

Personal Information

Testator #1 Surname:	Testator #2 Surname:
Given Name(s):	Given Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy):
Place of Birth:	Place of Birth:
Citizenship:	Citizenship:

Contact Information

Street:
City:
Province:
Postal Code:
Telephone (Home):
Telephone (Work):
Telephone (Cellular):
Email:

Marital Status (Check One)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common Law
Date of Marriage or Common-Law Cohabitation [mm/dd/yyyy]:		
Is there a marriage contract, separation agreement, pre-nuptial agreement:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Children/Dependents

Child/Dependant #1 - Relationship to you:	Child/Dependant #2 - Relationship to you:
Full Legal Name:	Full Legal Name:
Age:	Age:
Street:	Street:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Marital Status:	Marital Status:
Child/Dependant #3 - Relationship to you:	Child/Dependant #4 - Relationship to you:
Full Legal Name:	Full Legal Name:
Age:	Age:
Street:	Street:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Marital Status:	Marital Status:

Guardian(s)
Guardian:
Full Legal Name:
Age:
Street:
City:
Province:
Postal Code:
Relationship to you:

Alternate Guardian(s)
Guardian:
Full Legal Name:
Age:
Street:
City:
Province:
Postal Code:
Relationship to you:

Estate Trustee: The Estate Trustee is the person who has the legal right and duty of administering your estate upon death.

Estate Trustee (Check One)	
My Spouse	or
Other Individual	
Full Legal Name:	
Relationship to you:	

Alternate Trustee
Full Legal Name:
Relationship to you:

Trust for Children (Check One)
Under 29 years of age, share is to be invested by the Trustees. When they reach 21 they receive income from their share. When they reach 21, they get one third (1/3) of the capital, when they reach 25 they get one (1/3) third of the capital; when they reach 29 they get the balance of their share.
Other disposition (please describe):

Beneficiaries (Check One)
To my spouse. If my spouse dies before me, then equally to my children.
Other disposition (please describe):

Family Disaster Instructions (Check One)
Divide half of the estate between my brothers and sisters and the other half between my spouse's brothers and sisters.
or
Divide half between my parents and the other half between my spouse's parents.
Other disposition (please describe):

Power of Attorney (Care) (Check One)	
My Spouse or	Other Individual
	Full Legal Name:
	Relationship to you:
Alternate Attorney (Care)	
Full Legal Name:	
Relationship to you:	
Power of Attorney (Property)	
My Spouse or	Other Individual
	Full Legal Name:
	Relationship to you:
Alternate Attorney (Property)	
Full Legal Name:	
Relationship to you:	

Acknowledgement: By Clicking on AGREE, I hereby acknowledge the following:

- The information provided to the Law Offices of Gaetano Barrila (the “Firm”) will be held in strict confidence.
- The submission of the BARRILA ONLINE WILL INTAKE FORM (the “Form”) does not create a solicitor-client relationship and the Firm reserves the right, in its sole and absolute discretion, not to retain any individual(s) for whatever reason, including the arising of a conflict of interest or if prescribed by the applicable rules of professional conduct.
- That all the information provided in the Form is true, complete, and accurate.
- That I have completed this Form for the purposes of providing preliminary information to the Firm in order that it may complete my will and powers of attorney, and for no other improper or irrelevant purpose.
- That the Firm is relying on the information provided in this form and will not be held liable for any inaccuracies or omissions in connection with the information I have provided.
- That the Firm may require that I produce valid photo identification to substantiate the information provided herein.
- I have fully read and understand this Form and this Acknowledgement.

Date Form Created:

AGREE	DECLINE
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SUBMIT FORM

CLEAR FORM