

WILL INFORMATION FORM

Information needed to prepare your
Will & Powers of Attorney

This information will be held by us as strictly confidential.

When naming someone, give full given name and relationship to you i.e. "my brother, FRANK WHITE". Need more space? Add separate sheets and write "see attached" where applicable.

PERSONAL INFORMATION

Husband

First and Middle Names:	
Last Name:	
Other names you are known as:	
Birth date: (month/day/year)	Place of Birth:

Wife

First and Middle Names:	
Last Name:	
Other names you are known as:	
Maiden Name:	
Birth date: (month/day/year)	Place of Birth:

Address

Apt and Street:		
City Province and Postal Code:		
Tel: HOME	Tel: WORK	Tel: OTHER

Marital Status

<input type="checkbox"/> 1st Marriage	<input type="checkbox"/> Single/Widowed
<input type="checkbox"/> Married more than once	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Common-law
Date of marriage or start of Common-law cohabitation:	
Have you entered into any domestic contracts which include Marriage Contracts, Separation Agreements and Cohabitation Agreements:	
<input type="checkbox"/> No <input type="checkbox"/> Yes. (Attach copies)	

Children

List your children from oldest to youngest and specify and include children from previous marriage or partner. Also identify any children with disabilities or special needs. If a child does not live with you, provide address.

Full Given Name:	Age:
Other information about this child:	

Full Given Name:	Age:
Other information about this child:	

Full Given Name:	Age:
Other information about this child:	

Dependants

Do you have any dependants (other than your children, if any)? If so, provide details of disability or special needs. If a dependant does not live with you, provide address.

Full Given Name of Dependant:	Age:
Other information about this dependant:	

Other Personal Information

Is there any other personal information that we should know when preparing your Will i.e. Do you have step brothers or sisters. Are any beneficiaries children from a previous marriage; are any beneficiaries living outside of Canada etc. Give details.

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ASSETS

Bank Accounts/Safe Deposit Boxes

List details of branches where you have significant deposits that you maintain on a regular basis or safe deposit boxes. It is not necessary to list bank accounts with nominal balances or balances that are temporary.

Name of Bank: <input type="checkbox"/> Royal <input type="checkbox"/> TD <input type="checkbox"/> CIBC <input type="checkbox"/> BMO <input type="checkbox"/> Oth:	
Address:	
Safe Deposit Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Present balance: \$
Key is located:	

Name of Bank: <input type="checkbox"/> Royal <input type="checkbox"/> TD <input type="checkbox"/> CIBC <input type="checkbox"/> BMO <input type="checkbox"/> Oth:	
Address:	
Safe Deposit Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Present balance: \$
Key is located:	

Life Insurance

Whose Life:	<input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Whole
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
Insurance Company:	
Beneficiary:	
Cash Surrender Value: \$	Face Amount: \$

Whose Life: <input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Whole	
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
Insurance Company:	
Beneficiary:	
Cash Surrender Value: \$	Face Amount: \$

Real Estate

Address:	
Owner(s) on Title: <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common	
Name(s):	
Amount of Mortgages: \$	
Original Price: \$	Current Value: \$

Address:	
Owner(s) on Title: <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common	
Name(s):	
Amount of Mortgages: \$	
Original Price: \$	Current Value: \$

Address:	
Owner(s) on Title: <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common	
Name(s):	
Amount of Mortgages: \$	
Original Price: \$	Current Value: \$

RRSP/RRIF

For <input type="checkbox"/> Husband <input type="checkbox"/> Wife	
Institution:	
Total Amount: \$	
Assets consist of: <input type="checkbox"/> GICs <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Other:	

For <input type="checkbox"/> Husband <input type="checkbox"/> Wife
Institution:
Total Amount: \$
Assets consist of: <input type="checkbox"/> GICs <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Other:

Business Assets

List details of any company or business in which you hold an interest. If you have shareholder, joint venture or partnership agreements, attach copy.

Name of Company or Business:	
Type of Asset and percentage interest: <input type="checkbox"/> Shares <input type="checkbox"/> Partnership Percentage Interest: %	
Total Value: \$	Original Cost: \$

Name of Company or Business:	
Type of Asset and percentage interest: <input type="checkbox"/> Shares <input type="checkbox"/> Partnership Percentage Interest: %	
Total Value: \$	Original Cost: \$

Other Assets

List details of any other significant assets you own i.e. mortgages held, loans to friends, collections, jewelry, vintage vehicles etc.

Description of Asset:	
Total Value: \$	Original Cost: \$

Description of Asset:	
Total Value: \$	Original Cost: \$

Description of Asset:	
Total Value: \$	Original Cost: \$

LIABILITIES

List details of any significant liabilities you have i.e. mortgages or loans given (that have not already been listed), guarantees, dependant's payments or judgments, etc.

Description of Liability:
Amount: \$

Description of Liability:
Amount: \$

ACKNOWLEDGEMENT

Read and sign below before delivery to Di Mondo Consiglio LLP (the "Firm")

I/We have fully completed this form ("Form") by providing a true, accurate and complete account of my/our personal information, assets and liabilities (the "Information"). I/We understand that the Firm shall rely on the Information in order to prepare my/our Will and/or Powers of Attorney and that the Firm is not responsible and will not be liable for any inaccuracies or omissions in the Information provided.

Dated: _____, 2005
Client Signature:
Client Signature:



BUSINESS LAWYERS ~ CORPORATE ADVISORS

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