### WILLS INTAKE FORM



Personal Information	
<ul> <li>Full Legal Name:</li></ul>	
Family Information	
<ul> <li>Spouse/Partner's Name:</li> <li>Children's Names and Ages:</li> <li>Child 1:</li> <li>Child 2:</li> <li>Child 3:</li> <li>(Add more if necessary)</li> </ul>	
Executor Information	
<ul> <li>Executor's Name:</li> <li>Executor's Contact Information:</li> <li>Alternate Executor's Name:</li> <li>Alternate Executor's Contact Information:</li> </ul>	
Beneficiaries	
<ul> <li>Primary Beneficiaries:</li> <li>Name:</li> <li>Relationship:</li> <li>Specific Bequest (if any):</li> <li>Name:</li> </ul>	

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



<ul> <li>Name:</li> </ul>
<ul><li>Relationship:</li></ul>
Specific Bequest (if any):
News
• Name:
Relationship:  Considing Resource (if any )
Specific Bequest (if any):
Alternate Beneficiaries (if primary beneficiaries predecease you):
<ul><li>Name:</li></ul>
<ul><li>Relationship:</li></ul>
• Name:
Relationship:
Name
Name:  Relationship:
Relationship:
• Name:
Relationship:
(Specific personal possessions or amounts of money you wish to leave to individuals or organizations (e.g., jewelry, artwork, or family heirlooms)
• Item/Asset:
Recipient's Name:
<ul><li>Relationship:</li></ul>
Description of Bequest:
• Item/Asset:
Recipient's Name:
<ul><li>Relationship:</li></ul>
Description of Bequest:



• Item/Asset:	and com
Recipient's Name:	
Relationship:	
Description of Bequest:	
• Item/Asset:	
Recipient's Name:	
Relationship:	
Description of Bequest:	
• Item/Asset:	
Recipient's Name:	
Relationship:	
Description of Bequest:	
Guardianship (for minor children)	
Guardian's Name:	
Guardian's Contact Information:	
Alternate Guardian's Name:	
• Alternate Guardian's Contact Information:	
Asset Information	
Real Estate	
• Property 1:	
• Address:	
Ownership Details:	
• Property 2:	
• Address:	
Ownership Details:	
Companies	
• Company 1:	
• Name:	



•	Ownership Percentage:
• Cor	npany 2:
•	Name:Ownership Percentage:
Out-of-Co	untry Assets
• Ass	et 1:
•	Description:
•	Location:
• Ass	
•	Description:
•	Location:
Insurance	Policies
• Pol	icy 1:
•	Provider:
•	Policy Number:
•	Beneficiary:
• Pol	icy 2:
•	Provider:
•	Policy Number:
•	Beneficiary:
RRSPs (R	egistered Retirement Savings Plans)
• RRS	SP 1:
•	Institution:
•	Account Number:
•	Beneficiary:
• RRS	SP 2:
•	Institution:
	Account Number



Beneficiary:	
Debts and Liabilities	
<ul><li>Creditor's Name:</li><li>Amount Owed:</li></ul>	_
<ul> <li>Creditor's Name:</li> <li>Amount Owed:</li> </ul>	_
<ul> <li>Creditor's Name:</li> <li>Amount Owed:</li> </ul>	_
<ul> <li>Creditor's Name:</li> <li>Amount Owed:</li> </ul>	_
<ul><li>Creditor's Name:</li><li>Amount Owed:</li></ul>	_
Special Instructions	
<ul> <li>Funeral Arrangements:</li></ul>	
Additional Information	
• Location of Important Documents:	
• Wills Notice Filed: Yes / No	

This information sheet is intended to help your lawyer understand your wishes and the necessary details to draft a comprehensive will that reflects your intentions. Please ensure all information is accurate and up-to-date.

• Date of Wills Notice: