

INCLUSIVE LAW
521 GEORGE ST. N., PETERBOROUGH, ON K9H 3S1
(705) 742-6910

Estate Planning: Client Information Personal Data Sheet

(Attach notes wherever space is insufficient)

For Fee Details: Please contact Inclusive Law directly at **(705) 742-6910**

Date:

Please answer all parts as completely as possible and bring this form with you to your appointment. At that appointment, we will be reviewing many estate planning techniques beyond just your Wills.

PART I - PERSONAL AND FAMILY INFORMATION

	FULL NAME	FULL NAME
<i>Please bring in two pieces of identification to support name (one must be a photo I.D.) <u>We cannot accept the Health Card as ID</u></i>		
Address:		
Phone (home): Phone (business): Cell:		
Email:		
Date and place of birth:		
Occupation: (if retired, state prev. occupation)		
Residence for income tax purposes:		
Township/County of Residence: (ie Scugog Twp, City of Kawartha Lakes)		
Citizenship:		
Marital Status:		

2. Children:

(a) Child's **full name** and date of birth:

Child's address:

Child's marital Status, spouse's **full name** and children (**full names** plus dates of birth:

(b) Child's **full name** and date of birth:

Child's address:

Child's marital Status, spouse's **full name** and children (**full names** plus dates of birth:

(c) Child's **full name** and date of

birth: Child's address:

Child's marital Status, spouse's **full name** and children (**full names** plus dates of birth:

(d) Child's **full name** and date of

birth: Child's address:

Child's marital Status, spouse's **full name** and children (**full names** plus dates of birth:

(e) Child's **full name** and date of

birth: Child's address:

Child's marital Status, spouse's **full name** and children (**full names** plus dates of birth:

3. Others to be named as beneficiaries

Full Name and date of birth:

Relationship (if any):

Address:

Full Name and date of birth:

Relationship (if any):

Address:

Full Name and date of birth:

Relationship (if any):

Address:

Full Name and date of birth:

Relationship (if any):

Address:

4. Particulars of any beneficiaries who are:

(a) mentally or physically disabled:

(b) on social assistance or disability pension:

(c) in custody of a former spouse:

(d) born outside marriage but to be recognized
as a child or grandchild:

PART II GENERAL

1. Do you or your spouse have a will? Location of existing Wills:
Please bring a copy of any existing Wills to your appointment.
2. Are you or your spouse registered as Status Indian?
3. Are you presently receiving benefits from an estate or trust?
Particulars:
4. Have you set up a trust to benefit another person? Does any person hold title to any property in trust for you?
Particulars:
5. Were you or your spouse previously married? If so, do either of you have any children by a previous marriage?
6. Do you and your spouse have any form of cohabitation agreement or marriage contract?
Please provide a copy.
7. Are you a trustee of any trust or executor of any estate or do you hold a power of attorney for any person?
Particulars:
8. Accountant(Name, address and telephone):

Investment Advisor (Name, address and telephone):

Life Insurance Agent (Name, address and telephone):
9. If you are divorced or are married but separated, please provide copies of Divorce Judgment and/or Certificate of Divorce, separation agreement.
10. If you are obliged by Court Order or otherwise to pay support to any person, please provide a copy of the Order.

PART III ASSETS

1. Real Estate *(If property is registered in more than one name, are the owners joint tenants? Please provide copy of Deed, if available)*

Location:

Location:

Approx Value:
(If not principal residence)

Approx Value:

Original cost:

Original cost:

In whose name:

In whose name:

Joint Tenants?:

Joint Tenants?:

2. Bank accounts *(if accounts are in more than one name, are they as joint owners with right of survivorship?)*

Name of bank:

Name of bank:

Address of bank:

Address of bank:

In whose name:

In whose name:

3. Safety deposit box
Location:

4. Life insurance
Whose life insured?:

Whose life insured?:

Name of company:

Name of company:

Type of plan:

Type of plan:

Agent or Broker:

Agent or Broker:

Named beneficiary:

Named beneficiary:

Value to your estate:

Value to your estate:

5. RRSPs, RIFs, other pensions and annuities (including group plans)

Type of contract:

Type of contract:

Who holds the policy?:

Who holds the policy?:

Whose policy?

Whose policy?

