

Wills Intake Form

To keep the process of creating a legal will streamlined, please use this form to provide us with information that we will use to draft a will that will reflect your decisions regarding the distribution of your estate and regarding the people who will be responsible for dealing with your estate. Please complete it as thoroughly as possible so we can review the essential information and identify the items for discussion with you.

Please note: This form is for use in connection with a British Columbia will. This form may not elicit from you all the information you wish to give us or that we will wish to obtain from you. Additional information concerning you, your family, assets, and liabilities will be taken from you during your appointment with our lawyer. Unless expressly requested to do so, we will not check the names of the registered owners of assets, but will rely on the information you give us. This form assumes that only British Columbia law applies to you.

Please complete one form per couple if wills are reciprocal.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Personal Information of the Will Maker

Your Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Street Address: *		
City: *	Province: *	Postal Code: *
Phone (Primary): *	Phone (Alternate):	
Email: *		
Date of Birth: *	City of Birth: *	Country of Birth: *
Occupation: *		

Do you have a previous will? Yes No

If yes, reason for change:

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If yes, are we revoking the previous will? Yes No

Please explain why we are or are not revoking the previous will:

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Do you wish to register your Will with Vital Statistics? (An additional \$50 fee applies) Yes No

If yes, please tell us where you intend to store your Will:

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Marital status

- Married Common Law Separated Divorced Engaged Cohabiting
 Widowed Never Married Other

If married or common law – Current Spouse/Partner

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address: Or: <input type="checkbox"/> Same address as you		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Occupation:	

If **married** or **common law**, are we creating reciprocal will for your spouse/partner? Yes No

If **married** or **common law**, are you a party to a cohabitation agreement or prenuptial agreement that limits what your spouse/partner can claim against your estate? Yes No Uncertain

If *yes* or *uncertain*, please provide us with a copy of your cohabitation agreement so that we may determine your estate's obligations (if any) under it.

If **married**, Have you signed a marriage agreement? Yes No

If *yes*, please provide us with a copy of your marriage agreement so that we may determine your estate's obligations (if any) under it.

Have you been previously married or in a common law relationship within the last two (2) years?

- Yes No

Previous Spouse/Partner

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	
Date of Birth:	Occupation:	

Do you have to pay maintenance to your children or former spouse(s)? Yes No

If **yes**, please provide us with a copy of the agreement or court order regarding maintenance provisions so that we may determine your estate's obligations (if any) under it.

Children

The word "child" means a natural birth child, an adopted child or a step-child that has been adopted by the step-parent.

Do you have any children with your current spouse/partner? Yes No

Current Marriage: Child 1

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased	
Street Address:		
City:	Province:	Postal Code:

Current Marriage: Child 2

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased	
Street Address:		
City:	Province:	Postal Code:

Do you have any children from previous marriage(s)? Yes No

Previous Marriage: Child 1

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased	
Street Address:		

City:	Province:	Postal Code:
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Previous Marriage: Child 2

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased	
Street Address:		
City:	Province:	Postal Code:

If you have children, are they included in your estate plan or is anyone excluded?

Included Excluded

If excluded, please state as succinctly as possible the reason why the child is excluded from your estate plan (i.e. estrangement, poor relationship, etc.). Provide as much detail as you are able as children who are not included generally have the right to challenge the estate, so it is best to provide a rationale for why the child is being excluded.

If you have children and anticipate potentially having others, or if you have no children and potentially may have them, do you wish to insert language to leave your estate to an unborn child(ren) or will you update your Will if that occurs?

I wish to anticipate leaving my estate to an unborn child(ren)
 I will update my Will later

Trust

Do you require a trust in your will? (Additional fees apply) Yes No

If yes, please consult our lawyer to discuss further.

B. Financial Information

Do you own real estate/ real property (principal residence, recreational properties, or investment properties)? Yes No

If yes, please provide details (address and market value) of the property(ies):

Do you own vehicle(s)? Yes No

If yes, please provide details and market value of the vehicle(s):

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Do you own your own business/company? Yes No

If yes, is it incorporated? Yes No

Do you own shares of a private company, or an interest in a business? Yes No

If yes, do you require a separate corporate will to deal with your corporate interests? Yes No
(For more details on multiple wills, please visit our website at <https://opendoorlaw.com/will-testament.>)

Assets

Bank Accounts:

Institution	Branch Address	Account Number	Estimated Amount
1.			
2.			
3.			

Tax Free Savings Account (TFSA):

Institution	Estimated Amount	Beneficiary
1.		
2.		

