
Daniel Lyons Law Corp

Tax .. Civil Litigation .. Family .. Corporate .. Real Estate .. Wills

***** A RETAINER OF \$200.00 PER WILL (\$400.00 FOR 2) IS REQUIRED TO OPEN A FILE*****
(paid by cheque or e-transfer – please use lyonslaw for password)

THIS IS NOT A WILL

INFORMATION CHECKLIST ONLY

Not to be Emailed - **Once the form is completed**
please arrange an appointment to bring it in and
review it with the lawyer

Date: _____

danlyons000@gmail.com
340 1st Street, Vanderhoof, BC
250-570-7570 (ph) 567-4807 (fax)

A. INFORMATION ABOUT YOU AND YOUR FAMILY

1. Name(s) _____
(full LEGAL names – please print legibly)

2. Current address (mailing and civic) _____ Email: _____

Would you like the drafts emailed or sent by regular mail? _____

3. Telephone _____ Cell _____

4. Birth Date _____ Birth Place _____
Month Day Year City Province Country

(wife) _____
Month Day Year City Province Country

5. Citizenship _____ 6. Occupations _____

7. Marital Status (include plans to marry) _____

*if you are or have been separated or divorced, please bring us a copy of any separation agreement or court order pertaining to maintenance/property division.

8. Name of Spouse (common law spouse) _____
(full legal name)

9. Date and place of marriage _____

10. **Children** (include natural and adopted children, children of a previous marriage(s), children born out of wedlock and children in your guardianship)

~~~~Mark with a \*\*\*children that you wish to include in your Will as your children but which are not biologically yours (eg. step children)

~~~~Mark with an XXX children who are biologically yours

| Full Legal Name | Birthdate | Address |
|-----------------|-----------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*include additional children on a separate form or on reverse side of page

11. Grandchildren (if applicable) Full Legal Names and Ages

*include additional grandchildren on a separate form.

12. Do you have a Will? (if yes, please bring a copy for our review) _____

B. INFORMATION ABOUT YOUR PROPERTY

1. Where do you do your banking?

Name of bank, trust company or credit union Address

What accounts are in your sole name?

What accounts are in joint names with your spouse or others?

Do you have a safety deposit box? Y/N _____ Location _____

2. Life insurance policies

Name of Insurance Co. Name of Beneficiary Amount

2A. If minor children, do you wish to insert a Maintenance Clause, funded from the Life Insurance Proceeds? If so, provide the annual maintenance amount:

\$ _____ (for each child)

3. Registered Retirement Savings Plan

Name of Company Name of Beneficiary Amount

4. Deferred Profit Shared Plan

Name of Plan Amount

5. Any other Pension Plans

6. Investments (term deposits, stock, bonds, Canada Savings Bonds, mortgages, annuities, etc)

Description of Investment Estimated Value

7. Are you a shareholder in any private company?

Name and Description of Business Your shares and estimated value Amounts of any shareholder loans.

*please provide us with a copy of a shareholders agreement if you have one

8. Do you have any other business interests?

Name and description Name of Partners Estimated Value

9. Do you own your home? _____

PID _____ and physical address _____

Estimated Value _____

Amount of any Mortgage _____

10. Do you own any other real property?

Location Ownership (sole or joint) Estimated Value Amount of Mortgage/loan

11. Do you own any valuable antiques or works of art?

Description Estimated Value

12. Do you own any automobiles or boats?

Description Estimated Value

13. Are you a beneficiary of a Will of a deceased person or a beneficiary of a trust?

14. Do you own any property held outside of British Columbia which you have not disclosed above?

15. Does anyone owe you money?

Name of debtor Estimated Amount

16. Do you have any debts other than household accounts and charge accounts (bank loans, car loans, promissory notes etc)?

Name of creditor Estimated Amount

C. PROVISIONS YOU WISH TO MAKE IN YOUR WILL

1. What person or persons do you wish to be the executor(s) of your Will?

Name of Executor (full legal name) Relationship to you Address – Is it your spouse?

Y/N _____

Alternate Executor(s):

Town of Residence

If 2, are they acting together or as First then Second Alternate?

2. Do you wish to give specific articles of property to certain persons or charities?

Full name and address Relationship Description of article

3. Do you wish to give specific amounts of money to certain persons or charities?

Full name and address Relationship Amount of money

4. To whom do you wish to give the rest of your property?

(a) To your spouse, if he/she survives you? YES NO

(b) To your children, if your spouse fails to survive you? YES NO

(c) To your child's children (your grandchildren), if your child fails to survive you?
YES NO

(d) If not to spouse or children, then to whom? (complete only if NO to (a) and (b))

| Full name | Relationship to you | Amount or Share of estate |
|-----------|---------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. If all of the provisions contemplated by paragraphs 6 (a) to (d) should fail, to whom do you wish to give the rest of your property? (include any charities)

(If you have no spouse, children or grandchildren surviving. Generally a provision for young families who travel together)

| Full name | Relationship to you | Amount or Share of estate |
|-----------|---------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. At what age do you wish your children to receive their share of your estate (at what age do you think they will be mature & able to handle their inheritance responsibly)?

7. What person or persons do you wish to be guardian(s) of your children until they attain the age of majority (19 years)?

| Name of Guardian (full legal names) | Relationship to you | Address |
|-------------------------------------|---------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Alternate Guardian:

8. Do you wish to mention your **FUNERAL OR BURIAL WISHES** in your Will? If yes, please expand... (cremation, dispose of ashes, burial, service etc.)

PLEASE PROVIDE LOCATION

LOCATION OF WHERE WILLS WILL BE STORED: (at home or Safety Deposit Box)

Physical Address, **please provide** (if left blank, the Wills will be registered at your home address)

Powers of Attorney (please complete if you also wish POA's prepared- optional)

***Primary Attorney: _____
FULL LEGAL Name and Occupation, please provide

Complete Address, **please provide**

***Alternate Attorney(s):

First Alt: _____
FULL LEGAL Name and Occupation, please provide

Complete Address, **please provide**

Second Alt: (optional) _____
FULL LEGAL Name and Occupation, please provide

Complete Address, **please provide**

Are the Alternate Attorneys acting together OR as First and then Second

(Please check) _____ (together) _____ (as First and then Second)

Health Care Representation Agreements (please complete if you also wish these documents prepared- optional)

Primary Representative: _____ (Full Legal Name)

Address (City and Province)

Alternate Representative(s):

First Alt. Rep: _____ (Full Legal Name)

Address (City and Province)

Second Alt. Rep (optional) _____ (Full Legal Name)

Address (City and Province)

Are the Alternates Representatives acting together OR as First and then Second

(please check) _____ (together) _____ (as First and then Second)