MLT AIKINS

WESTERN CANADA'S LAW FIRM

ESTATE PLANNING INTAKE
PERSONAL INFORMATION
(to be completed by Client)

Date: _____

Full Legal Name (include any aliases): _____

Home Address: _____
(No.) *(Street)* *(City / Town)* *(Province)* *(Postal Code)*

Mailing Address: _____
(P.O. Box) *(City / Town)* *(Province)* *(Postal Code)*

Home Phone: _____ Work Phone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) *(City / Province / Country)*

Citizenship: _____ First Nation Status? ☐ No ☐ Yes Treaty Number:

First Nation: _____ Occupation: _____
(if retired, former occupation)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Common-Law

Name of Spouse (Partner): _____ Date of Marriage: _____

Spouse Date of Birth: _____ Spouse Place of Birth: _____

Spouse Address: _____ Spouse Citizenship: _____
(same as me or other

Do you and your spouse have a marriage contract? ☐ No ☐ Yes, if so, please provide a copy of contract
If unmarried, are you contemplating marriage? ☐ No ☐ Yes
Have you been married more than once? ☐ No ☐ Yes

List all your children *(include legally adopted children, children born out of wedlock, adult children, deceased children)*

	Full Name:	Address:	Date of Birth:
1.			
2.			
3.			
4.			
5.			

List all of your step-children and other Dependants *(if any)*:

	Full Name:	Address:	Date of Birth:
1.			
2.			
3.			
4.			
5.			

List Disabilities of Spouse/Partner/Children/Dependents/Beneficiaries, if any:

Have you made any significant gifts or advances to any child, stepchild or other person you may stand in place of a parent, or do you plan to do so in the future? ☐ No ☐ Yes, please explain:

Have you promised anyone a share in your Estate? ☐ No ☐ Yes, if so, to whom?

Have you set up a trust to benefit yourself or another person? ☐ No ☐ Yes, if so, please give particulars:

Do you hold any private corporate shares? ☐ No ☐ Yes, if so, please give particulars (Company name/ approximate value):

Accountant (Name/ Firm/Contact):

Do you have your own financial planner, investment adviser, accountant and/or life insurance agent?

☐ No ☐ Yes, if so, please provide Name and contact information:

Do you have a previous Will? ☐ No ☐ Yes, if so, what is the date of previous Will

Does your spouse have a Will? ☐ No ☐ Yes, if so, what is the date of the previous Will

Copy of Previous Will(s) Provided? ☐ No ☐ Yes

Have you granted a Power of Attorney to any person or have you appointed a representative pursuant to a Healthcare Representation Agreement/Personal Directive/Health Care Directive? ☐ No ☐ Yes
If so, are you providing copy of documents? ☐ No ☐ Yes

Do you have a former spouse/partner? ☐ No ☐ Yes, if so, please provide particulars:

_____

(Name) *(Divorced/Separated)*

Do you have Separation Agreements/Orders:	☐ No	☐ Yes
Copy of Separation Agreement/Orders provided:	☐ No	☐ Yes
Are there any ongoing support obligations?	☐ No	☐ Yes