



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 Client (Single)

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 \$250.00 plus HST (\$282.50). **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: _____

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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YOUR INFORMATION

Full Legal Name	
Name that you go by	
Date of Birth	
Citizenship	

CONTACT INFORMATION

Home Address	
Home Phone	
Cell Phone	
Preferred Email	

EMPLOYMENT INFORMATION

Social Insurance No.	
Occupation	
Place of Employment	
Address of Employment	
Previous occupation if retired	

MARRIAGE INFORMATION

I am () Single or () Divorced or () Married or () or Common Law or () Engaged
Date of marriage or commencement of living common law: _____
Please provide any Divorce Orders of Marriage contracts as this may affect your estate planning

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?

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CHILDREN

Full legal name	Date of Birth	Address	Marital Status

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

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

Full Legal Name	
Date of Birth	
Address	
Relationship to you	

Full Legal Name	
Date of Birth	
Address	
Relationship to you	
<p>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:</p>	

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

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

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? Sole Owner _____ or 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? Sole Owner _____ or Joint Tenants _____ or Tenants in Common _____	
Current Market Value (est)	
Mortgage and Line of Credit Details	
Current Equity	

REGISTERED FUNDS (RRSPs, RRIFs, RESPs, TFSAs)	
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)	
Institution	
Type of Investment	
Current Value	
Designated Beneficiary	
Institution	
Type of Investment	
Current Value	
Designated Beneficiary	

Total Value of Overall Portfolio
\$ _____

PRIVATE COMPANY SHARES

Name of Company _____

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 _____

Percentage of Interest _____ Value to Estate \$ _____

BANK INFORMATION	
Name of Bank	
Address	
Acct No.	
Other name(s) on Account	
Account Balance	
Name of Bank	
Address	
Acct No.	
Other Name(s) on Account	
Account Balance	

SAFETY DEPOSIT BOX

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

LIFE INSURANCE

Issued By	
Term or Whole Life	
Amount	
Beneficiary	
Issued By	
Term or Whole Life (circle)	
Amount	
Beneficiary	

OTHER ASSETS (please indicate type and approximate value)

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)

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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 GROSS VALUE OF LIABILITIES (B)

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NET WORTH (A-B)

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INCOME

Earned Income	
Dividend Income	
Government Pension Income	
Work Pension Income	
TOTAL	

LAST WILL AND TESTAMENT INSTRUCTIONS

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)

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

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

CHARITABLE GIFTS	
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)	
Outright Gift (receive remainder of my estate outright)	
Trust for spouse (we will discuss in further detail at our meeting)	
No provision	
Not applicable	

ESTATE DISTRIBUTION: Provision for children (check one)	
Divide my estate equally among my 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	
Not applicable	

ESTATE DISTRIBUTION: Provision for others

Name and Relationship	
Share or Percentage of Estate	
Name and Relationship	
Share or Percentage of Estate	
Name and Relationship	
Share or Percentage of Estate	

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

Name(s)	
Relationship to you	

Special Burial Instructions

Cremated	
Internment / Burial	
Have you prepaid your funeral arrangements? If so, with who?	

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

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)

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 2nd 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)