Named beneficiary:

Named beneficiary:

6. Businesses

Shares in any private companies or other business assets (proprietorship or partnership). Are there any restrictions on transfers, buy/sell agreement, shareholder/partnership agreement? Provide details and provide copies of any shareholder or partnership agreements:

7. Investments

Please give a summary list of stocks and/or bonds, mutual funds, GIC's or other investments with their original costs and approximate market values:

8. Receivables (others who owe you money)

9. Other assets

List any other significant or unusual assets/investments, personal belongings or other assets of unusual value:

10. Assets outside Canada

List any property or investments outside of Canada:

PART IV LIABILITIES

1. Mortgages payable by you

Amount owing:

Amount owing:

Name of mortgagee:

Name of mortgagee:

Life insured?:

Life Insured?:

2. Other debts

Amount owing:

Amount owing:

Name of creditor:

Name of creditor:

3. Guarantees

Give particulars of any debts of others guaranteed by you.

4. Lawsuits

List any outstanding or pending lawsuits where you are a named party.

PART V - OTHER ESTATE PLANNING MATTERS TO CONSIDER BEFORE YOUR APPOINTMENT

1. Proposed Executors
2. Proposed guardians for minor children:
3. Gifts of personal items (make a list):
4. Disposition of residue of your estate:

These and other items will be reviewed with the Solicitor at the time of the first meeting.

PART VI: POWER OF ATTORNEY INFORMATION

1. Have you previously given a power of attorney (including a power off attorney at a bank) to any person? (If so, please provide particulars and bring a copy to your appointment.)
2. Have you previously given a Personal Care power of attorney to any person? (If so, please provide particulars and bring a copy to your appointment.)
3. Fill out the information set out below for any persons you are contemplating appointment as your attorney for property or your attorney for personal care:

(a) **Full Name** and date of birth:

Relationship to you:

Address and phone number:

(b) **Full Name** and date of birth:

Relationship to you:

Address and phone number:

(c) **Full Name** and date of birth:

Relationship to you:

Address and phone number:

(d) **Full Name** and date of birth:

Relationship to you:

Address and phone number:

WILL INTAKE FORM

Client Information

Full Name: _____
Last
First
Middle

Yes or No

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1 | Are you one of the Testators? <i>(If no, provide details)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | _____ | | | | <input type="checkbox"/> |
| 2 | Existing Will and/or POA? <i>(If yes, details of location)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | _____ | | | | <input type="checkbox"/> |
| 3 | Own any property outside of Ontario? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Married and living with Spouse? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | 2 nd or subsequent marriage? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Separation Agreement? <i>(If yes, please provide a copy)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Living Common Law? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8 | Support Obligations to previous spouse or children? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9 | Cohabitation Agreement? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10 | Marriage Contract? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11 | Own or have an interest in a Business?
<i>(If yes, please provide copies of business agreements)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | | | | | |
| 12 | Citizen of any other Country than Canada? (Incl. U.S.)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13 | On medication for depression/anxiety/stress? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14 | Suffered brain injury, stroke or mental illness in the past? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 15 | Being treated for Alzheimer's or dementia related symptoms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 16 | Ever had formal assessment capacity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17 | Disabled Spouse, Child or Dependents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 18 | Any intention to make charitable gifts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 19 | Member of First Nation or Status Indian? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 20 | Have any step-children/child by surrogate/adopted child? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 21 | Urgent situation? <i>(If yes, provide details)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | _____ | | | | |
| 22 | Other Special Concern(s)? <i>(If yes, provide details)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | _____ | | | | |

Client Acknowledgment and Signature

Client Signature: _____ Date: _____
By signing this form you confirm that the information you provided is true and accurate.

JOINT RETAINER ACKNOWLEDGMENT AND CONSENT

TO: Inclusive Law (the "Firm")

RE: Estate Planning and Preparation of Wills and Powers of Attorney for
Spouses/partners

The undersigned are spouses/partners of one another and hereby acknowledge that we have requested the Firm, to act for the undersigned in connection with estate planning matters.

The undersigned further acknowledge having been advised by the Firm that because it is (or will be) acting on behalf of both of us, based on the Firm's shared understanding of what is to be included in each of our wills and each of our Powers of Attorney (if applicable), the Firm cannot treat any information received from either of us as confidential, insofar as the other of us is concerned, and that in the event that a dispute arises between us, then the Firm cannot continue to act for both of us, and may have to withdraw completely.

The undersigned further acknowledge having been advised by the Firm that, in the event that at some time in the future only one of us communicates new instructions (for example, instructions to change or revoke a will), this new communication would be considered by the Firm to be a new retainer and the Firm would be obliged not to disclose the subsequent communication to the other of us, but the Firm would have a duty to decline to act on the new retainer, unless:

- we had annulled our marriage, divorced, permanently ended our conjugal relationship, or permanently ended our close personal relationship;
- the other of us had died; or
- the other of us was informed of the subsequent communication and agreed to the new instructions.

The undersigned hereby consent to the Firm acting for us, on the foregoing basis.

DATED
