



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 – New Clients (Couple)

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, e-mail, regular mail or fax. 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 \$500.00 plus HST (\$565.00) for a couple. **The fee is payable by cheque, cash, debit or email transfer to michele@mcintosh-pease.com before the meeting starts. Unfortunately we do not accept credit cards.** 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 a quote 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
Edson (Ted) G. Pease
Law Society of Ontario Certified Specialist in Estates and Trusts Law

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

Date of Completion: _____

Name of person completing form _____

How did you find out about our firm? _____

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

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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		

LAST WILL AND TESTAMENT INSTRUCTIONS

	You	Your Spouse / Partner
Do you now have a Will or Powers of Attorney?		
Date of Previous Will		
Location of Existing Will / Address		
Name of Prior Lawyer and/or firm		
Do you have a Will outside of Canada? If so, where?		

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			

PETS: Do you have any pets, and if so, do you wish to make specific arrangements for them in case of your death?

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CHARITABLE GIFTS

	You	Your spouse / partner
Name of charity		
Address of charity		
Amount or %		
Specific requests		
Name of charity		
Address of charity		
Amount or %		
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		

ESTATE DISTRIBUTION: Provision for children (check one)		
	You	Your Spouse / Partner
Divide my estate equally among our children we have together only		
Divide my estate equally among my children only		
Divide my estate equally among my children and my spouse's children		
Trust for children (we will discuss in further detail at our meeting)		
Name of trustees for trusts for children and relationship to you		
No provision		

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 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

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Special Burial Instructions

	You	Your Spouse / Partner
Cremated		
Internment / Burial		
Have you prepaid your funeral arrangements? If so, with whom?		

POWER OF ATTORNEY INSTRUCTIONS

(Note: Attorney does not mean your solicitor)

POWER OF ATTORNEY FOR PROPERTY (looks after your financial affairs if you are unable to do so) 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)		
Majority rules, or, if two, can give one a 2 nd and deciding vote		

Severally (any one attorney can act on his own, not typically recommended)		
Jointly and Severally (any one or all of the attorneys can act, not typically recommended)		
Have you asked your attorney(s) and are they willing to act?		

POWER OF ATTORNEY FOR PERSONAL CARE (looks after your health care decisions if you are unable to do so)		
	You	Your Spouse / Partner
Name of Primary Attorney(s) and relationship to you		
Name of Alternate Attorney(s) and relationship to you		
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)		
Majority rules, or, if two, can give one a 2 nd and deciding vote		
Severally (any one attorney can act on his own, not typically recommended)		
Jointly and Severally (any one or all of the attorneys can act, not typically recommended)		
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)		