

**INTAKE/ ID VERIFICATION**  
**CR LAWYERS AT HOLLAND & CO.**

Barristers, Solicitors and Notaries  
1779 Comox Avenue, Comox, BC, V9M 3L9

<b>Name</b> (first,mid,last)		<b>Name</b> (first,mid,last)	
<b>Res. Address</b>		<b>Res. Address</b>	
<b>Phone Numbers</b>		<b>Phone Numbers</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Email</b>		<b>Email</b>	
<b>SIN</b> <i>(only required for real estate)</i>		<b>SIN</b> <i>(only required for real estate)</i>	

<input type="checkbox"/> <b>Driver's Licence</b>	<input type="checkbox"/> <b>Birth Certificate</b>	<input type="checkbox"/> <b>Provincial Health Care Card</b>	<input type="checkbox"/> <b>Passport</b>
<input type="checkbox"/> <b>Other (specify):</b>	<b>How did you hear about us?</b> word of mouth   website   referred by: _____.		

Original document reviewed – copy attached

Date Identity Verified: \_\_\_\_\_ Lawyer/Staff: \_\_\_\_\_

File Number: \_\_\_\_\_ Signature Lawyer/Staff: \_\_\_\_\_

Signature of Client/ 3rd party: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client/ 3rd party: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement**

At Holland and Company, we recognize the importance of privacy and the sensitivity of the personal information we receive from our clients. In providing you with advice or representation, we must collect, use and disclose your personal information. However, we will only do so when it is necessary to provide you with the legal or notarial services you have requested from us.

As lawyers and notaries, we have a legal, professional and moral obligation to keep all of our clients' information confidential. Therefore, over the years we have developed policies and procedures and have trained our lawyers, notaries and support staff to manage and safeguard your privacy.

**IF YOU ARE PREPARING ESTATE PLANNING DOCUMENTS, DO YOU:**

- |   |     |    |
|---|-----|----|
| 1. Understand the nature of a Will and its effects on claimants ?   | YES | NO |
| 2. Understand the extent of your estate?  | YES | NO |
| 3. Understand the claims to which you ought to give effect to?  | YES | NO |
| 4. Have ability to rationally balance competing claims you ought to give effect to?                             | YES | NO |
| 5. Think you are free of delusions that may affect the foregoing decisions?                                     | YES | NO |
| 6. Have the requisite capacity to give instructions?  | YES | NO |
| 7. Understand you must have capacity at both the time of giving instructions and when the instrument is signed? | YES | NO |

## INCAPACITY - Financial/Legal

(1) ENDURING POWER OF ATTORNEY Y / N

(a) Springing / Immediate / Revoke Former

(b) Spouse (i) Y/N

1<sup>st</sup> Alt (ii) \_\_\_\_\_

or of \_\_\_\_\_ occupation: \_\_\_\_\_

2<sup>nd</sup> Alt (iii) \_\_\_\_\_

of \_\_\_\_\_ occupation \_\_\_\_\_

Alternates acting together ( ) or separate ( )

## INCAPACITY - Medical

(1) REPRESENTATION AGREEMENTS Y / N

(a) As Above Y / N / Revoke Former OR

Spouse (i) Y / N

1<sup>st</sup> Alt (ii) \_\_\_\_\_

or of \_\_\_\_\_

2<sup>nd</sup> Alt (iii) \_\_\_\_\_

of \_\_\_\_\_

(2) ADVANCE DIRECTIVES – Consult a doctor

## DEATH (and the ways property passes when we do)

(1) JOINT OWNERSHIP

(2) BENEFICIAL DESIGNATION

(a) PRIMARY

\_\_\_\_\_

(b) CONTINGENT

\_\_\_\_\_

\_\_\_\_\_

(3) TRUSTS

(a) WHILE ALIVE

(b) AFTER DEATH

(4) WILL

### (A) EXECUTORS

(a) As Above Y / N

(i) spouse Y / N

1<sup>st</sup> Alt (ii) \_\_\_\_\_

of \_\_\_\_\_

2<sup>nd</sup> Alt (iii) \_\_\_\_\_

of \_\_\_\_\_

## (B) GUARDIANS

Previous Marriage? Y / N

Children of Current Marriage? Y / N

Joint (i) \_\_\_\_\_  
of \_\_\_\_\_

or (ii) \_\_\_\_\_

Alternate (iii) \_\_\_\_\_

of \_\_\_\_\_

## (C) ORGAN DONATION Y / N

(D) REMAINS Cremation Burial

## (E) SPECIFIC BEQUESTS AND TRUSTS

Spouse? Y / N Dependent Adult? Y / N

Minor/Age of Majority (21-25) Y / N

Charity/Other? Y / N

Who Pays Tax? (Estate unless specified)

## (F) RESIDUE

(i) \_\_\_\_\_

Joint (ii) \_\_\_\_\_

or \_\_\_\_\_

Alternate (iii) \_\_\_\_\_

of \_\_\_\_\_

## (G) COMMON DISASTER

(i) \_\_\_\_\_

Joint (ii) \_\_\_\_\_

or \_\_\_\_\_

Alternate (iii) \_\_\_\_\_

of \_\_\_\_\_

## (H) STORAGE PLACE

Address (required) \_\_\_\_\_

## (I) BIRTH PLACE

### Cost for Individual:

Simple Will.....\$595.00

Power of Attorney.....\$396.00

Representation Agreement.....\$396.00

Package of all 3 documents.....\$996.00

Two document (reduction) \$100 or \_\_\_\_\_

### Cost for Couple (Mirrored):

Simple Wills.....\$996.00

Powers of Attorney.....\$792.00

Representation Agreements.....\$792.00

Package of all 6 documents.....\$1,950.00

Two document (reduction) \$200 or \_\_\_\_\_

Out of office / RUSH fee .....\$227.00/visit

Total Invoice Amount: \_\_\_\_\_

Total Deposit Due: \_\_\_\_\_