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| | Estata A | | | Maylach | t | | |
|-------------------|--------------------|----------|---------|----------------|------------|-------|--|
| | Estate Ad | uministi | ation | <u>vvorksn</u> | <u>eet</u> | | |
| | | | | | | Date: | |
| | , | | | | | | |
| Name of Deceased | | | | | | | |
| AKA | | | | | | | |
| Last Address | | | | | | | |
| (street, city, | | | | | | | |
| postal code) | | | | | | | |
| Occupation | | | | Jurisdict | ion | | |
| Place of Death | | | | Date of | .1011 | | |
| Tidee of Death | Dear | | | | | | |
| Marital Status | Never married | Separat | ed | SIN# | | | |
| (circle all that | Married Common Law | | | | | | |
| apply) | Divorced Widow(er) | | | | | | |
| Data of Mill | Divorced | Widow(| | C1: -:1 | | | |
| Date of Will | | | | Codicil | _1 | | |
| Prepared by | | | | Prepared by | a | | |
| Any Trust | Describe: | | | υγ | | | |
| Documents | Describe. | | | | | | |
| econdary Will | Describe: | | | | | | |
| INITIAL NOTES: | | | | | | | |
| | | | | | | | |
| | | Estate | Truste | ees | | | |
| Name | | | Relatio | nship | | | |
| | | | | · | | | |
| Address | | | | | 1 | | |
| Gender | Female Male | | Occupa | | | | |
| Telephone (H) | | | Telepho | one (B) | | | |
| Telephone (C) | | | Fax | | | | |
| Sign documents at | ☐ Windsor or | | Email | | | | |
| | l □ Other: | | | | l | | |

| Name | | | | Relationship | |
|---------------------------------|---------------------------------|---------------|-------|---------------|-------|
| Address | | | | | |
| Gender | Female | Male | | Occupation | |
| Telephone (H) | | | | Telephone (B) | |
| Telephone (C) | | | | Fax | |
| Sign documents at | uments at ☐ Windsor or ☐ Other: | | | Email | |
| Name | | | | Relationship | |
| Address | | | | | |
| Gender | Female | Male | | Occupation | |
| Telephone (H) | | | | Telephone (B) | |
| Sign documents at | ☐ Winds ☐ Other: | | | Email | |
| Specific Issues | | | Notes | | |
| Minor Children Bene | eficiaries? | Yes □ No □ | | | |
| Any unborn or un- | | Yes □ | | | |
| ascertained person | | | | | |
| to a share of the es | tate? | | | | |
| Any capacity issues | | Yes □ | | | |
| beneficiaries; are ar | ıy | No □ | | | |
| receiving ODSP? | | | | | |
| Any discretionary tr | ust | Yes □ | | | |
| clauses in Will? | | No □ | | | |
| Other issues? | | Yes □ No □ | | | |
| Beneficiaries | | | | | |
| | | | | | |
| Name | | | | | |
| Address | | | | | |
| Gender | Female | Male | F | Relationship | |
| Telephone (H) | | | | Telephone (B) | |
| Telephone (Fax) | | | | mail | |
| Date of Birth if | | | | 1entally | Yes □ |
| not 18 or older | | | | ncapacitated | No □ |
| Sign documents | | | | Estimated | |
| at | | | \ | /alue | |
| Namo | | | | | |
| Name Address | | | | | |
| | Female | Male | | Relationship | |
| Telephone (H) | TOTTUTE | raic | | Telephone (B) | |
| Telephone (Fax) | | | | Email | |
| Date of Birth if | | | | Mentally | Yes □ |
| not 18 or older | | | | ncapacitated | No □ |
| Sign documents | | | | Estimated | |
| at | | | | /alue | |
| - | | | - | | |
| Name | | | | | |

| Address | | | | | | |
|--|---------|-------|------|--|-------|-------|
| Gender | Fema | ale | Male | Relationship | | |
| Telephone (H) | | | | Telephone (B) | | |
| Telephone (Fax) | | | | Email | | |
| Date of Birth if | | | | Mentally | Yes □ | |
| not 18 or older | | | | Incapacitated | No □ | |
| Sign documents | | | | Estimated | | |
| at | | | | Value | | |
| | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| Gender | Fema | ale | Male | Relationship | | |
| Telephone (H) | | | | Telephone (B) | | |
| Telephone (Fax) | | | | Email | | |
| Date of Birth if | | | | Mentally | Yes □ | |
| not 18 or older | | | | Incapacitated | No □ | |
| Sign documents | | | | Estimated | | |
| at | | | | Value | | |
| Assets - Include | e All A | Asset | ts | | | |
| | | | | | | |
| Type of Asset (real property, ban accounts, GIC's, | | ole/J | | ription, Institution ber, Contact Infor | | Death |
| RRIF/RRSP, insurance, stocks) | | | | | | |
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