





Correspondence to be sent to:

- home  
 e-mail  
 other: *(please provide address)*

Date of birth: *[mmm/dd/yyyy]*

Place of birth: *[city/prov/country]*

---

Relationship status *(including plans to marry)*

- single     engaged     married     separated     divorced  
 widowed     cohabiting

Citizenship:     Canadian     Other:

- Registered Indian as defined in the *Indian Act*

Employer name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Call before faxing?

- yes     no     do not use

Current Position *(if retired, include former occupation/position):*  
\_\_\_\_\_  
\_\_\_\_\_

When did he or she start this position?  
\_\_\_\_\_

Gross annual salary:  
\_\_\_\_\_

Set out his or her income from other sources (e.g., dividends, pension, social assistance):  
\_\_\_\_\_  
\_\_\_\_\_

Your spouse/partner's education and/or vocational training:  
\_\_\_\_\_  
\_\_\_\_\_

### **3 - YOUR MARRIAGE**

---

Your marriage is/will be:     a legal marriage     a common-law marriage

Date of cohabitation  
(including date of  
proposed cohabitation): \_\_\_\_\_

Date of marriage (or date  
of proposed marriage): \_\_\_\_\_

Place of marriage [*city, prov, country*] \_\_\_\_\_

---

#### **4 - PRIOR MARRIAGE(S)**

---

Have you been previously married?  yes  no

If yes, date of divorce [*mmm/dd/yyyy*]:

Full legal name during that marriage:

Are you required to pay support to your former spouse?  yes  no

If we do not have a copy of the agreement or court order regarding support obligations, please provide us with one so that we may determine your estate's obligations (if any) under it.

Has your spouse or partner been previously married?  yes  no

If yes, date of divorce [*mmm/dd/yyyy*]:

Full legal name during that marriage:

Is your spouse/partner required to pay support to his or her former spouse?  yes  no

If we do not have a copy of the agreement or court order regarding support obligations, please provide us with one so that we may determine your spouse or partner's estate obligations (if any) under it

---

#### **5 - PRIOR COHABITATION(S)**

---

Have you ceased cohabiting with someone  
with whom you cohabited for two years or more?  yes  no

If you were cohabiting with someone,  
he or she may have a claim for support  
or an interest in wealth acquired during your relationship.

Have you signed a cohabitation agreement?  yes  no

If we do not have a copy, please provide us with  
one so that we may determine your estate's obligations (if any) under it.

---

#### **6 - CHILDREN**

*Not Applicable*

---

The word "child" includes a child of a marriage, a child born outside of marriage, and an adopted child. Please provide the following information for each of your children and each of your spouse or partner's children.

**First Child:**

Full legal name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Place of birth [city, prov] \_\_\_\_\_

The child is born to:       you     your spouse     adopted

Approximate date the child first began to  
reside on a permanent basis in British Columbia: \_\_\_\_\_

With whom has the child lived for       with you       with your spouse  
the past 12 months?                               other [describe]

Is there any agreement or order dealing with custody and/or support for the child?     yes     no  
If yes, please provide us with a copy.

**Second Child:**

Full legal name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Place of birth [city, prov] \_\_\_\_\_

The child is born to:       you     your spouse     adopted

Approximate date the child first began to  
reside on a permanent basis in British Columbia: \_\_\_\_\_

With whom has the child lived for       with you       with your spouse  
the past 12 months?                               other [describe]

Is there any agreement or order dealing with custody and/or support for the child?     yes     no  
If yes, please provide us with a copy.

**Third Child:**

Full legal name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Place of birth [city, prov] \_\_\_\_\_

The child is born to:       you     your spouse     adopted

Approximate date the child first began to  
reside on a permanent basis in British Columbia: \_\_\_\_\_

With whom has the child lived for       with you       with your spouse  
the past 12 months?                               other [describe]

Is there any agreement or order dealing with custody and/or support for the child?  yes  no  
If yes, please provide us with a copy.

**Fourth Child:**

Full legal name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Place of birth [city, prov] \_\_\_\_\_

The child is born to:  you  your spouse  adopted

Approximate date the child first began to reside on a permanent basis in British Columbia: \_\_\_\_\_

With whom has the child lived for the past 12 months?  with you  with your spouse  
 other [describe]

Is there any agreement or order dealing with custody and/or support for the child?  yes  no  
If yes, please provide us with a copy.

Describe the proposed arrangements for the child(ren), including their living arrangements and financial support.