Registered Retirement Savings Plan (RRSP):

Institution	Estimated Amount	Beneficiary
1.		
2.		

Registered Retirement Income Fund (RRIF):

Institution	Estimated Amount	Beneficiary
1.		
2.		

Non-Registered Investment Accounts:

Institution	Estimated Amount	Beneficiary
1.		
2.		

Pensions:

Institution	Estimated Amount	Beneficiary
1.		
2.		

Life Insurance:

Institution	Estimated Amount	Beneficiary
1.		
2.		

Other Assets: *(Please specify)*

1.
2.
3.

Debts

Mortgage:

Institution	Estimated Amount	Notes
1.		
2.		

Line of Credit:

Institution	Estimated Amount	Notes
1.		
2.		

Loans:

Institution	Estimated Amount	Notes
1.		
2.		

Other Debts: *(Please specify)*

1.
2.
3.

C. Executor (Executor: The person who you appoint to manage and administer your estate)

Primary Executor

If you have a spouse, do you wish this person to be your primary executor?

Yes No

If no, please appoint a Primary Executor:

Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Street Address: *		
City: *	Province: *	Postal Code:
Phone:	Email:	
Relationship to You: * (e.g. spouse, son, daughter, friend)		

Co-Executor or Alternate Executor

Would you like to appoint a/an:

- Alternate Executor
- Co-Executor (joint with primary executor)
- No, neither is needed

Co-Executor or Alternate Executor:

Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Street Address: *		
City: *	Province: *	Postal Code:
Phone:	Email:	
Relationship to You: * (e.g. spouse, son, daughter, friend)		

Remuneration

Do you wish to remunerate your executor?

- Yes
- No
- Need Advice (*This can be discussed in our meeting with you*)

D. Special Gifts/Cash Legacy

Do you wish to leave specific gifts or cash to individual(s)? Yes No

Individual 1

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Specify Gift / Cash Gift Amount:		

Individual 2

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Specify Gift / Cash Gift Amount:		

E. Residue of Estate

(Beneficiaries: To whom do you want to leave the balance of your estate)

To whom do you wish to leave the Residue of Your Estate?

- My spouse, if alive at the time of my demise, and if not then to my children equally
- My spouse, if alive at the time of my demise, and my children equally
- My children equally
- None of the above; I will specify (*Please specify your beneficiaries below*)

If you are **NOT** leaving the residue of your estate to your spouse and/or children, please specify the beneficiaries:

Beneficiary 1

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Distribution:		

Beneficiary 2

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Distribution:		

Alternate Beneficiaries

If none of your primary beneficiaries survive you by thirty (30) days, how do you wish the residue of your estate be distributed?

Alternate Beneficiary 1 (if applicable)

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Distribution:		

Alternate Beneficiary 2 (if applicable)

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to You: (e.g. spouse, son, daughter, friend)		
Distribution:		

F. Guardianship (To be completed if any children under 19 years of age)

Do you have children under the age of 19? Yes No (*Please skip to "G: Additional Information"*)

If yes, should both yourself and the other parent not survive, please complete the following:

Primary Guardian

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Relationship to You:		

Do you desire an Alternate Guardian? Yes No

Alternate Guardian

Full Legal Name:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Relationship to You:		

G. Additional Information

Funeral Arrangement

I wish to be: Buried Cremated At the Discretion of My Executor

If you have any specific wishes for your funeral or memorial service, and/or for your ashes if you are to be cremated, please describe below:

Please inform your family of your wishes and request that they honour them.

Have any pre-paid arrangements been made? Yes No

Pets

Do you have any pets for which you wish to leave a gift to the pet carer with a statement in your will that you hope these funds are used to maintain the quality of life and health of your animal(s): Yes No

If yes, please complete the following:

Name of pet(s):

Person(s) to whom you wish to leave gift and custody of your pet(s):

Amount (\$):

Special Instructions for Pet Carer:

Do you require a pet trust clause? (*Additional fees apply*) Yes No

Other Information (*Additional Fees Apply*)

Do you need a Power of Attorney? Yes No

If yes, do you wish to use your appointed Executor as your appointed Power of Attorney as well?
 Yes No

If no, please complete our Power of Attorney Intake Form (<https://opendoorlaw.com/power-attorney-form>)

Do you need a Representation Agreement? Yes No

If yes, do you wish to use your Primary Executor as your Primary Representation as well? Yes No

If no, please fill out our Representation Agreement (RA9) Intake Form (<https://opendoorlaw.com/representation-agreement-form>)

Do you need an Advance Directive? Yes No

Additional Comments (if any):**Required Consent and Agreement ***

I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).