

**Section 1 – Personal Information**

**TESTATOR No. 1**  Mr.  Mrs.  Miss.

Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Place of Birth	Citizenship	

**TESTATOR No. 2**  Mr.  Mrs.  Miss.

Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Place of Birth	Citizenship	

**Section 2 – Contact Information**

Unit No.	Street No.	Street Name	PO Box	Postal Code
City/Town		Province	E-mail	
Home Telephone No.		Work Telephone No. ext.	Cellular Telephone No.	

**Section 3 – 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 (yyyy/mm/dd)		Is there a marriage contract, separation agreement, pre-nuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section 4 – Children/Dependents**

**Child/Dependent No. 1**  Mr.  Mrs.  Miss.

Last Name		First Name		Age
Street No.	Street Name	City/Town	Postal Code	Province

**Child/Dependent No. 2**  Mr.  Mrs.  Miss.

Last Name		First Name		Age
Street No.	Street Name	City/Town	Postal Code	Province

**Child/Dependent No. 3**  Mr.  Mrs.  Miss.

Last Name		First Name		Age
Street No.	Street Name	City/Town	Postal Code	Province

**Child/Dependent No. 4**  Mr.  Mrs.  Miss.

Last Name		First Name		Age
Street No.	Street Name	City/Town	Postal Code	Province

**Section 5 — Estate Trustee (check one)**

This is the person who has the legal right and duty of administering your estate upon your death

**Primary Estate Trustee** My Spouse      **OR**       Other Individual (fill in name below)**Other Individual**     Mr.     Mrs.     Miss.

Last Name | First Name | Relationship to you

**Secondary Estate Trustee**

Last Name | First Name | Relationship to you

**Section 6 — Beneficiaries (check one)** To My Spouse. If my spouse dies before me, then equally to my children Other Disposition (please explain):**Section 7 — 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 23, 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 explain):**Section 8 — Guardian(s)****Primary Guardian**     Mr.     Mrs.     Miss.

Last Name | First Name

Age | Relationship to you

Street No. | Street Name | City/Town | Postal Code | Province

**Secondary Guardian**     Mr.     Mrs.     Miss.

Last Name | First Name

Age | Relationship to you

Street No. | Street Name | City/Town | Postal Code | Province

**Section 9 — 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. Divide half between my parents and the other half between my spouse's parents. Other Disposition (please explain):

**Section 10 – Power of Attorney Care (check one)**

**Primary Attorney (care)**

My Spouse      **OR**       Other Individual (fill in name below)

**Other Individual**     Mr.     Mrs.     Miss.

Last Name	First Name	Relationship to you
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**Secondary Attorney (care)**

Last Name	First Name	Relationship to you
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**Section 11 – Power of Attorney Management (check one)**

**Primary Attorney (Property)**

My Spouse      **OR**       Other Individual (fill in name below)

**Other Individual**     Mr.     Mrs.     Miss.

Last Name	First Name	Relationship to you
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**Secondary Attorney (Property)**

Last Name	First Name	Relationship to you
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**Section 12 – Acknowledgement**

**In order to ensure accuracy, please carefully review the information you have entered, and read the information below.**

**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.

**I AGREE**

**I DISAGREE**

**Date Form Created (yyyy/mm/dd)**