



WILLS & ESTATES LAW GROUP

QUESTIONNAIRE AND FINANCIAL SUMMARY

In order to provide you with the most accurate and valuable advice, it is recommended that you complete this will and estate plan questionnaire and financial summary. This information is confidential and only used for the purpose of providing legal advice regarding your will and estate plan. By preparing this information in advance, our first meeting will be more efficient.

WILL AND ESTATE PLAN QUESTIONNAIRE

PERSONAL INFORMATION:

Complete Name: _____

Male

Female

Occupation: _____

Date of Birth: _____

Do you have a spouse/partner: Yes No

Name of spouse/partner: _____

Occupation of spouse/partner: _____

Date of Birth: _____

Date of marriage: _____

Date of cohabitation: _____

Citizenship: _____

Citizenship of spouse/partner: _____

Address:

Home Telephone: _____

Work Telephone: _____

Fax: _____

Email: _____

Please tell us about your children and/or dependents. We have provided space to list up to four children/dependents - use extra paper if required. Refer to page 2 of the Estate Planning Guide for a definition of dependent.

1. Name of child/dependent: _____

Age: _____

Where does he/she live? _____

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

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

2. Name of child/dependent: _____

Age: _____

Where does he/she live? _____

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

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

3. Name of child/dependent: _____

Age: _____

Where does he/she live? _____

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

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

4. Name of child/dependent: _____

Age: _____

Where does he/she live? _____

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

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

Do any of the individuals listed above have special needs?

Name of proposed custodian/guardian for minor children:

ADDITIONAL PROVISIONS

Do you have a Will? Yes No

If yes:

When was the last time you reviewed your Will with a professional?

Estate Trustee(s) named in your **current** 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 is unable to act, who would you appoint to act as an alternate?

First: _____

Alternate: _____

Intended beneficiaries of your estate (Please provide name, date of birth and relationship)

1. _____

2. _____

3. _____

4. _____

5. _____

How do you want to implement this benefit?

▪ Do you want the benefit to take place during your lifetime or after your death?

▪ Do you want to leave an unconditional gift?

▪ Do you want someone else to hold the money/property in trust?

▪ Do you want to limit the benefit for someone to the course of their lifetime, then benefit another afterwards?

▪ If you want to benefit another during your lifetime (ie. by making a gift or setting up a trust), are you aware of the potential income tax consequences?

Should your intended beneficiaries of your estate predecease you, how would you like to distribute the assets in your estate? (i.e. to Charities, Extended Family, Friends etc.)

Do you have a specific request for the Disposition of your remains? Would you like to be buried/cremated? Do you have preplanned funeral arrangements?

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

Details:

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

Details:

3. If you become incapacitated, who will make **financial** decisions for you?

Details:

4. If you become incapacitated, who will make **personal care** decisions for you?

Details:

5. 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, is it your wish to not be kept alive by artificial means or "heroic measures"?

6. Do you want to give directions to this person for medical treatment and personal care?

Details:

Do you have life insurance? Yes No

If yes, please provide details of the policy:
(term or life, amount, beneficiary, death benefit, etc.)

1.

2.

3.

4.

WILL AND ESTATE PLANNING FINANCIAL SUMMARY

ASSETS		
	OWNERSHIP (ie. sole or joint)	ESTIMATED VALUE
Bank Accounts		
<input type="checkbox"/> Savings Account(s)		
<input type="checkbox"/> Chequing Account(s)		
Investments		
<input type="checkbox"/> Guaranteed Investment		
<input type="checkbox"/> Common Shares		
<input type="checkbox"/> Preferred Shares		
<input type="checkbox"/> Bonds		
<input type="checkbox"/> Mutual Funds		

	OWNERSHIP (ie. sole or joint)	ESTIMATED VALUE
<input type="checkbox"/> Other Investments		
Tax Sheltered Investments (Please indicate Named Beneficiaries)		
<input type="checkbox"/> Registered Retirement Savings Plan (RRSP)		
<input type="checkbox"/> Registered Retirement Income Fund (RRIF)		
<input type="checkbox"/> Life Income Fund (LIF)		
<input type="checkbox"/> Life Income Retirement Account (LIRA)		
<input type="checkbox"/> Tax Free Savings Account (TFSA)		
<input type="checkbox"/> Pension benefits		
<input type="checkbox"/> Employment benefits on retirement		
<input type="checkbox"/> Employment benefits on death		
<input type="checkbox"/> Registered Education Savings Plan		

	OWNERSHIP (ie. sole or joint)	ESTIMATED VALUE
Real Estate		
<input type="checkbox"/> Principal Residence		
<input type="checkbox"/> Recreational Property		
<input type="checkbox"/> Investment Property		
<input type="checkbox"/> Other		
<i>Life Insurance</i> Term or life: name of beneficiary		
Business Interests (Specify sole proprietorship, partnership or corporation)		
Other Assets		
<input type="checkbox"/> Automobiles		
<input type="checkbox"/> Air Miles or Reward Benefits		
<input type="checkbox"/> Recreational Vehicles		
<input type="checkbox"/> Antiques/Collectibles (jewellery, precious metals, etc...)		
<input type="checkbox"/> Debts payable to you		

TOTAL ASSETS:

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

TOTAL LIABILITIES:

NET WORTH (Total Assets - Total Liabilities):