

OFFICE USE Client Number:

SKE#:

Date:



PERSONAL AFFAIRS RECORD

Name - First:		Middle:		Last:	
Birth Date:			Birth Place:		
Street/PO, City, Prov:				Post Code:	
Email:		Phone:		Cell:	
SIN#:		Private Medical Ins:			
Occupation:				Work Place:	
Father's Name:				Birth Place:	
Mother's First & Maiden Name:				Birth Place:	

SPOUSE – **Married** or **Cohabiting for 2+ Years** (one completed form per couple is usually sufficient)

Name - First:		Middle:		Last:	
Birth Date:			Birth Place:		
Address: <input type="checkbox"/> same as above or:				Cell:	
SIN#:		Private Medical Ins:			
Date of Marriage/Cohabiting:			Place of Marriage:		
Occupation:				Work Place:	
Father's Name:				Birth Place:	
Mother's First & Maiden Name:				Birth Place:	

REGISTRY OF CHILDREN

Child 1 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):
Child 2 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):
Child 3 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):
Child 4 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):
Child 5 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):
Child 6 Name (first, middle, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	<input type="checkbox"/> Has child under 18 Number of Children:
Mailing Address	Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband	Marital Status:	Comments (eg. adopted):

The following children or grandchildren are disabled (indicate parent if grandchild): _____

Additional children are listed on a separate sheet or in the comments section on page 3.

OTHER INFORMATION

Income Tax Prepared by:	Self-Employed GST #:
Safety Deposit Box Location:	Box #:
Legal Documents held outside of Amity: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Will <input type="checkbox"/> Inter-Spousal Agreement <input type="checkbox"/> Corporate Documents held at:	

NOTE: Including approximate values in the following sections aids greatly in estate planning.

RRSPS, RRIFs, TFSAS, ETC. (REGISTERED ACCOUNTS)

Type	Institution	Account #	Owner(s)	Beneficiary	Amount

BANK AND OTHER INVESTMENT ACCOUNTS (NON-REGISTERED)

Type	Institution	Account #	Owner(s)	Amount

Additional Investment Information is attached

LAND TITLES & LEASES

Legal Description (if available)	Location of Property	Owner(s)	Purchase Price	Purchase Mo, Year	Current Value

Additional Land Descriptions are attached

I am interested in more information about how an Amity Trust mortgage might save me money:

Current Mortgage Provider: _____ Current Balance: _____
 Current Interest Rate: _____ Next Renewal Date: _____

INSURANCE – Life, Funeral, Disability, etc...

Life Insurance Company	Policy #	Beneficiary	Agent	Amount

ADDITIONAL ASSETS – vehicles, machinery, cryptocurrency, precious metals, & other items of substantial value

Description	Owner(s)	Current Value

DEBTS I OWE – mortgages, credit card, etc.

Name & Description	Co-signed by:	Value

I made **PROMISES** to family or others about my estate: **NO** **YES** (list to whom and what):

DEBTS OWED TO ME – by children or others

Name	Terms	Original Amount	Balance Remaining

ONLINE Presence and Assets:

Person chosen to manage my internet accounts: _____

My passwords can be accessed here: _____

COMMENTS or other information:



Disclosure & Acknowledgement

My/our signature(s) below confirm(s) that I/we have been informed of and understand the following facts regarding the estate planning and Will and Power of Attorney preparation services provided by Amity Trust’s Estate Planners:

1. Amity Trust’s Estate Planners are not lawyers and accordingly they are not members of the Law Society of Saskatchewan.
2. The Law Society of Saskatchewan does not supervise the education, training or qualifications of Amity Trust’s Estate Planners to provide these services, nor do they apply a Code of Conduct and ethical standards, nor do they provide a complaints and discipline process, nor do they mandate professional liability insurance.
3. A [Consumer Review Form](#) is available on the Law Society’s website should you wish to provide them with feedback about the services provided by Amity Trust’s Estate Planners.
4. Amity Trust has been preparing Wills for people for over 100 years.
5. The estate planning work done by Amity Trust’s Estate Planner’s is fully backed by Amity Trust.
6. Amity Trust charges fees for Estate Planning, and those fees have been explained to me.
7. Amity Trust does not charge additional fees for the production of Wills or Power of Attorney documents.
8. By providing an email address to Amity Trust I am authorizing Amity Trust to use this email address to contact me regarding my personal information, estate planning and any documents prepared on my behalf and also for the purposes of providing me with relevant news and information from time to time. I can remove this consent at any point by informing Amity Trust. Further information is available in [Amity Trust Privacy Policy](#) available on their website.
9. Amity Trust has not verified the accuracy of any of the information provided by the testator or stored with Amity. It is the responsibility of the Testator to ensure that they have confirmed the accuracy of any asset description contained in the Will.
10. A mirror image Will is when spouses make Wills together, naming each other as beneficiaries and creating a clause for residual beneficiaries that is mutually agreed upon. In these situations, there is an expectation that each spouse made their Will at least in part because of what the other spouse chose to put in their Will. The Testators should be aware of the following:
 - a. That Amity Trust is acting jointly when preparing the mirror image Wills.
 - b. That the information between the Testators is not confidential and, in the future, should conflict arise between the Testators, Amity Trust has the right to advise the other spouse of any changes to either Testator’s Will.
 - c. That in the event of the death of one spouse the surviving spouse may change his or her Will.

If you do not understand or have questions about any of the above points, please ask for further clarification before you sign this statement.

Date

Client Signature

Client Signature

OFFICE USE: P A C O