



McIntosh & Pease
Barristers and Solicitors

Robert G. S. McIntosh, Q.C. (retired)
Edson (Ted) G. Pease, B.A. (Econ.), LL.B.
Certified specialist in Estates and Trusts Law

Estate Planning Questionnaire

Please complete the following questionnaire prior to your meeting with us. 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 complementary one-hour meeting, after which a fee quote will be offered. Upon completion of the questionnaire, please mail or fax to our office. Due to the insecure nature of the Internet, we do not recommend that you email it to us. The information you provide is confidential. Please print.

Date of Completion: _____

How did you find out about our firm? _____

FAMILY INFORMATION

Your full legal name _____

Date of Birth _____ Citizenship _____

Spouse or Partner's full legal name _____

Date of Birth _____ Citizenship _____

Address _____

Home Telephone _____

Your Business Phone _____ FAX _____

Your email _____

Spouse or Partner Business Phone _____ FAX _____

Spouse or Partner email _____

Mail: P.O. Box 352, Brantford, Ontario N3T 5N3

Courier/In Person: 442 Grey Street, Suite D, Brantford, Ontario N3S 7N3 *Telephone:* 519-751-7518 *Fascimile:* 519-751-7526

GTA Office: 1595-16th Avenue, Suite 301 Richmond Hill, Ontario L4B 3N9 *Telephone:* 416-410-6468 *Fascimile:* 416-410-3300

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

Please respond to Brantford office mailing address

Your occupation _____

Spouse's or Partner's occupation _____

Date and Place of Marriage _____

Do you have a marriage or cohabitation agreement? _____

Please provide a copy of any such agreement.

Have you or your spouse previously been married? _____

Name of former spouse _____

Please provide a copy of any Separation Agreement or Divorce Decree.

Children Common to Marriage

Full Name _____

Date of Birth _____ Address _____

Full Name _____

Date of Birth _____ Address _____

Full Name _____

Date of Birth _____ Address _____

Full Name _____

Date of Birth _____ Address _____

Your Children Prior to Marriage:

Full Name _____

Date of Birth _____ Address _____

Full Name _____

Date of Birth _____ Address _____

Details of any support obligations: _____

Spouse's or Partner's Children Prior to Marriage:

Full Name _____

Date of Birth _____ Address _____

Full Name _____

Date of Birth _____ Address _____

Details of any support obligations: _____

Other persons who are important to your estate plan (grandchildren, siblings, parents, nieces, nephews, etc.)

Full Name _____

Date of Birth _____ Address _____

Relationship to you _____

Full Name _____

Date of Birth _____ Address _____

Relationship to you _____

Full Name _____

Date of Birth _____ Address _____

Relationship to you _____

Full Name _____

Date of Birth _____ Address _____

Relationship to you _____

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? _____ Please provide details: _____

Have you or your partner / spouse been appointed as Executor for any other estate or as Attorney for Power of Attorney for Property for someone? _____

Please provide details: _____

FINANCIAL INFORMATION

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

REAL ESTATE

Principal Address

Street Address _____

Name(s) on Title _____

Joint Tenants _____ Tenants in Common _____ Current Market Value _____

Mortgage Details: _____

Current Equity _____

Other Real Estate

Street Address _____

Name(s) on Title _____

Joint Tenants ____ Tenants in Common ____ Current Market Value _____

Mortgage Details: _____

Current Equity _____

REGISTERED FUNDS (RRSPs, RRIFs)

Institution _____ Type of Investment _____

Current Value _____ Designated Beneficiary _____

Institution _____ Type of Investment _____

Current Value _____ Designated Beneficiary _____

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)

For You:

Type of Investment _____

Current Value _____ Name of Institution _____

Type of Investment _____

Current Value _____ Name of Institution _____

Type of Investment _____

Current Value _____ Name of Institution _____

Total Value of Portfolio _____

For Your Spouse:

Type of Investment _____

Current Value _____ Name of Institution _____

Type of Investment _____

Current Value _____ Name of Institution _____

Type of Investment _____

Current Value _____ Name of Institution _____

Total Value of Portfolio _____**PRIVATE COMPANY SHARES**

Name of Company _____

Shares Held _____ Percentage of Issued Shares _____

Approximate Value _____ Details of Buy/Sell Agreements: _____

PARTNERSHIP OR OTHER BUSINESS INTERESTS. PLEASE PROVIDE DETAILS:

Name of Firm _____

Percentage of Interest _____ Value to Estate _____

Name of Firm _____

Percentage of Interest _____ Value to Estate _____

BANK INFORMATION

Name and Address of Bank _____

Account Balance _____ Joint with spouse , or

Name(s) on account _____

Name and Address of Bank _____

Account Balance _____ Joint with spouse , or

Name(s) on account _____

Name and Address of Bank _____

Account Balance _____ Joint with spouse , or

Name(s) on account _____

SAFETY DEPOSIT BOXES

Number and location of safety deposit box and key, along with general description of contents: _____

LIFE INSURANCE

You:

