

ESTATE PLANNING QUESTIONNAIRE

So we can provide you with the most accurate and valuable advice, please complete this questionnaire and financial summary. **This information is confidential and only used for the purpose of providing legal advice regarding your estate plan.**

YOUR PERSONAL INFORMATION:

Your Full Legal Name: _____

Also Known As: _____

Date of Birth: _____

Place of Birth (City, Province, Country): _____

Occupation: _____

Citizenship: _____

Your Home Address:

Home Telephone: _____

Work Telephone: _____

Email: _____

YOUR SPOUSE/PARTNER'S PERSONAL INFORMATION:

Do you have a spouse/partner: Yes No

Your spouse/partner's full legal name: _____

Date of Birth: _____

Are you married or co-habiting? _____

Occupation of spouse/partner: _____

Citizenship of spouse/partner: _____

RELATIONSHIP DETAILS:

Date of marriage: _____

Date of cohabitation: _____

Do you have a cohabitation or marriage agreement? Yes ☐ No ☐

Date of cohabitation or marriage agreement _____

Please provide us with a copy of your cohabitation or marriage agreement

CHILDREN AND GRANDCHILDREN:

Please tell us about your children including stepchildren and adopted children. We have provided space to list up to four children — use extra paper if required.

1. Full Legal Name of Your Child:

Age: _____

Where is he / she resident? _____

Does your child have a spouse/partner? Yes ☐ No ☐

Full Legal Name of Child's spouse/ partner: _____

Please list any children of the above individual(s) (i.e. your grandchildren):

Full Legal Name of Grandchild:	Age:	Where is he / she resident?

2. Full Legal Name of Child:

Age: _____

Where is he / she resident? _____

Does your child have a spouse/partner? Yes ☐ No ☐

Full Legal Name of Child's spouse/ partner: _____

Please list any children of the above individual(s) (i.e. your grandchildren):

Full Legal Name of Grandchild:	Age:	Where is he / she resident?

3. Full Legal Name of Your Child:

Age: _____

Where is he / she resident? _____

Does your child have a spouse/partner? Yes No

Full Legal Name of Child's spouse/ partner: _____

Please list any children of the above individual(s) (i.e. your grandchildren):

Full Legal Name of Grandchild:	Age:	Where is he / she resident?

4. Full Legal Name of Your Child:

Age: _____

Where is he / she resident? _____

Does your child have a spouse/partner? Yes No

Full Legal Name of Child's spouse/ partner: _____

Please list any children of the above individual(s) (i.e. your grandchildren):

Full Legal Name of Grandchild:	Age:	Where is he / she resident?

Do any of the individuals listed above have a **disability**? Are any receiving **ODSP**? If so, who?

Name of proposed custodian/guardian for minor children?

Alternate custodian/guardian of minor children, should the above not be able to:

Other dependents or significant family members

Full Legal Name(s): _____

Where is he / she resident? _____

Age: _____

Relationship to you: *He / she is my* _____.

EXISTING WILL:

Do you have an existing Will? Yes No

Please attach a copy of your existing Will.

APPOINTING ESTATE TRUSTEE(S):

Estate Trustee(s) named in your **existing** Will (please provide name, date of birth, and relationship):

- 1 _____
- 2 _____

Who do you want to administer your estate in your **revised** Will? If this person / these people are unable or unwilling to act, who would you appoint to act as an alternate?

First Choice(s):

Full Legal Name(s): _____

Country of Residence: _____

Relationship to you: *He / she is my* _____.

Alternate Choice(s):

Full Legal Name(s): _____

Country of Residence: _____

Relationship to you: *He / she is my* _____.

INTENDED BENEFICIARIES OF YOUR ESTATE

Do you want your estate to first pass to your spouse/partner? Yes No N/A

If your spouse/partner predeceases you, who do you want your estate to pass to? (ex: children first, then grandchildren)

Should all the intended beneficiaries of your estate predecease you, how would you like to distribute your estate? (ex: Extended Family, Charities, Friends, etc)

POAs / POWERS OF ATTORNEY:

Do you **currently** have a power of attorney **for property**? Yes No

Attorney for property (POA) named in your **existing** POA (please provide name and relationship to you):

1

2

Do you **currently** have a power of attorney for **personal care**? Yes No

Attorney for personal care (POA) named in your **existing** POA (please provide name and relationship to you):

1

2

APPOINTING POAs

In your **new / revised POA for property**, who do you wish to appoint to make **financial and property** decisions for you should you become unable?

First Choice(s):

Full Legal Name(s):

Country of Residence:

Relationship to you: *He / she is my*

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Alternate Choice(s):

Full Legal Name(s):

Country of Residence: _____

Relationship to you: *He / she is my* _____.

In your **new / revised POA for personal care**, who do you wish to appoint to make **personal care** decisions for you should you become unable?

First Choice(s):

Full Legal Name(s): _____

Country of Residence: _____

Relationship to you: *He / she is my* _____.

Alternate Choice(s):

Full Legal Name(s): _____

Country of Residence: _____

Relationship to you: *He / she is my* _____.

1. Health Care Directive - In the event that the situation arises in which there is no reasonable expectation of recovery from extreme mental or physical disability, do you wish to be kept alive by artificial means or "heroic measures"?

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2. Do you wish to give directions to this person for medical treatment and personal care? If so, please describe:

FINANCIAL SUMMARY

Assets			
Bank Accounts	OWNERSHIP (i.e. sole or joint)		APPROXIMATE VALUE
Chequing Account(s)			
Savings Account(s)			
Investments	OWNERSHIP (i.e. sole or joint)	NAMED BENEFICIARY (if any)	APPROXIMATE VALUE
Guaranteed Investments (GICs)			
Shares/Stocks in Publically Traded Company			
Mutual Funds			

Other Investments			
	PROVIDER (i.e. RBC, Manulife etc.)	NAMED BENEFICIARY (if any)	APPROXIMATE VALUE
Registered Retirement Savings (RRSP)			
Registered Retirement Income (RRIF)			
Life Income Fund (LIF)			

Life Income Retirement Account (LIRA)			
Tax Free Savings Account (TFSA)			
Pension benefits (ex: death benefit i.e. 1 X annual salary)			
Registered Education Savings Plan			
Registered Disability Savings Fund (RDSP)			
Other:			
Other:			

LIFE INSURANCE		
PROVIDER	NAMED BENEFICIARY	APPROXIMATE VALUE

REAL PROPERTY			
	ADDRESS	TYPE OF OWNERSHIP <i>(i.e. sole, joint with right of survivorship, tenants in common)</i>	APPROXIMATE VALUE
Principal Residence			
Recreational Property			
Investment Property			

BUSINESSES / PARTNERSHIPS / CORPORATIONS			
	BUSINESS NAME	SHARE / PERCENTAGE OF YOUR OWNERSHIP INTEREST (i.e. 100%)	APPROXIMATE NET VALUE
Sole Proprietorship			
Business (not incorporated)			
Partnership			
Corporation			
OTHER ASSETS			
	DESCRIBE	OWNERSHIP (i.e. sole or joint)	APPROXIMATE VALUE
Automobiles			
Recreational Vehicles			
Antiques/Collectibles (jewellery, precious metals, etc.)			
Debts payable to you			
Digital Assets			

LIABILITIES			
	OWNERSHIP (sole or joint debt)	PROVISIONS FOR REPAYMENT UPON DEATH (i.e. mortgage life insurance)	APPROXIMATE AMOUNT OWING
Mortgages			
Personal Loans			
Credit Cards			
Other Debts			