

**HAMON FAMILY LAW**

P.O. Box 188 · 535 Perrier Road  
Combermere Ont K0J 1L0

THIS FORM IS FOR BACKGROUND INFORMATION ONLY. YOU ARE NOT EXPECTED TO BE ABLE TO COMPLETE THE FORM IN ITS ENTIRETY. PLEASE FILL OUT ALL SECTIONS THAT YOU ARE ABLE. WE WILL DISCUSS THIS ENTIRE FORM AT THE MEETING WHICH YOU WILL SCHEDULE WITH OUR OFFICE

The Law Society requires photo identification. Please prepare copies front and back of one piece of identification. It must have a picture (ex. Driver's license) and must not be a Health Card. A scanned digital document, if available, is preferable. This can be emailed to [josephp@hamon.on.ca](mailto:josephp@hamon.on.ca)

---- Joseph P. Hamon

**PERSONAL DATA SHEET**

*Date:*

*Lawyer: Joseph P. Hamon*

*PART I FAMILY INFORMATION*

1. *Full name:*

*Current Marital status:*

2. *ARAG/Legal Sense/Law phone I.D. number:*

3. *Spouse's name:*

*a. Date of Marriage:*

*b. Date of Separation (if any):*

*c. Date of co-habitation (if earlier than marriage)*

4. *Address:*

*Spouse's address (if different):*

5. *Date and place of birth:*

6. *Spouse's Date and place of birth:*

7. *Phone (home):*

*Phone (business):*

8. *Occupation(s):*

*Annual income(s):*

9. *Residence(s) for income tax purposes:*

*Domicile(s) (if different):*

Citizenship(s):

- 10. Children:  
Full Names of All Children (Include those who are and those who are not to benefit under will):

Name   Address                      Date of Birth

(if other children, add on the back side of this page. Other children on back? [ ] Yes [ ] No

- 10. Others to be named (who are not dependents)

Name:

Date of birth:

Address:

Name:

Date of birth:

Address:

- 10. Do you have any dependents? Anyone you have been supporting recently?

Name:

*Particulars of support:*

*His or her address and phone number:*

**PART II GENERAL**

1. *Do you have a will?*

*Does your spouse have a will?*

2. *Are you presently receiving benefits from an estate or trust? If so, please give particulars.*

3. *Have you set up a trust to benefit another person? If so, please give particulars.*

4. *Do you and your spouse have a marriage, co-habitation or other domestic contract? Please provide a copy.*

5. *Are you an executor or trustee of any estate?*

6. *Do you have your own accountant or life insurance agent?*

*Name: Address:*

*Name: Address:*

7. *Do you own or have an interest in a business (i.e., sole proprietorship, partnership or limited company)? Please provide copies of business agreements. Please give details.*

8. *Have you been married more than once? If yes, please provide copies of decree nisi and/or decree absolute, separation agreement, etc.*

**PART III ASSETS**

1. *Automobiles and boats*

*Item:*            *Item:*

*Value:*           *Value:*

*In whose name:* *In whose name:*

2. *Approximate value of household goods and contents:*

3. *Real estate*

*Location:*           *Location:*

*Value:*               *Value:*

*Original cost:*     *Original cost:*

*In whose name:* *In whose name:*

4. *Bank accounts*

*Name of bank:*    *Name of bank:*

*Address of bank:*

*Address of bank:*

*Account number:*

*Account number:*

*In whose name:* *In whose name:*

*Average balance:*

*Average balance:*

5. *Safety deposit box*

*Location:*

*Box number:*

6. *Life insurance*

*Name of company:*

*Name of company:*

*Policy number: Policy number:*

*Type of plan: Type of plan:*

*Named beneficiary:*

*Named beneficiary:*

*Value to your estate:*

*Value to your estate:*

7. *RRSPs, pensions and annuities*

*Name: Name:*

*Contract number:*

*Contract number:*

*Named beneficiary:*

*Named beneficiary:*

*Value to your estate:*

*Value to your estate:*

8. *Investments*

*Please list all stocks and/or bonds and their original costs and estimated market values:*

