

WILL INTAKE FORM

** The purpose of this questionnaire is to establish what your assets and liabilities are so that the Will we draft for you allows your estate to be distributed in the manner in which you intend. Please answer all questions completely as inaccurate or partial information could result in your estate failing to be distributed in the manner which you intended. Should you have concerns about the way in which sensitive personal information is handled please ask for a copy of our privacy policy.

Full Legal Name: _____

Address (Including P.O. Box if Applicable)

: _____

Phone Number: _____

Profession: _____

Nick Names and Aliases (Please include all): _____

Date of Birth: _____

Place of Birth: _____

Age: _____.

Name of Spouse (if applicable): _____

Birthplace of Spouse: _____

Birthdate of Spouse: _____

Age: _____.

Have you been previously married (if applicable) YES / NO

If you have been previously married do you have children from this Marriage? YES / NO

Please list the names of all children that you have and their birth dates.

1) _____.

2) _____.

3) _____.

Have you made a previous Will? YES / NO

Do you own assets in another Jurisdiction? YES / NO

*** AN EXECUTOR IS THE PERSON WHO IS RESPONSIBLE FOR WINDING UP YOUR ESTATE AFTER YOU PASS ON. IT IS IMPORTANT TO ENSURE THAT THE PERSON YOU APPOINT EXECUTOR IS CAPABLE OF MANAGING YOUR ESTATE. AS NOTARIES PUBLIC WE HAVE IN-DEPTH KNOWLEDGE OF THE DUTIES AND RESPONSIBILITIES OF EXECUTORSHIP WHICH IS NOT ALWAYS A STRAIGHTFORWARD PROCESS AND CAN BE TIME CONSUMING ESPECIALLY FOR THOSE UNAWARE OF HOW THE PROCESS WORKS. WE ARE ALSO COVERED UNDER OUR PROFESSIONAL LIABILITY INSURANCE TO UNDERTAKE THIS PROCESS. IF YOU WISH FOR US TO ACT FOR YOU AS EXECUTOR PLEASE INITIAL THE BOX BELOW. IF NOT PLEASE INDICATE WHO YOU WOULD LIKE TO ACT AS EXECUTOR.**

EXECUTOR(S) If not Notary Names and Addresses.

1) _____

2) _____

3) _____

In the event that you have minor children please indicate who you would like to act as their guardian(s) in the event that you pass away before they reach the age of 19. (include addresses)

1) _____

2) _____

3) _____

BENEFICIARIES (The people who you want to leave your estate too): Should there be more than one indicate what each is to get in terms of percentage or if equal distribution.

A) _____ **ALL TO SPOUSE**

(Please initial if you want all of your assets to go first to your spouse if applicable then indicate below who you would like your estate to go to if your Spouse or other primary beneficiary is not living when you pass away)

B) Secondary Distribution to Children (if spouse dies at the same time or within 30 days)

_____ **All to Children at age of majority.**

_____ **If one child dies all to siblings.**

_____ **If one child dies, his share passes to his/her children.**

OTHER DISTRIBUTIONS: For example, if you wish your jewelry to go to your daughter.

IN THE EVENT THAT YOUR ENTIRE FAMILY SHOULD PASS AWAY AT THE SAME TIME OR WITHIN THIRTY DAYS OF ONE ANOTHER WHOM WOULD YOU WANT YOUR ESTATE DISTRIBUTED TO AND IN WHAT PROPORTIONS. (Describe as a percentage).

Please outline all of the assets that you have at this time including Property, Bank Accounts, Stocks and Bonds, RRSP's, Pension Funds, Insurance Policies and the like.

Please provide an estimate of your Net Worth. \$_____.

Do you own an interest in any sort of business that will require special knowledge to wind up? YES / NO.

Do you have any immediate family members such as a Spouse, or children who would otherwise be entitled to part of your estate that you wish to exclude? YES / NO

If yes please provide a brief explanation as to the reason for this exclusion. If you do not leave a reason such as "I have excluded my daughter because she is unable to control her spending habits;" and the Will is contested on your death it is likely that a Judge will vary your Will.

Have you made any significant gifts of Cash, Real Estate, or Property to someone in the last 2 years? YES / NO

If yes please provide a brief explanation as to the reason for this gift.

DO YOU WISH TO BE

A: Buried_____

B: Cremated_____

C: Cremated and Ashes Spread at a Specific Location_____

D: Memorial Service ONLY (if cremated)_____

E: Cremated and Buried_____

Please write down any special instructions you may wish with regard to your funeral (Burial, Cremation, etc... Unless otherwise specified a clause will state that all expenses in connection with the Burial, Cremation, etc... should be kept to a minimum.

Please outline any other information that you believe may be important.
