



Marital Status

Single

Couple

Power of Attorney Required? Yes

No

Full Name

AKA

Birth Date

Occupation

Place of Birth

Name of Spouse

Occupation

Date of Marriage

Spouse DOB

Place of Birth

Address

Phone No. (Home)

Work Phone

Marital particulars (previous marriages or common law relationships, separation agreements)

Advice given (will variation, estate administration, disinheriting spouse or child, gift declarations, joint tenancies, etc.)

Name(s) of children from this marriage

Child 1 Name	<input type="text"/>	DOB	<input type="text"/>
Child 2 Name	<input type="text"/>	DOB	<input type="text"/>
Child 3 Name	<input type="text"/>	DOB	<input type="text"/>
Child 4 Name	<input type="text"/>	DOB	<input type="text"/>
Child 5 Name	<input type="text"/>	DOB	<input type="text"/>

Name(s) of children from previous marriages

Husband (name)	<input type="text"/>	Wife (name)	<input type="text"/>
Child 1 Name	<input type="text"/>	DOB	<input type="text"/>
Child 2 Name	<input type="text"/>	DOB	<input type="text"/>
Child 3 Name	<input type="text"/>	DOB	<input type="text"/>
Child 4 Name	<input type="text"/>	DOB	<input type="text"/>
Child 5 Name	<input type="text"/>	DOB	<input type="text"/>

Predeceased Children

Child 1 Name

DOB

Child 2 Name

DOB

Child 3 Name

DOB

Executor Name

Relationship

Alternate Executor

Relationship

General Distribution of Estate

Specific bequests of chattels/cash bequests to charities, relatives, and friends.

Division of Estate

To each other

Yes

No

Alternate, equally to children

Yes

No

Gift over to children of children

Yes

No

Alternate distribution if spouse and children predecease you or no spouse/children

[Empty text box for alternate distribution details]

[Empty text box for percentage to his family]

% to his family as follows

[Empty text box for percentage to her family]

% to her family as follows

[Empty text box for alternate distribution details]

Guardian Information

Primary Guardian

[Empty text box for Primary Guardian name]

Alternate Guardian

[Empty text box for Alternate Guardian name]

Relationships

[Empty text box for Relationships]

Funeral Arrangements

Spouse 1 Arrangements

Spouse 2 Arrangements

General Information Regarding Estate

Do you own a company? Yes No

Is it incorporated? Yes No

Please describe any real estate you own. For example, principal residence, recreational properties, or investment properties.

Do you own any property outside British Columbia? Outside of Canada? If yes, please describe below.

Please outline any bank accounts or holdings.

Please outline any insurance policies.

Please outline any RRSPs, mutual funds, or investment portfolios.

Please outline any money currently owed to you.

Liabilities

Mortgages

Other

Approximate Net
Worth

Do you have any safety deposit boxes? Yes No

Please describe its location and relevant content.

General Remarks

Representation Agreement

Power of Attorney