



McIntosh & Pease

Barristers and Solicitors

Robert G. S. McIntosh, Q.C. 1928 - 2015

Edson (Ted) G. Pease, B.A. (Econ.), LL.B.

Certified specialist in Estates and Trusts Law

Estate Planning Questionnaire – Return Clients, Couple

Thank you for allowing us the opportunity to meet with you and update your documents. For the personal information sections on the first few pages you only need to advise as to any changes since we last prepared your documents; however, please update the Asset sections in detail so we have your current information on file.

Please 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:

At the end of the meeting you will be provided with a fee quote for updating 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.

CONCLUSION:

Please call or email the office to arrange your initial consultation if one has not already been arranged.

McIntosh & Pease, Barristers and Solicitors
Edson (Ted) G. Pease
Law Society of Ontario Certified Specialist in Estates and Trusts Law

Date of Completion: _____

Name of person completing form: _____

Date of original documents: _____

Is there any urgency to having your Wills signed (i. e., poor health or travel)? If so, please advise:

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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 *Facsimile:* 519-751-7526

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

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		
Preferred Email		

EMPLOYMENT INFORMATION

	You	Your Spouse / Partner
Social Insurance No.		
Occupation		
Place of Employment		
Address of Employment		
Previous occupation if retired		

MARRIAGE INFORMATION

We are () Married or () Common Law () Engaged		
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 as it may affect your estate planning		
	You	Your Spouse / Partner
Previously married?		
Name of former spouse		
If spouse is deceased, please provide date of death		

DO YOU HAVE ANY HEALTH CONCERNS WE NEED TO BE AWARE OF?

You	Your Spouse / Partner

CHILDREN COMMON TO THE MARRIAGE

Full legal name	Date of Birth	Address	Marital Status

YOUR CHILDREN PRIOR TO MARRIAGE

Full legal name	Date of Birth	Address	Marital Status

Please provide a copy of any support obligations / Court orders as may affect your estate planning

SPOUSE'S OR PARTNER'S CHILDREN PRIOR TO MARRIAGE

Full legal name	Date of Birth	Address	Marital Status

Please provide a copy of any support obligations / Court orders as may affect your estate planning

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

	You	Your Spouse / Partner
Full Legal Name		
Date of Birth		
Address		
Relationship to you		
Full Legal Name		
Date of Birth		
Address		
Relationship to you		

Are there any children or grandchildren you wish to be entitled to an interest in your estate that were born outside of marriage but treated as a child or grandchild? Please provide details:

Are there any family members you do not wish to receive a portion of your estate? Please provide details:

	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 (Please provide most recent statements of all financial assets):

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

Other Real Estate (cottage, rental property)

Street Address	
Name(s) on Title	
How is title held? Joint Tenants ____ or Tenants in Common ____	
Current Market Value (est)	
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 \$ _____

Please provide a copy of Buy/Sell Agreements if applicable.

PARTNERSHIP OR OTHER BUSINESS INTERESTS. PLEASE PROVIDE DETAILS:

Name of Business _____

Who holds the Interest? _____

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		
Recreational Vehicles		
Antiques		
Paintings		
Jewelry		
Digital Assets		
Genetic Material		
Trust Interests		
Expected Inheritances from others		
Other		

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

B. LIABILITIES:**LOANS NOT PREVIOUSLY NOTED**

	You	Spouse/Partner
Creditor		
Maturity		
Monthly Payment		
Principal Amount Owing		
Creditor		
Maturity		
Monthly Payment		
Principal Amount Owing		
Guarantees of Debts of others		

TOTAL ESTIMATED GROSS VALUE OF LIABILITIES (B)

You	Your Spouse / Partner
\$	\$

NET WORTH (A-B)

You	Your Spouse / Partner
\$	\$

INCOME

	You	Your Spouse / Partner
Earned Income		
Dividend Income		
Government Pension Income		
Work Pension Income		
TOTAL		