



OB LAW CHAMBERS
Barristers & Solicitors
1400-90 Burnhamthorpe Road West
Mississauga, Ontario L5B 3C3
Tel: 905.366.5400 Fax: 905.366.5404



WILLS AND ESTATE PLANNING INFORMATION FORM

PERSONAL INFORMATION

Full Name: _____ Today's Date: ____/____/____
Last First dd/mm/yyyy

Address: _____
No. Street Unit/Suite

Province Postal Code Marital Status: _____

Contact Nos: ____/____/____
home work cell

Name of current spouse: _____
Last First

Your date of birth: ____/____/____ Spouse's date of birth: ____/____/____
dd/mm/yyyy dd/mm/yyyy

Name of ex-spouse (if applicable): _____
(Please provide copy of Divorce Last First
Certificate)

Date of marriage: ____/____/____ Place of marriage: _____
(Current) dd/mm/yyyy

Occupation: _____ Employer: _____

Employer's Address: _____
No. Street

Unit/Suite Province Postal Code

CHILDREN'S INFORMATION

1. _____ Date of Birth: _____
Full Legal Name Living With: _____

2. _____ Date of Birth: _____
Full Legal Name Living With: _____

3. _____ Date of Birth: _____
Full Legal Name Living With: _____

4. _____ Date of Birth: _____
Full Legal Name Living With: _____

EXECUTOR(S) OF ESTATE / ESTATE TRUSTEE(S) (person to carry out your wishes)

1. _____
Full Legal Name _____
Relationship to you
2. _____
Full Legal Name _____
Relationship to you
3. _____
Full Legal Name _____
Relationship to you

If more than one Executor/Trustee, are they to act (please circle):
separately or together / separately and together

ALTERNATE EXECUTOR(S)/TRUSTEE(S) (in the event the Executor(s) chosen cannot act)

1. _____
Full Legal Name _____
Relationship to you
2. _____
Full Legal Name _____
Relationship to you
3. _____
Full Legal Name _____
Relationship to you

If more than one Alternate Executor/Trustee, are they to act (please circle):
separately or together / separately and together

SPECIFIC BEQUESTS (gifts to others from your estate e.g. art, jewellery etc. not money)

No.	Item	To Whom
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

LEGACIES (money from your estate to others)

Amount	To Whom

If your entire family should predecease you, who does your estate go to?

No.	Name	Amount or %
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Do you have any Domestic Contracts? If yes, please give details: _____

Details of any Divorce Decrees or Dissolutions: _____

Residence for Income Tax Purposes: _____
 No. Street

Unit/Suite Province Postal Code

Financial Advisor: _____
 Last First

Address: _____
 No. Street Unit/Suite

Province Postal Code Telephone: _____

Family Doctor: _____
 Last First

Address: _____
 No. Street Unit/Suite

Province Postal Code Telephone: _____

Specialists:

 Name Address

 Name Address

INCOME

	Category	Monthly
1	Pay, wages, salary, including overtime	
2	Bonuses, fees, commissions	
3	Social Assistance	
4	Employment Insurance	
5	Worker's compensation	
6	Pensions	
7	Dividends	
8	Interest	
9	Rent, board received	
10	Canada Child Tax Benefit	
11	Support payments actually received	
12	Income received by children	
13	GST refund	
14	Payments from trust funds	
15	Gifts received	
16	Other (specify):	

OTHER BENEFITS (non-cash benefits, for e.g. company car, club membership or benefits that are charged through or written off by your business)

Item	Details	Value

SAFETY DEPOSIT BOXES

Location	Box No.	Registered Name	Location of Key

LAND

Nature of Ownership & Location of Deed	Address of Property	Value

