

# New Will Client - Single

Dwayne Pommer Law

250-564-5300

578 Central Street East, Prince George, BC, V2M 3B7

(We are located at the corner of 5<sup>th</sup> & Central, across highway 97 from Save-on-Foods and just north of Tim Hortons. We share office space with Raymond James, look for their big blue and white "Raymond James" sign.)

- We would appreciate it if you would complete the following form to assist us with serving you.
- Your appointment will include a discussion of your assets. Please consider your assets and debts before hand. We don't need specific details such as account numbers just a general understanding of what you have.
- Your Will needs to appoint an Executor (also known as Trustee) to look after your estate. We will discuss this with you at the meeting. However, before hand you should think about potential candidates for the job.

Please bring a piece of picture ID (driver's license, passport) as we are required to make a copy.

Your current full legal name: \_\_\_\_\_

Name on your birth certificate (if different): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location of home (if different): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell/Alt Phone: \_\_\_\_\_

email address: \_\_\_\_\_

How did you hear about our firm? \_\_\_\_\_

Your date of birth \_\_\_\_\_ Your place of birth \_\_\_\_\_

Citizenship (if other than Canadian) \_\_\_\_\_

Your occupation \_\_\_\_\_ Your employer \_\_\_\_\_

What is your marital status? (Please check the appropriate response and provide the information requested)

\_\_\_ never married or in a common law relationship

\_\_\_ widowed – please provide your deceased spouse's name and date of death

\_\_\_ divorced - please provide your ex-wife/husband's name and year of divorce

\_\_\_ married but separated - please provide your wife/husband's name and year of separation

\_\_\_ prior common law relationship - please provide your ex-spouse's name and year of separation

spouse \_\_\_\_\_

info \_\_\_\_\_

If you have any children, please provide the following information (attach an extra sheet if you need more space)

Name	City child lives in	Age	Marital Status	Number of children (your grandchildren)

Do any of your children have any disabilities? \_\_\_\_\_

Do you have any children who have died? If so, please provide name, year of death, age at death and whether the deceased child had any kids of his/her own.

\_\_\_\_\_  
\_\_\_\_\_