Issued by _____

Term Whole Life Amount _____

Beneficiary(ies) _____

Issued by _____

Term Whole Life Amount _____

Beneficiary(ies) _____

Spouse:

Issued by _____

Term Whole Life Amount _____

Beneficiary(ies) _____

Issued by _____

Term Whole Life Amount _____

Beneficiary(ies) _____

OTHER ASSETS (please indicate type and approximate value)

Land Mortgages Owned _____

Promissory Notes / Loans to Others _____

Automobiles _____

Antiques _____

Paintings _____

Jewelry _____

Boats, RVs, Trailers _____

Expected Inheritances from others _____

Other _____

TOTAL ESTIMATED VALUE OF ASSETS

(not including real estate mortgages): _____

B. LIABILITIES

Loans not previously noted

Creditor _____

Maturity _____ Monthly Payment _____ Principal Amount Owing _____

Creditor _____

Maturity _____ Monthly Payment _____ Principal Amount Owing _____

Guarantees of Debts of others: _____

TOTAL ESTIMATED VALUE OF LIABILITIES _____

NET WORTH (A-B) _____

INCOME

Earned Income

You _____ Spouse / Partner _____

Dividend Income

You _____ Spouse / Partner _____

Interest Income

You _____ Spouse / Partner _____

TOTAL INCOME

You _____ Spouse / Partner _____

WILL INSTRUCTIONS

Do you now have a Will(s) _____ Date of Will(s) _____

Location of Existing Original Will _____

Name of Prior Lawyer(s) _____

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

Primary Executor

Is your spouse to be a primary executor? _____

Name, address, and relationship to you of other primary executor(s)

Alternate Executor(s)

Name, address, and relationship to you of alternate executors

Have you asked your executor(s) and are they willing to act? _____

PERSONAL EFFECTS (specific personal items or cash gifts)

Item _____

Beneficiary _____ Relationship to you _____

Item _____

Beneficiary _____ Relationship to you _____

Item _____

Beneficiary _____ Relationship to you _____

CHARITY GIFTS (Please describe name and address of charity, amount you wish to leave, and if you have any specific requests):

ESTATE DISTRIBUTION

Provision for spouse or partner (select one)

- 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

Provision for children

- Divide my estate equally among all my children
- Trust for children (we will discuss in further detail at our meeting)

Name of trustees for trusts for children _____

Provisions for others (Please list all other people you wish to benefit from your estate):

Name _____ Relationship to you _____

Outright Gift Trust Amount _____

Name _____ Relationship to you _____

Outright Gift Trust Amount _____

Name _____ Relationship to you _____

Outright Gift Trust Amount _____

Who do you wish to be the guardians of your minor children, if any?

Name(s): _____

Relationship to you _____

Disaster Clause (Who is to inherit your estate if you and your spouse both pass away and no children or grandchildren survive you, such as in a common accident?)

Do you want the joint estate to be divided into two equal shares with one share going to each spouse's side of the family? _____

Or: _____

Special Burial Instructions _____

POWER OF ATTORNEY INSTRUCTIONS

POWER OF ATTORNEY FOR PROPERTY (looks after your financial affairs)

Do you want the same team as the Executors of your estate? (This is typically the case, if you trust them on death, you would trust them if you were ill) _____

If not, please name the following:

Name, address, and relationship to you of other primary attorney(s):

Name, address, and relationship to you of alternate attorney(s):

If more than one attorney is listed as primary or alternate attorneys, please indicate how you wish them to act (select one)

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)

Restrictions or additional instructions: _____

Have you asked your attorney(s) and are they willing to act? _____

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

Is your spouse to be your primary attorney? _____ or

Name, address, and relationship to you of other **primary** attorney(s):

Name, address, and relationship to you of **alternate** attorney(s):

If more than one attorney is listed as primary or alternate attorneys, please indicate how you wish them to act (select one)

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 must act)

Restrictions or additional instructions (note, Living Will wording will be included unless you advise to the contrary: _____

Have you asked your attorney(s) and are they willing to act? _____

I have discussed my personal wishes with my attorney(s) _____

FEES AND RETAINER: At the conclusion of your free initial one-hour consultation, an estimate of legal fees will be given and approved by you before proceeding further. If all information and final instructions are not provided at the meeting an estimate will be given once the full scope of the retainer is known and we will not proceed until you have approved the estimate. All new clients will be required to provide a retainer cheque in the amount of \$500.00 at the initial meeting, which will be applied towards your account. The balance of the account will be payable by cheque at the time of signing the documents.

CONCLUSION: Thank you for taking the time to complete our Questionnaire. We look forward to reviewing it with you and taking your Estate/Tax Planning Instructions when we meet. Please call or email the office to arrange your free initial consultation if one has not already been arranged. **As noted above, we do not recommend that you email your completed Questionnaire, as we have no control over the privacy of its contents. I recommend that you fax or mail it to us for review prior to our meeting. We will not be responsible for any damages you may incur if you communicate confidential information to us over the Internet, or if we communicate such information to you, at your request.**

Edson (Ted) G. Pease

Law Society of Upper Canada Certified Specialist in Estates and Trusts Law