**PART IV LIABILITIES**

1. *Mortgages payable by you*

*Amount owing: Amount owing:*

Name of mortgagee:

Name of mortgagee:

2. *Other debts*

Amount owing: Amount owing:

Name of creditor:

Name of creditor:

*PART V SUMMARY*

Total value of assets \$

Less total value of liabilities \$

Net value of estate \$

**PART VI WILL INSTRUCTIONS**

*In your own words, please describe how you would like your estate dealt with:*

*For specific information, please complete the following:*

1. *Disposition of household goods, personal effects, jewellery, automobiles, etc.:*  
*-if more than one person, attach memorandum detailing these dispositions. **This memorandum must be signed by you at the time you sign your will and be attached therein.***
2. *Disposition of residence and/or cottage:*
3. *Cash legacies:*
4. *Disposition of RRSPs, annuities, pensions:*
5. *Disposition of residue (including trust for spouse and/or minors, payments of income from trust, payment of capital from trust, time of distribution of trust, provision should any beneficiaries predecease, etc.). This is the section where you have to think about substitute gifts if your first choices predecease you.):*
6. *Name of Trustee/Executor #1:*  
*Address & Phone No. of Trustee/Executor:*  
  
*Name of Substitute Trustee/Executor*  
*(in the event #1 cannot or will not act):*  
*Address & Phone No. of Trustee/Executor:*  
  
*Instructions concerning executors and trustees:*
7. *Are death taxes to be paid from capital without recourse to beneficiaries?*

*Are there special provisions for beneficiaries in other jurisdictions?*

8. *Are executors to have broad powers for retention, sale and investment of assets and, if a trust company, investment in own securities, etc.?*

9. *Special clauses to be included?*

(a) *Appointment of guardians and custodians for children:*

*Name(s):*

*Address(es):*

*Would you like us to talk to you about delaying the gift for the child(ren)? [ ] Yes [ ] No*

*At what age do you want a beneficiary who is a minor to receive his/her share?*

(b) *Fee agreement/pre-take?*

(c) *Exclude illegitimates?*

(d) *Family law clauses:*

10. *Do you wish to have a general financial power of attorney?*

*Name and address of your attorney(s):*

11. *Do you wish to have a continuing power of attorney for healthcare?*

*Name and address of your attorney(s):*

12. *Funeral and other special instructions?*

13. *Forgiveness of debts? [ ] Yes [ ] No*



*Details:*

15. *Is there anything else you wish to bring to my attention or wish to discuss with me?*

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*Place for holding original materials:*

*Ordinarily, the will and other estate documents are left with the solicitor. I would keep any documents in a fireproof environment and keep such documents listed in my secure documents list without further charge. I recommend this practice as it helps prevent fraud and facilitates the execution of your estate.*

*Fraud: I have personally experienced fraudulent attempts upon my clients's estates through clients's sons and daughters trying to use their parent's estate without consultation with their parents. If I hold the will or powers of attorney, I will be seeking independent confirmation that a death or incapacity has occurred before any executable documents are released to anyone you have named as an executor. Regrettably, even in the best of families, dishonesty occurs. By requesting me to hold your documents, you are safeguarding your property.*

*Facilitation: Upon your death, your heirs can simply contact me. No frantic searches for estate documents. From scanned documents, I can quickly create certified copies of your estate documents. (Note: If I do retire from practice or die, the Law Society will have a record of which solicitor is managing my estate documents.)*

*If you do wish to leave the estate documents with me, I will scan the original signed document and sent you a copy by email or regular mail. If you wish to take the original documents, I will still need to make a copy of the signed documents for my own records. In this case, I will take the original estate documents back to my office, and mail you the original documents.*

*Leave originals with Hamon Law Office*

*Send originals back to me after scanning*