



McIntosh & Pease
Barristers and Solicitors

Robert G. S. McIntosh, Q.C. 1928 – 2015
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Certified specialist in Estates and Trusts Law

Estate Planning Questionnaire – New Clients

Thank you for allowing us the opportunity to meet with you and discuss your estate planning. Please complete at least the personal and financial sections of the following questionnaire prior to the meeting. Some of the questions may not apply to your situation and may be skipped. Feel free to attach separate sheets if necessary. This information will be reviewed during our initial meeting. We ask that you print or type your responses for ease of reading.

To speed things along and to make the initial meeting that much more productive, I would ask that you deliver the completed questionnaire to our office prior to the meeting by hand, mail or fax. The information you provide is confidential so you may not want to scan/email it to us. Note that we will not be responsible for any damages you may incur if you communicate confidential information to us by email, or if we communicate such information to you by email, at your request.

FEES AND RETAINER:

The fee for an initial one hour consultation is \$250.00 plus HST (\$282.50) for a single person, or \$500.00 plus HST (\$565.00) for a couple. The fee is payable by cheque or cash before the meeting starts. At the end of the meeting you will be provided with a fee quote for completing your estate planning documents. If all information and final instructions are not provided at the meeting an estimate will be given once they are received. We will not proceed until you have approved the estimate. If you decide to proceed, your initial payment will be applied to our final account. If you decide not to proceed, the only fee that is payable is the initial consultation fee.

CONCLUSION:

Thank you for taking the time to complete our Questionnaire. We look forward to reviewing it with you and taking your Estate Planning instructions when we meet. Please call or email the office to arrange your initial consultation if one has not already been arranged.

McIntosh & Pease, Barristers and Solicitors
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Law Society of Upper Canada Certified Specialist in Estates and Trusts Law

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Toll Free: 1-877-866-3654 E-mail: info@mcintosh-pease.com Web Site: www.mcintosh-pease.com

Please respond to Brantford office mailing address

Date of Completion: _____

Name of person completing form _____

How did you find out about our firm? _____

FAMILY INFORMATION

	You	Your Spouse / Partner
Full Legal Name		
Name that you go by		
Date of Birth		
Citizenship		

CONTACT INFORMATION

	You	Your Spouse / Partner
Home address		
Home Phone		
Cell Phone		
Business Phone		
Home email		
Business email		

EMPLOYMENT INFORMATION

	You	Your Spouse / Partner
Occupation		
Place of Employment		

MARRIAGE INFORMATION

We are () Married or () Common Law		
Date of marriage or commencement of living common law:		
Do you have a pre-nuptial or cohabitation agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please provide a copy if you have one		
	You	Your Spouse / Partner
Previously married?		
Name of former spouse		
If spouse is deceased, please provide date of death		

CHILDREN COMMON TO THE MARRIAGE

Full legal name	Date of Birth	Address

YOUR CHILDREN PRIOR TO MARRIAGE

Full legal name	Date of Birth	Address
Please provide a copy of any support obligations / Orders		

SPOUSE'S OR PARTNER'S CHILDREN PRIOR TO MARRIAGE

Full legal name	Date of Birth	Address
Please provide a copy of any support obligations / Orders		

INFORMATION ABOUT OTHER PERSONS WHO ARE NAMED IN YOUR ESTATE PLANNING DOCUMENTS (GRANDCHILDREN, SIBLINGS, PARENTS, NIECES, NEPHEWS, ETC.)

	You	Your Spouse / Partner
Full Name		
Date of Birth		
Address		
Relationship to you		
Full Name		
Date of Birth		
Address		
Relationship to you		
<p>Are there any persons who you wish to be entitled to an interest in your estate that was born outside marriage and not later adopted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide details:</p>		

	You	Your Spouse / Partner
Is there someone for whom you serve as legal guardian, or who is dependent upon you for financial support? Please provide details		
Does any person involved in your estate plan have any physical or emotional disability, or any urgent medical issues? Please provide details		
Have you been appointed as Executor for anyone's estate or as Attorney for Power of Attorney for Property for someone? Please provide details		

FINANCIAL CONTACTS

Name and phone number of accountant	
Name and phone number of investment advisor	
Name and phone number of banker	
Name and phone number of insurance advisor	
If necessary, may we speak to them about your estate planning?	

A. ASSETS

Note: Please provide most recent statements of all financial assets

Real Estate (Principal Address)	
Street Address	
Name(s) on Title	
Joint Tenants ____ or Tenants in Common ____	
Current Market Value	
Mortgage and Line of Credit Details	
Current Equity	

Other Real Estate (cottage, rental property)	
Street Address	
Name(s) on Title	
Joint Tenants ____ or Tenants in Common ____	
Current Market Value	
Mortgage and Line of Credit Details	
Current Equity	

REGISTERED FUNDS (RRSPs, RRIFs, RESPs, TFSAs)		
	You	Your Spouse / Partner
Institution		
Type of Investment		
Current Value		
Designated Beneficiary		
Institution		
Type of Investment		
Current Value		
Designated Beneficiary		

NON-REGISTERED INVESTMENTS (Public Shares, Mutual Funds, Bonds, GICs)		
	You	Your Spouse / Partner
Institution		
Type of Investment		
Current Value		
Designated Beneficiary		
Institution		
Type of Investment		
Current Value		
Designated Beneficiary		

Total Value of Overall Portfolio	
You	Your Spouse / Partner
\$	\$

PRIVATE COMPANY SHARES

Name of Company _____

Who holds the shares? _____ Shares Held _____

Percentage of Issued Shares _____ Approximate Value \$ _____

Details of Buy/Sell Agreements (please provide a copy):

