

WILL INTAKE
Information Gathering Form

| |
|-------------------------------------------------------------------------------|
| <i>For Office Use Only</i> Date: _____ Lawyer: _____ File No.: _____ |
|-------------------------------------------------------------------------------|

I. PERSONAL INFORMATION ABOUT TESTATOR (Person making the Will)

Testator's Legal Name: _____

(also known as): _____

Address (*Street, City, and Postal Code*):

Is the above Principal residence? [] Yes [] No

If "no" please provide:

Date of Birth (*Month/Day/Year*):

Telephone: (Home) _____
(Business) _____
(Cell) _____

Occupation of Testator: _____

Name of Business of Testator (*if applicable*):

Relationship to Business: (*if applicable*) *i.e., Sole Proprietor, 50% partner, minority shareholder, etc.*

Annual Earned Income \$ _____

Dividend Income, if any \$ _____

Interest Income, if any \$ _____

Marital Status ("X" in appropriate box): Single [] Married [] Divorced [] Separated [] Widow []

Details of any divorce orders or dissolutions:

Legal Name(s) of ex-spouse(s) (if applicable):

Legal Name of current Spouse (if applicable):

(Also known as):

Date of Marriage:

Place of Marriage:

Details of any property regimes or domestic contracts:

Date of Birth of Spouse (Month/Day/Year):

Details respecting Children (if any):

| Name & Age | Address | Date of Birth (Month/Day/Year) | Other Parent /Guardian (spell out name) |
|------------|---------|-----------------------------------|--------------------------------------------|
|------------|---------|-----------------------------------|--------------------------------------------|

Details respecting Grandchildren (if any):

| Name & Age | Address | Date of Birth (Month/Day/Year) | Name of Child's Parents/ Guardian(s) |
|------------|---------|-----------------------------------|--------------------------------------|
|------------|---------|-----------------------------------|--------------------------------------|

Legal Name(s) and address of any beneficiaries other than Spouse, Children, Grandchildren:

Details of any support obligations (legal or moral):

Details of any relevant personal situations, *i.e.*, disabled or spendthrift spouse/and or children: _____

Name of Accountant: _____

Name of Investment Advisor: _____

Name of Insurance Advisor: _____

II.

ASSETS

(A) REAL ESTATE

(List Real Property owned)

1. Address: _____

Legal Description *(if known)*: _____

Name(s) on Title: _____

Location of Deed: _____

Current Market Value: _____

Encumbrances/Mortgages: _____

Equity *(\$ or %)*: _____

Assessed Value *(Indicate whether source is MPAC or Recent Appraisal)*: _____

Acquisition Cost and Date *(Month/Day/Year)*: _____

2. Address:

Legal Description (*if known*): _____

Name(s) on Title: _____

Location of Deed: _____

Current Market Value: _____

Encumbrances/Mortgages: _____

Equity (*\$ or %*): _____

Assessed Value (*Indicate whether source is MPAC or Recent Appraisal*): _____

Acquisition Cost and Date (*Month/Day/Year*): _____

3. Address: _____

Legal Description (*if known*): _____

Name(s) on Title: _____

Location of Deed: _____

Current Market Value: _____

Encumbrances/Mortgages: _____

Equity (*\$ or %*): _____

Assessed Value (*Indicate whether source is MPAC or Recent Appraisal*): _____

Acquisition Cost and Date (*Month/Day/Year*): _____

*** List additional real estate on reverse or provide a schedule of additional properties:**

1. Provide details of Rental/Income Generating Property owned (if any):

Address of Property: _____

Number of Individual Units/Apartments and Amount of Rent charged for each:

- 1. _____ 4. _____ 7. _____ 10. _____
- 2. _____ 5. _____ 8. _____ 11. _____
- 3. _____ 6. _____ 9. _____ 12. _____

Name, Address and Phone numbers of Property Manager: _____

2. Provide details of second Rental/Income Generating Property owned (if any):

Address of Property: _____

Number of Individual Units/Apartments and Amount of Rent charged for each:

- 1. _____ 4. _____ 7. _____ 10. _____
- 2. _____ 5. _____ 8. _____ 11. _____
- 3. _____ 6. _____ 9. _____ 12. _____

Name, Address and Phone numbers of Property Manager: _____

***List additional rental properties on reverse or provide a schedule of additional properties:**

(B) SAFETY DEPOSIT BOX

| Location | Box Number | Registered Name | Location of Key |
|----------|------------|-----------------|-----------------|
|----------|------------|-----------------|-----------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(D) OTHER INVESTMENTS

→ **Shares, Bonds, Debentures, GIC, RESP:**

| Description including Number | Acquisition Cost & Date | Current Value | Location |
|------------------------------|-------------------------|---------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are there any restrictions on transfer? [] Yes [] No

Are shares subject to buy-sell agreement? [] Yes [] No

If a buy-sell agreement is in force, is it funded? [] Yes [] No

(Obtain all relevant agreements)

