



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, Single

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

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 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.)

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

<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 BOXES	
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	
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)

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)

NET WORTH (A-B)

INCOME	
Earned Income	
Dividend Income	
Government Pension Income	
Work Pension Income	
TOTAL	