_____**PARTNERSHIP OR OTHER BUSINESS INTERESTS. PLEASE PROVIDE DETAILS:**

Who holds the Interest? _____

Name of Business _____

Percentage of Interest _____ Value to Estate \$ _____

BANK INFORMATION		
	You	Your Spouse / Partner
Name of Bank		
Address		
Acct No.		
Name (s) on Account		
Account Balance		
Name of Bank		
Address		
Acct No.		
Name (s) on Account		
Account Balance		
Name of Bank		
Address		
Acct No.		
Name (s) on Account		
Account Balance		

SAFETY DEPOSIT BOXES	
Name on account	
Location of Box	
Location of Key	
Number of Box	
General contents and value	

LIFE INSURANCE		
	You	Your Spouse / Partner
Issued By		
Term or Whole Life (circle)		
Amount		
Beneficiary		
Issued By		
Term or Whole Life (circle)		
Amount		
Beneficiary		

OTHER ASSETS (please indicate type and approximate value)		
	You	Your Spouse / Partner
Land Mortgages		
Promissory Notes		
Loans to Others		
Automobiles		
Antiques		
Paintings		
Jewelry		
Boats, RVs, Trailers		
Expected Inheritances from others		
Other		

TOTAL ESTIMATED GROSS VALUE OF ASSETS	
You	Spouse / Partner
\$	\$

B. LIABILITIES

LOANS NOT PREVIOUSLY NOTED		
	You	Spouse / Partner
Creditor		
Maturity		
Monthly Payment		
Principal Amount Owning		
Creditor		
Maturity		
Monthly Payment		
Principal Amount Owning		
Guarantees of Debts of others		

TOTAL ESTIMATED GROSS VALUE OF LIABILITIES	
You	Your Spouse / Partner
\$	\$

NET WORTH (A-B)	
You	Your Spouse / Partner
\$	\$

INCOME		
	You	Your Spouse / Partner
Earned Income		
Dividend Income		
Earned Income		
Pension Income		
TOTAL		

WILL INSTRUCTIONS

	You	Your Spouse / Partner
Do you now have a Will?		
Date of Previous Will		
Location of Existing Will / Address		
Name of Prior Lawyer and/or firm		

EXECUTORS (The Executors gather in your assets, pays your debts, arrange for tax returns to be filed, and distribute your estate in accordance with your wishes)

	You	Your Spouse / Partner
Name of Primary Executor(s)		
Address and relationship to you		
Name of Alternate Executor(s)		
Address and relationship to you		
Have you asked your executor(s) and are they willing to act?		

SPECIFIC PERSONAL GIFTS (ITEMS OR CASH GIFTS)			
	Item	Beneficiary	Relationship
From you			
From you			
From you			
From your partner / spouse			
From your partner / spouse			
From your partner / spouse			

CHARITABLE GIFTS		
	You	Your spouse / partner
Name of charity		
Address of charity		
Amount		
Specific requests		
Name of charity		
Address of charity		
Amount		
Specific requests		

ESTATE DISTRIBUTION: Provision for spouse or partner (check one)		
	You	Your Spouse / Partner
Outright Gift (receive remainder of my estate outright)		
Trust for spouse (we will discuss in further detail at our meeting)		
No provision or not applicable		

ESTATE DISTRIBUTION: Provision for children (check one)		
	You	Your Spouse / Partner
Divide my estate equally among all my children, or their issue.		
Trust for children (we will discuss in further detail at our meeting)		
Name of trustees for trusts for children		
No provision or not applicable		

ESTATE DISTRIBUTION: Please list all other people you wish to benefit from your estate		
	You	Your Spouse / Partner
Name and Relationship		
Amount of Gift / Trust		
Name and Relationship		
Amount of Gift / Trust		
Name and Relationship		
Amount of Gift / Trust		

Whom do you wish to be the guardians of your minor children, if any?	
Name(s)	
Relationship to you and partner/spouse	

Disaster Clause: Please set out who is to inherit your estate if you and your spouse, if any, both pass away and no children or grandchildren survive you, such as in a common accident. Most couples divide their joint estate into two equal shares with one share going to each spouse's side of the family. Some clients leave a share to charity

Special Burial Instructions		
	You	Your Spouse / Partner
Cremated		
Interment / Burial		

POWER OF ATTORNEY INSTRUCTIONS

POWER OF ATTORNEY FOR PROPERTY (looks after your financial affairs) This is typically the same team as the Executors of your estate. If you trust them on death, you would likely trust them if you were ill. If different from your Will, we will discuss at the meeting. Please check how you wish your attorneys to act if more than one are named

	You	Your Spouse / Partner
Jointly (all attorneys must agree, which is typically my recommendation)		
Severally (any one attorney can act on his own)		
Jointly and Severally (any one or all of the attorneys can act)		
Have you asked your attorney(s) and are they willing to act?		

POWER OF ATTORNEY FOR PERSONAL CARE (looks after your health care decisions)

	You	Your Spouse / Partner
Name of Primary Attorney(s) and relationship		
Name of Alternate Attorney(s) and relationship		
Please check how you wish your attorneys to act if more than one are named		
Jointly (all attorneys must agree, which is typically my recommendation)		
Severally (any one attorney can act on his own)		
Jointly and Severally (any one or all of the attorneys can act)		
Have you asked your attorney(s) and are they willing to act?		
I have discussed my personal wishes with my attorney(s)		
Restrictions or additional instructions (note, Living Will wording will be included unless you advise to the contrary)		