(E) MONEY ON DEPOSIT

| Bank/Depository Name and Address | Account Number & Type (e.g., chequing, savings etc.) | Ownership | Approx. Value |
|----------------------------------|------------------------------------------------------|-----------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(F) INTERESTS IN PARTNERSHIP OR UNINCORPORATED BUSINESS _____
(obtain copies of all agreements) _____

(G) ANY DEBTS OWING TO THE DECEASED INCLUDING PROMISSORY NOTES _____
(provide details below) _____

(H) MOTOR VEHICLES

AUTOMOBILES:

| Description | Value | Ownership |
|-------------|-------|-----------|
| _____ | | |
| _____ | | |
| _____ | | |

BOATS:

| Description | Value | Ownership |
|-------------|-------|-----------|
| _____ | | |
| _____ | | |
| _____ | | |

RECREATIONAL VEHICLES:

| Description | Value | Ownership |
|-------------|-------|-----------|
| _____ | | |
| _____ | | |
| _____ | | |

(I) LIVESTOCK

(J) EQUIPMENT MACHINERY, TOOLS

(K) HEIRLOOMS, JEWELLERY, ARTWORK, COLLECTIONS, OTHER

(L) HOUSEHOLD ASSETS (other than above) & FURNITURE

OTHER ASSETS

Contingent or vested interest in an *inter vivos* or testamentary trust
(Client to provide copy of document)

General or specific: _____

Tax sheltered investments: _____

Royalties: _____

>> TOTAL VALUE OF ASSETS: \$ _____ <<

IV.

SPECIFIC WILL INSTRUCTIONS

(A) DISPOSITIONS:

1. PERSONAL EFFECTS:

(list below any specific bequests to family members & friends)

Other than specific bequests set out above, how is the balancing of Personal Effects to be distributed?
(Please check the appropriate box)

trustee's sole discretion Yes No; OR

as children agree Yes No; OR

memorandum binding Yes No

2. LEGACIES: (e.g., to relatives, employees, charities, etc.)

| Name | Relationship to Testator | Amount | Gift Over To |
|------|--------------------------|--------|--------------|
|------|--------------------------|--------|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3. SHARE OF FAMILY BUSINESS, if any:

Any special disposition?

4. PENSION PROCEEDS, if any:

Any special disposition?

5. REAL ESTATE:

To be held in trust? Yes No

(If held in trust, review obligations for maintenance costs and capital repairs and liability for waste.)

Any specific instructions respecting Real Estate?

6. SPECIAL TRUST(S) (set out details below):

7. RESIDUE: (Approximate value \$ _____)

If spouse is living on the ____ day following date of death, outright distribution [] Yes [] No

-OR-

Life Interest [] Yes [] No

All Income [] Yes [] No

Power of encroach on capital [] Yes [] No

If spouse is not living on the ____ day following date of death or on death of life tenant

All to, or divided between/amongst (*provide names & respective shares*)

IF APPLICABLE, CAPITAL DISTRIBUTION AT THE FOLLOWING AGES AND IN THE FOLLOWING PERCENTAGE (%) OR AMOUNTS (\$):

| Name | Age | Amount |
|-------|-----|--------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

- All income in the meantime Yes No
- Income in the trustee's discretion Yes No
- Power to accumulate income Yes No
- Power to encroach on capital Yes No
- If no spouse/no children Yes No

8. CAPITAL GAINS TAXES:

- Should individual beneficiary bear burden? Yes No
- Should residue bear burden? Yes No

(B) MINORITY INTERESTS:

1. Guardians of minor's property:

2. Guardians of minor person:

3. Alternate Guardians (Person and/or Property):

4. Any special instructions?

(C) MEMORANDUM TO TRUSTEES

1. EXECUTORS:

If spouse survives, acting alone? Yes No

If "no" OR if spouse does not survive OR if no spouse, then

Alternate Executors (*list in order of preference*):

Majority decision binding? Yes No N/A

Are there any special instructions, (*e.g., physical custody of assets, etc.*)

Should there be a clause giving right to adult beneficiaries to remove non-family trustee?

Yes No N/A

2. INVESTMENT POWERS:

Wide Yes No

Restricted Yes No

3. Exclusion of any Beneficiaries and reasons why:

4. Donation of Organs:

If medically acceptable to person in need Yes No

For scientific/medical research Yes No

5. Funeral Instructions:

Has Burial or Entombment been pre-arranged? [] Yes [] No

Has Burial or Entombment been fully paid for? [] Yes [] No

List any other funeral instructions, such as desire to be cremated, religious service, etc.

(D) TESTAMENTARY CAPACITY

Confirm testator knows moral claims:

Confirm testator knows nature and extent of assets:

Note: Do above noted dispositions differ from prior Will? If answer is yes, indicate reasons

(E) POWER OF ATTORNEY

1. Discuss whether a power of attorney for property should be given and to whom.

General Yes No

Bank Yes No

List any Restrictions and/or special instructions.

List alternate Attorney(s) and if more than one (1) whether they are required to act jointly or jointly & severally.

2. Discuss whether a power of attorney for personal care should be given and to whom.

List any Restrictions and/or special instructions.

List alternate Attorney(s) and if more than one (1) whether they are required to act jointly or jointly & severally.
