



Law Society
of Ontario

Barreau
de l'Ontario

TAB 4

The Annotated Will 2020

Intake – Client Form

January 23, 2020



INTAKE INFORMATION FORM – WILLS & POAS/ESTATE PLANNING

Date:		Referred by:	
Any reason for urgency? <input type="checkbox"/> No <input type="checkbox"/> Yes Details:			
Personal Information – Client #1			
Name (in full):			
Address			Postal Code
Telephone Number		Email	
Occupation	Employer		Telephone
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
US Green Card? <input type="checkbox"/> No <input type="checkbox"/> Yes	Father's place of birth?		Mother's place of birth?
Personal Information – Client #2			
Name (in full):			
Address		Postal Code	
Telephone Number		Email	
Occupation	Employer		Telephone
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
US Green Card? <input type="checkbox"/> No <input type="checkbox"/> Yes	Father's place of birth?		Mother's place of birth?
Marital Status – Existing Wills – Health Issues			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Date of Marriage/Cohabitation: <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged Name of Deceased Spouse/Fiancé(e):		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date of Separation/Divorce: Separation Agreement /Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a will now?	Client #1: <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you on medication that affects mood or thinking?	Client #1: <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you had a capacity-related diagnosis?	Client #1: <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Advisors			
Family Doctor:		Accountant:	
Financial Advisor/Broker:			

Children and Grandchildren – Use back of page to provide details if you have more than 3 children				
1.	Name:	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –circle</u>
	Address:	1/2/Both		S/M/CL/W/Sep.
		Place of Birth:	Occupation:	
	Tel:	Notes:		
His or her children (your grandchildren) – please indicate step-children:				
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
2.	Name:	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –circle</u>
	Address:	1/2/Both		S/M/CL/W/Sep.
		Place of Birth:	Occupation:	
	Tel:	Notes:		
His or her children (your grandchildren) – please indicate step-children:				
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
3.	Name:	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –circle</u>
	Address:	1/2/Both		S/M/CL/W/Sep.
		Place of Birth:	Occupation:	
	Tel:	Notes:		
His or her children (your grandchildren) – please indicate step-children:				
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
Other Dependants or Significant Family Members				

ASSETS - Bank Accounts – Please give an estimate of the current balance				
Institution and Account Number	Client #1	Client #2	Joint	
GICs, Stocks, Bonds, Mutual Funds, Investment Accounts				
Institution and Account Number	Client #1	Client #2	Joint	
RRSPs and RRIFs				
Institution and Account Number	Client #1	Client #2	Beneficiary	
Personal Property – Household furnishings, vehicles, boats, jewellery, artworks, etc.				
Description			Appraised?	
Pets you wish to provide for?				
Loans Receivable: Does anyone owe you money?				
Details				
Pension Plans				
Institution	Client #1	Client #2	Beneficiary	Death Benefit?
Life Insurance				
Institution and Policy Number	Client #1	Client #2	Beneficiary	Death Benefit

Real Estate – please estimate the market value			
Address / Legal Description	Client #1	Client #2	Joint/TIC?
1. Principal Residence			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance:			
2. Vacation Property			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance:			
Date Acquired:		Value:	
3. Other Property			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance:			
Date Acquired:		Value:	
Business Interests			
Name and Address	Ownership Structure		Fair Market Value
	Sole Part. Corp.		
	Shareholder Agreement		No Yes
Principal Shareholders/Partners:			
Liabilities (Other than mortgages listed above) – please estimate the current amount owing			
Institution/Creditor	Client #1	Client #2	Joint
Do you have any other assets? Please circle any that apply			
Safe Deposit box	Inheritance	Digital Assets	Genetic Material
Power of Appointment	Trust Interests		
Notes:			