

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)☐ Single☐ Married☐ Separated☐ Divorced☐ Widowed☐ Common law

Date of Marriage or Common-Law Cohabitation (yyyy/mm/dd)

Is there a marriage contract, separation agreement, pre-nuptial agreement?

☐ Yes☐ No**Section 4 – Children/Dependents****Child/Dependent No. 1** ☐ Mr. ☐ Mrs. ☐ Miss.

Marital Status

Last Name

First Name

Age

Street No.

Street Name

City/Town

Postal Code

Province

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

Marital Status

Last Name

First Name

Age

Street No.

Street Name

City/Town

Postal Code

Province

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

Marital Status

Last Name

First Name

Age

Street No.

Street Name

City/Town

Postal Code

Province

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

Marital Status

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 35 years of age, share is to be invested by the Trustees. When they reach 21 they receive income from their share. When they reach 25, they get one third (1/3) of the capital, when they reach 30 they get one (1/3) third of the capital; when they reach 35 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

Secondary Attorney (care)

Last Name

First Name

Relationship to you

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

Secondary Attorney (Property)

Last Name

First Name

Relationship to you

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)

Clear Form

Print Form

Submit by email