



7620 Yonge Street, Suite 200 Thornhill, Ontario L4J 1V9
 T: 647-352-2245 | F: 647-352-2246
 E: Info@vakililaw.com

WILL INTAKE FORM

PERSONAL INFORMATION

Full Name of Testator			
Date of Birth (dd/mm/yyyy)		Occupation	
Address			
Telephone		Alternate	
Marital Status	Single []	Married []	Separated []
	Divorced []	Widowed []	Common Law []
Full Name of Spouse			
Name of Former Spouse(s)			
If there are any marriage contracts, separation agreements, or divorce orders, outline the details of any support obligations for children or ex-spouse:			

CHILD/DEPENDENTS INFORMATION

Child/Dependent No 1			
Last Name:		First Name:	
Date of Birth		Telephone:	
Address			
Child/Dependent No 2			
Last Name:		First Name:	
Date of Birth		Telephone:	
Address			
Child/Dependent No 3			
Last Name:		First Name:	
Date of Birth		Telephone:	
Address			

GUARDIAN(S)

Primary Guardian			
Last Name:		First Name:	
Date of Birth		Relationship to you:	
Address			
Secondary Guardian			
Last Name:		First Name:	
Date of Birth		Relationship to you:	
Address			

EXECUTOR/ADMINISTRATOR

1	Full Name of Primary Executor			
	Date of Birth		Place of Residence	
2	Full Name of Alternate Executor			
	Date of Birth		Place of Residence	
3	Full Name of Alternate Executor			
	Date of Birth		Place of Residence	

BENEFICIARIES

Primary Beneficiaries			
Is the estate to be divided equally among primary beneficiaries? If not, please provide percentages for each beneficiary below			Yes [] No []
1	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
2	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		

3	Full Name			
	Date of Birth		Relationship to Grantor	
	Percentage of Estate			
4	Full Name			
	Date of Birth		Relationship to Grantor	
	Percentage of Estate			
If there are more primary beneficiaries, please fill out the extra chart provided at the end of this form				
If one or more of the beneficiaries are not alive at the time of your death, is the estate to be divided equally among the surviving beneficiaries or is the deceased beneficiary's share to be provided to their issue?		To beneficiaries alive at time of death	[]	
		Deceased beneficiary's share to their issue	[]	
Details or comments:				

Secondary Beneficiaries				
NOTE: If above, the estate is to be provided to issue of deceased beneficiary, the estate is provided to secondary beneficiaries if there are no primary beneficiaries and no issue alive at the time of the grantor's death.				
Is the estate to be divided equally among primary beneficiaries? If not, please provide percentages for each beneficiary below			Yes []	No []
1	Full Name			
	Date of Birth		Relationship to Grantor	
	Percentage of Estate			
2	Full Name			
	Date of Birth		Relationship to Grantor	
	Percentage of Estate			
3	Full Name			
	Date of Birth		Relationship to Grantor	
	Percentage of Estate			
If there are more secondary beneficiaries, please fill out the extra chart provided at the end of this form				
If one or more of the beneficiaries are not alive at the time of your death, is the estate to be divided equally among the surviving beneficiaries or is the deceased beneficiary's share to be provided to their issue?		To beneficiaries alive at time of death	[]	
		Deceased beneficiary's share to their issue	[]	
Details or comments:				

Tertiary Beneficiaries			
NOTE: If above, the estate is to be provided to issue of deceased beneficiary, the estate is provided to tertiary beneficiaries if there are no secondary beneficiaries and no issue alive at the time of the grantor's death.			
Is the estate to be divided equally among primary beneficiaries? If not, please provide percentages for each beneficiary below		Yes []	No []
1	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
2	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
3	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
If there are more tertiary beneficiaries, please fill out the extra chart provided at the end of this form			
If one or more of the beneficiaries are not alive at the time of your death, is the estate to be divided equally among the surviving beneficiaries or is the deceased beneficiary's share to be provided to their issue?		To beneficiaries alive at time of death	[]
		Deceased beneficiary's share to their issue	[]
Details or comments:			

TRUSTEE FOR ESTATE OF MINORS

Age for individual to become entitled to Estate			
1	Full Name of Primary Executor		
	Date of Birth		Place of Residence
2	Full Name of Alternate Executor		
	Date of Birth		Place of Residence
3	Full Name of Alternate Executor		
	Date of Birth		Place of Residence
Details or comments:			

ASSETS

Joint Property - Mandatory		
1	Property Address	
	Co-Owner(s)	
	Holding Title As:	Joint Tenants [] Tenants in Common []
2	Property Address	
	Co-Owner(s)	
	Holding Title As:	Joint Tenants [] Tenants in Common []
3	Property Address	
	Co-Owner(s)	
	Holding Title As:	Joint Tenants [] Tenants in Common []

Other Assets - Optional			
1	Asset		
	Beneficiary		Date of Birth
	Alternate Beneficiary		
2	Asset		
	Beneficiary		Date of Birth
	Alternate Beneficiary		
3	Asset		
	Beneficiary		Date of Birth
	Alternate Beneficiary		
4	Asset		
	Beneficiary		Date of Birth
	Alternate Beneficiary		
5	Asset		
	Beneficiary		Date of Birth
	Alternate Beneficiary		

ACKNOWLEDGEMENT

I hereby acknowledge the following:	
<ul style="list-style-type: none"> • The information provided to Vakili Law Group Professional Corporation (the "Firm"), will be held in strict confidence; • The submission of the 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; • All information provided in the Form is true, complete, and accurate; • The completion of the Form was for the purpose of providing preliminary information to the Firm for the purpose of completing my will and for no other irrelevant purpose; • The Firm will not be held liable for any inaccuracies or omissions in connection with the information provided. • The Firm may require valid photo identification to substantiate the information provided herein; and • I have fully read and understood this Form and this Acknowledgment. 	
<input type="checkbox"/> I AGREE	<input type="checkbox"/> I DISAGREE

ADDITIONAL BENEFICIARIES – IF REQUIRED

Beneficiaries			
1	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
	Primary []	Secondary []	Tertiary []
2	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
	Primary []	Secondary []	Tertiary []
3	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
	Primary []	Secondary []	Tertiary []
4	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
	Primary []	Secondary []	Tertiary []
5	Full Name		
	Date of Birth		Relationship to Grantor
	Percentage of Estate		
	Primary []	Secondary []	Tertiary []