**POWERS OF ATTORNEY**

**Property:**

Primary Attorney: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Attorney: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_



Attorney Entitled to Compensation:  Yes  No

Effective Date:  Immediately  Upon loss of Capacity

Special Instructions/Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Care:**

Primary Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attorney Entitled to Compensation:  Yes  No

“No Heroic Measures” Clause:  Yes  No

Special Instructions/Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_