

SCHEDULE A: PERSONAL DATA SHEET

Date: _____

Lawyer: _____

File #: _____

A. PERSONAL

Full legal name: _____

Aliases: _____

Date and place of birth: _____

Address: _____

Phone number (Home): _____ Phone number (Business): _____

Phone number (Cell): _____ Email: _____

Occupation: _____

Residence in other province or country (to determine domicile): _____

Residence for tax purposes: _____

Citizenship: _____

Notes:

A.1 Marital

Marital status: _____ Date of marriage: _____

Place of marriage: _____

Spousal relationship: _____

date commenced _____ date ended: _____

Spouse's full name (specify if common-law relationship): _____

Spouse's number (Home): _____ Spouse's number (Business): _____

Spouse's number (Cell): _____ Spouse's Email: _____

Spouse's date/place of birth: _____

Social Insurance Number (SIN): _____

Occupation: _____

Citizenship: _____

Marriage contract: _____ Separation agreement: _____

Particulars of divorce: _____

A.2 Children (adopted, stepchildren, out of wedlock)

Name: _____

Date of birth: _____

Address: _____

Name: _____

Date of birth: _____

Address: _____

Name: _____

Date of birth: _____

Address: _____

Identify any mentally or physically challenged children, or children otherwise dependent:

Name: _____

Date of birth: _____

Address: _____

Name: _____

Date of birth: _____

Address: _____

Notes:

A.3 Close Relatives/Intended Beneficiaries

Name: _____

Relationship to you: _____ Date of birth if minor: _____

Address: _____

Name: _____

Relationship to you: _____ Date of birth if minor: _____

Address: _____

Name: _____

Relationship to you: _____ Date of birth if minor: _____

Address: _____

A.4 Executors

Name: _____

Occupation: _____

Address: _____

Name: _____

Occupation: _____

Address: _____

Notes:

A.5 Trustees (if not same as personal representatives)

Name: _____

Occupation: _____

Address: _____

A.6 Personal Guardian (for children under age of majority)

Name: _____

Occupation: _____

Address: _____

B. ASSETS

Cash: _____

Bank accounts: _____

Bank/Credit Union: _____

Location: _____

Amount: _____

Joint/Sole: _____

Bank/Credit Union: _____

Location: _____

Amount: _____

Joint/Sole: _____

Bank/Credit Union: _____

Location: _____

Amount: _____

Safety deposit box: _____ Location: _____

Life Insurance (personal or group): _____ Policy #: _____

Name of company: _____

Type of plan: _____

Named beneficiary: _____

Value: _____

Name of company: _____

Policy #: _____

Type of plan: _____

Named beneficiary: _____

Value: _____

B.1 Real Estate (use separate sheet if insufficient space)

Address: _____

Legal description: _____

Value: _____

Original cost: _____

Registered owner: _____

Municipality: _____

Address: _____

Legal description: _____

Value: _____

Original cost: _____

Registered owner: _____

Municipality: _____

Acquisition cost of farm/commercial property: _____

B.2 Household/Personal

Item: _____

Value: _____ Registered owner: _____

Item: _____

Value: _____ Registered owner: _____

Autos: _____

Boats: _____

Approximate value of other household/personal goods/collectibles/antiques: _____

B.3 Other Estates

Value: _____

Copy of trust/wills: _____

B.4 Business, Farm Assets, Partnership (proprietorship, partnership, corporation)

GST Registration – Business Number: _____

Nature: _____

Approximate value: _____
(machinery & equipment)

Approximate value: _____
(grain-on-hand/cattle)

B.4 RRSP's, RRIF's, Pensions & Annuities

Name: _____

Contract #: _____

Named beneficiary: _____

Value: _____

B.5 Other Investments

Bonds (cash value): _____ Name in which registered: _____

Location: _____

Stocks – public companies: _____

Cash value: _____ Name in which registered: _____

Location: _____

Stocks – private companies: _____

Cash value: _____ Name in which registered: _____

Location: _____

C. LIABILITIES

C.1 Mortgages on Real Estate

Property covered: _____

Balance: _____ Insured: _____

Name of mortgagee: _____

Term: _____

Purpose: _____

C.2 Personal Property Registry

Nature: _____

Property covered: _____

Balance due: _____

Name of secured party: _____

C.3 Other Financial Obligations

Leases: _____

Indemnities: _____

Guarantees: _____

Separation agreements: _____

Maintenance: _____

C.4 Summary Net Worth

Total Value of Assets: \$ _____ Total Value of Liabilities: \$ _____

NET: \$ _____

C.5 General Information

Do you or your spouse have will? _____

Accountant's name: _____

Address/phone number: _____

Investment dealer's name: _____

Address/phone number: _____

Life insurance agent's name: _____

Address/phone number: _____

Are you a beneficiary under any trust? _____ Have you set up a trust to benefit another person? _____

Do you or your spouse have a marriage contract (provide a copy if yes)? _____

Are you party to any shareholder or partnership buy-sell agreement (if so, provide copy)? _____

Any assets outside Saskatchewan or Canada? Please list and estimate value.