Significant medical history of child(ren):

Does any child have any assets, trust property, bank accounts, etc? If yes, list below:  yes  no

**7 - YOUR ASSETS**

**Your motor vehicle:**  Not Applicable

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License #:

Owner (s):

Estimated value: \$

(2) Make:

Model:

Year:

License #:

Owner (s):

Estimated value: \$

**Bank Accounts:**

Bank	Branch	Type of Account	Account Holder(s)	Balance
				\$
				\$
				\$
				\$
				\$

**Family Residence:**

Address: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Estimated market value:\*\* \$ \_\_\_\_\_

Name of registered owners: \_\_\_\_\_

Mortgage holder(s): \_\_\_\_\_

Amount of mortgage owing: \$ \_\_\_\_\_

Mortgage payments: \$ \_\_\_\_\_

Annual taxes, insurance, water rates, etc.:

\*\*Please provide a copy of the most recent B.C Assessment Report.

---

**Other Real Property:**

---

Address: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Estimated market value:\*\* \$ \_\_\_\_\_

Name of registered owners: \_\_\_\_\_

Mortgage holder(s): \_\_\_\_\_

Amount of mortgage owing: \$ \_\_\_\_\_ Mortgage payments: \$ \_\_\_\_\_

\*\*Please provide copy of most recent B.C. Assessment Report.  
\_\_\_\_\_

Name of tenants: \_\_\_\_\_

Rental income: \_\_\_\_\_

---

**Personal Property (with value in excess of \$10,000):**

---

**Life Insurance:**

Insurer	Type	Policy No.	Value	Beneficiary

---

**RRSPs/RRIFs:**

Institution	Type	Account #	Approx Value	Beneficiary, if any



***Investments (stocks, bonds, receivables):***

Institution	Type	Account #	Approx Value	Beneficiary, if any

***Pensions:***

Type (e.g., Company, Union, CPP)	Account/Plan No.	Estimated Value

**8 - DEBTS**

***Credit cards or charge accounts:***

Credit Card Name	Account No.	Name of account holder(s)	Outstanding Balance

***Loans and Lines of Credit (other than mortgages):***

Lender/Creditor	Account No.	Name of debtor(s)	Outstanding Balance

**Other significant debts and/or guarantees** (for each, please provide creditor, amount owing, interest rate, etc.)

**9 - YOUR SPOUSE OR PARTNER'S ASSETS**

**His or Her motor vehicle:**

*Not Applicable*

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License #: \_\_\_\_\_ Owner (s): \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_

(2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License #: \_\_\_\_\_ Owner (s): \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_

**Bank Accounts:**

Bank	Branch	Type of Account	Account Holder(s)	Balance
				\$
				\$
				\$
				\$
				\$

---

**Family Residence:**

Address: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Estimated market value:\*\* \$ \_\_\_\_\_

Name of registered owners: \_\_\_\_\_

Mortgage holder(s): \_\_\_\_\_

Amount of mortgage owing: \$ \_\_\_\_\_ Mortgage payments: \$ \_\_\_\_\_

Annual taxes, insurance, water rates, etc.: \_\_\_\_\_

\*\*Please provide a copy of the most recent B.C Assessment Report.

---

**Other Real Property:**

Address: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Estimated market value:\*\* \$ \_\_\_\_\_

Name of registered owners: \_\_\_\_\_

Mortgage holder(s): \_\_\_\_\_

Amount of mortgage owing: \$ \_\_\_\_\_ Mortgage payments: \$ \_\_\_\_\_

\*\*Please provide copy of most recent B.C. Assessment Report.

Name of tenants: \_\_\_\_\_

Rental income: \_\_\_\_\_

---

**Personal Property (with value in excess of \$10,000):**

***Life Insurance:***

Insurer	Type	Policy No.	Value	Beneficiary

***RRSPs/RRIFs:***

Institution	Type	Account #	Approx Value	Beneficiary, if any

***Investments (stocks, bonds, receivables):***

Institution	Type	Account #	Approx Value	Beneficiary, if any

***Pensions:***

Type (e.g., Company, Union, CPP)	Account/Plan No.	Estimated Value

---

**10 - YOUR SPOUSE OR PARTNER'S DEBTS**

---

***Credit cards or charge accounts:***

Credit Card Name	Account No.	Name of account holder(s)	Outstanding Balance

***Loans and Lines of Credit (other than mortgages):***

Lender/Creditor	Account No.	Name of debtor(s)	Outstanding Balance

***Other significant debts and/or guarantees*** (for each, please provide creditor, amount owing, interest rate, etc.)