



## Comprehensive Life Planning Intake Form

*(For Single Person or Couple)*

This form covers the creation of a Basic Will, Power of Attorney (POA), and Representation Agreement for health decisions. Please fill out the sections as they apply to you or both you and your partner.

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### 1. Personal Information

- Full Legal Name:
- Date of Birth:
- Contact Information (Email, Phone):
- Home Address:
- Citizenship:
- Marital Status:
  - Single
  - Married
  - Common-Law
  - Divorced
  - Widowed
- Partner's Full Legal Name (if applicable):
- Partner's Date of Birth (if applicable):
- Do you have children? ( Yes No)
  - If yes, list names and birth dates of children:
  - Do any of your children have special needs or require a guardian? ( Yes No)  
If yes, provide details:

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### 2. Property & Assets Information

- Do you own a business? ( Yes No)



- If yes, please provide business name and type:
  - Major assets owned:
    - (e.g., real estate, investments, vehicles, other significant property)
  
  - Do you have joint ownership of any property with someone other than your partner?  
( Yes No)
    - If yes, provide details:
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### 3. Basic Will Information

- Executor(s): (Person(s) responsible for managing your estate)
  - Name(s):
  - Contact Information:
- Alternate Executor(s): (If primary executor is unable or unwilling to act)
  - Name(s):
  - Contact Information:
- Beneficiaries: (Who will receive your assets)
  - Name(s) of beneficiaries and relationship to you:
  - Any specific bequests (e.g., items, property, specific amounts of money):
- Beneficiaries: (Who will receive your assets)
  - Name(s) of beneficiaries and relationship to you:
  - Any specific bequests (e.g., items, property, specific amounts of money):
- Beneficiaries: (Who will receive your assets)
  - Name(s) of beneficiaries and relationship to you:
  - Any specific bequests (e.g., items, property, specific amounts of money):
- Guardian(s) for minor children (if applicable):



- Name(s):
- Relationship to you:
- Funeral/burial wishes (optional):
  - Specific instructions:

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#### 4. Power of Attorney (POA)

- Attorney(s): (Person(s) responsible for your financial matters)
  - Name(s):
  - Contact Information:
- Alternate Attorney(s): (If primary attorney is unable or unwilling to act)
  - Name(s):
  - Contact Information:
- Scope of Attorney's Power:
  - (e.g., all financial matters, business management, property transactions)
- When should this POA come into effect?
  - (Immediately / Upon Incapacity):

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#### 5. Representation Agreement (Health Decisions)

A Representation Agreement allows someone to make healthcare decisions on your behalf if you are unable to do so. This agreement does not include financial or legal decisions.

- Representative(s):
  - Name(s):



- **Contact Information:**
  - **Alternate Representative(s): (If primary representative is unable or unwilling to act)**
    - **Name(s):**
    - **Contact Information:**
  - **Scope of Representation for Health Decisions:**
    - **Do you want your Representative to make decisions on your behalf regarding medical treatments? ( Yes No)**
    - **Do you have any specific healthcare instructions? (e.g., end-of-life care, life support):**
  
  - **Other healthcare instructions (optional):**
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## 6. Final Details

- **This package includes the preparation of a Basic Will, Power of Attorney, and a Representation Agreement (Health Decisions Only).**
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### Privacy Notice:

By signing below, you acknowledge that the personal information you provide in this form is collected in accordance with British Columbia's Personal Information Protection Act (PIPA) and will be used solely for the purpose of providing legal services related to your Comprehensive Life Planning needs. Your information will be kept confidential and will not be shared with third parties without your consent, except where required by law.

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- **Signature:**
  - **Date:**
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### Submission Instructions

Once completed, please email this form to **Reception@strain.ca** with your **appointment date and time** in the subject line, or print and bring it to your appointment.