NOBARI LAW
PROFESSIONAL CORPORATION

Cell: 416-725-4010
info@nobarilaw.com | www.nobarilaw.com

ESTATE PLANNING INTAKE FORM

Will and Powers of Attorney Instructions

Before you begin

Please complete the sections that apply to you. Leave any question blank if you are unsure; it can be discussed with the lawyer. Do not include full account numbers, passwords, PINs, security answers, medical records, or original documents. One form may be used by a couple for shared information, but each client must provide and confirm their own instructions.

Submitting this form helps Nobari Law Professional Corporation review your circumstances and prepare for an initial discussion. It does not, by itself, create a lawyer-client relationship or confirm that the firm has agreed to act. Representation begins only after any required conflict check, acceptance of the matter, and confirmation of the retainer.

This form is for: ☐ One individual ☐ A couple Date completed: _____

1. Personal and Family Information

Client Information

Client 1 - full legal name:	**Client 2 - full legal name (if applicable):**
Other names used:	Other names used:
Date of birth / occupation:	Date of birth / occupation:
Telephone / email:	Telephone / email:
Home address:	Home address:
Preferred contact: ☐ Telephone ☐ Email ☐ Either	Preferred contact: ☐ Telephone ☐ Email ☐ Either

Relationship and Family Details

Relationship status: ☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Widowed

Date of marriage / common-law start:	**Date of separation or divorce, if applicable:**
Domestic agreement: ☐ None ☐ Marriage contract ☐ Cohabitation agreement	☐ Separation agreement ☐ Other / unsure

Children and other descendants: Include children from prior relationships, deceased children and their descendants, and stepchildren you wish to consider.

Full name	Relationship	Date of birth / age	Notes

Dependants or family members you support, if any:

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2. Existing Documents and Planning Considerations

Existing Documents

Document	No	Yes	Date and location / notes
Will	☐	☐	
Continuing Power of Attorney for Property	☐	☐	
Power of Attorney for Personal Care	☐	☐	
Other relevant document or agreement	☐	☐	

Agreements or arrangements that may affect the plan: ☐ None ☐ Marriage/cohabitation agreement ☐ Separation agreement ☐ Trust ☐ Shareholder/partnership agreement ☐ Other / unsure

Additional Planning Considerations - Complete if Applicable

Please check any circumstance that may require further discussion:

☐ Blended family or children from a prior relationship	☐ A beneficiary is under 18
☐ A beneficiary has a disability or receives ODSP or other means-tested benefits	☐ A beneficiary may have difficulty managing money
☐ Someone may claim financial support from the estate	☐ You wish to exclude or treat a family member differently
☐ Private or professional corporation / other business interest	☐ Shareholder loan or money owed by a business
☐ Property or significant assets outside Ontario	☐ Foreign citizenship, residence, or tax connection
☐ Charitable gift or special trust planning	☐ Other concern or unsure

Brief details or questions for discussion:

Privacy reminder
Please provide only the general information needed for an initial review. Do not attach medical records, tax returns, full financial statements, or original documents unless requested.

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3. Will Instructions

Estate Trustee(s) / Executor(s)

An estate trustee administers the estate. You may name one person or two or more people to act together.

Appointment	Full name and relationship	Address / telephone / email
Primary estate trustee(s)		
Alternate estate trustee(s)		
Further alternate(s)		

If two or more estate trustees are intended to act at the same time, provide their names:_____ ☐ Discuss

Specific Gifts - Complete if Applicable

Gift or amount	Beneficiary / charity	Relationship

Residue of the Estate

The residue is everything remaining after debts, taxes, expenses, and specific gifts have been addressed.

Beneficiary or beneficiaries	Relationship	Share / percentage
Primary:		
Alternate:		
Further alternate:		
Additional / notes:		

If a beneficiary dies before you, should that person's share generally pass to: ☐ Their descendants ☐ Surviving named beneficiaries ☐ Other / discuss

Other distribution instructions:

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4. Children, Trusts and Personal Wishes

Young Beneficiaries and Trust Planning

At what age should a beneficiary receive an inheritance outright? ☐ 18 ☐ 21 ☐ 25 ☐ 30 ☐ Other _____ ☐ Discuss

Would you prefer staged distributions? ☐ No ☐ Yes ☐ Unsure

If yes, preferred stages: _____% at age _____ and _____% at age _____

Should the trustee be able to use funds before final distribution for education, health, maintenance, or other needs?

☐ Yes ☐ No ☐ Discuss

Preferred Guardian(s) for Minor Children - Complete if Applicable

Appointment	Full name and relationship	Address / telephone / email
Primary guardian(s)		
Alternate guardian(s)		
Further alternate guardian(s)		

If two or more guardians are intended to act at the same time, provide their names:_____☐ Discuss

Pets and Personal Property

Do you wish to name a person to care for a pet or set aside funds for pet care? ☐ No ☐ Yes ☐ Discuss

Pet-care, personal effects, digital accounts, or other personal instructions:

Funeral, Memorial and Personal-Care Wishes

Preference: ☐ Burial ☐ Cremation ☐ Other ☐ No preference / discuss

Please also communicate important wishes to your estate trustee, attorneys, family, and health-care providers, as appropriate.

Wishes or instructions:

Brief details or questions for discussion:

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5. Powers of Attorney

Continuing Power of Attorney for Property

Appoints someone to make financial and property decisions during your lifetime. Complete instructions for each client separately.

Client 1	Client 2 (if applicable)
Primary attorney(s): **Relationship:** **Address / phone / email:**	**Primary attorney(s):** **Relationship:** **Address / phone / email:**
Alternate attorney(s): **Relationship:** **Address / phone / email:**	**Alternate attorney(s):** **Relationship:** **Address / phone / email:**
If two are named: ☐ Jointly ☐ Any one alone ☐ Discuss	If two are named: ☐ Jointly ☐ Any one alone ☐ Discuss
Restrictions, safeguards, or special instructions:	Restrictions, safeguards, or special instructions:

Power of Attorney for Personal Care

Appoints someone to make decisions about health care, shelter, nutrition, clothing, hygiene, and safety if you become incapable of making the relevant decision.

Client 1	Client 2 (if applicable)
Primary attorney(s): **Relationship:** **Address / phone / email:**	**Primary attorney(s):** **Relationship:** **Address / phone / email:**
Alternate attorney(s): **Relationship:** **Address / phone / email:**	**Alternate attorney(s):** **Relationship:** **Address / phone / email:**
If two are named: ☐ Jointly ☐ Any one alone ☐ Discuss	If two are named: ☐ Jointly ☐ Any one alone ☐ Discuss
Would you like to discuss including wishes about resuscitation, including a possible Do Not Resuscitate (DNR) direction, in your Power of Attorney for Personal Care? ☐ No ☐ Yes ☐ Unsure	Would you like to discuss including wishes about resuscitation, including a possible Do Not Resuscitate (DNR) direction, in your Power of Attorney for Personal Care? ☐ No ☐ Yes ☐ Unsure
Personal-care wishes, values, restrictions, or other instructions:	Personal-care wishes, values, restrictions, or other instructions:

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6. Asset, Obligation and Submission Information

Approximate information is sufficient
This overview helps identify ownership, beneficiary designations, business interests, and whether additional planning may be appropriate. Do not include full account numbers, passwords, PINs, security answers, or original documents.

Asset Overview

Asset category	Owner / how held	Approx. value	Joint owner, beneficiary, or notes
Ontario real estate			
Bank / cash accounts			
Non-registered investments			
RRSP / RRIF / TFSA			
Pension / death benefits			
Life insurance			
Private corporation / business			
Vehicles / valuable personal property			
Other significant or digital assets			

Liabilities, Documents and Other Information

Debts or ongoing obligations: ☐ None known ☐ Mortgage ☐ Line of credit / loan ☐ Support obligation ☐ Business debt ☐ Other

Approximate details or concerns:

Do you have a safety deposit box? ☐ No ☐ Yes Location and authorized persons:

_____

Location of original Will and Powers of Attorney, if known:

_____

Professional advisers, if relevant: Accountant / financial adviser / insurance adviser:

_____

Documents You May Attach

Copies of existing Wills and Powers of Attorney, domestic agreements, business agreements, trust documents, corporate share information, and current beneficiary designations may be helpful. Please do not send originals unless instructed.

Additional wishes, questions, family circumstances, or concerns:

Returning the form
You may return the completed form by email, mail, or in person. Do not email original documents. After reviewing the information, Nobari Law Professional Corporation will contact you about next steps and any additional information that may be required.
Mailing address: 21 The Queensway South, Keswick, ON L4P 1Y8

Completed by: _____ Date: _____