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Estate Questionnaire

Section One - Family Information

| 1. Personal Information | |
|-------------------------|-----------------------|
| Full Name: | Other Names Known By: |
| Date of Birth: | Place of Birth: |
| Occupation: | Annual Income: |
| Residential Address: | Citizenship: |
| Telephone: | Email Address: |

| 2. <u>Marital Information</u> | | | | |
|---|-------------------------------------|--|--|--|
| Marital Status: | Previous Marriage by Either Spouse? | | | |
| Spouse's Name: | If Yes, which spouse? | | | |
| Are you cohabitating with anyone? | Date and Place of Divorce: | | | |
| Is there a marriage contract or domestic contract? (If so, please provide a copy) | Name of Previous Spouse: | | | |

| 3. Children | |
|---|--|
| Children of Present Marriage: (Please include name, gender, and birth day) | Children of Previous Marriage: (Please include name, gender, age, and birth day) |
| Are any children not mentioned because there is no intention to benefit or because they were born outside of marriage or adopted? | Are any children non-residents of Canada? |
| Have any children predeceased you? (Please provide date of death and names of their children, if any) | Are any of the children disabled? (If yes, please provide name and nature of disability) |

| 4. Support Obligations | |
|---|--|
| Any dependant children or legal obligations to support a child? (Please provide dependant's name, birth day, and nature of support) | Any dependant spouses or legal obligations to support another adult? (Please provide dependant's name, birth day, and nature of support) |

| 5. Existing Estate Documents | | | | | |
|--|-------------------------------|--|--|--|--|
| Is there a previous Will? (If so, please provide a copy) | Does your spouse have a Will? | | | | |

$\underline{Section\ Two-Asset\ Information}$

| 1. Real Estate | |
|---|---|
| House (in whose name and how it is held ie. joint | Current Value of House: |
| tenants or tenants in common): | |
| | |
| | |
| Value of Montages if any | Is this a matrimonial home? |
| Value of Mortgage, if any: | is this a matimiomal nome: |
| | |
| | |
| Any other real property (in whose name and how is | Current value of other property: |
| it held): | |
| | |
| | |
| Mortgages on other property, if any: | Any real property located outside of Ontario? |
| | |
| | |

| 2. <u>Personal Items</u> | |
|---|--|
| Approximate value of household items: | Approximate value of vehicles, boats, etc.: |
| Special collections, if any (include, type value, and who purchased): | Any heirlooms, artwork, jewellery etc of special note? |

| 3. <u>Investments</u> | | |
|------------------------------------|---|--------------------|
| | | |
| Nature of Investment: | Date Purchased: | Approximate Value: |
| Any stocks or shares in public | | |
| company? | | |
| | | |
| | | |
| Any Canada Savings Bonds? | | |
| | | |
| | | |
| Any other Bonds, GICs or Term | | |
| Deposits? | | |
| • | | |
| | | |
| Any other non-registered | | |
| investments? | | |
| my estiments. | | |
| Do you have an investment advisor | I If so, please provide their contact in | formation: |
| bo you have an investment advisor. | in so, picase provide their contact in | iormation. |
| | | |
| | | |

| 4. Registered Investments | | |
|---------------------------|--------------------|-------------------|
| Nature of Investment and | | |
| Issuing Company: | Approximate Value: | Named Beneficiary |
| Any Pension Plans? | | |
| | | |
| | | |
| Any RRSPs? | | |
| | | |
| | | |

| Any RIFs? CPP? | | | | | | |
|--|------|--|--|--|--|--|
| СББУ | | | | | | |
| CPP | | | | | | |
| CPP | | | | | | |
| CIT. | | | | | | |
| | | | | | | |
| Annual and an included the latter | | | | | | |
| Are you a registered plan holder for an RDSP? | | | | | | |
| TOT All INDOL. | | | | | | |
| | | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a | bove | | | | | |
| named beneficiaries change? | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. <u>Life Insurance</u> | | | | | | |
| Type of Insurance, Policy No. | | | | | | |
| and Issuing Company? Approximate Value: Named Beneficiary | | | | | | |
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| | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a named beneficiaries change? | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a named beneficiaries change? | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a | bove | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a named beneficiaries change? 6. Corporate Interests | | | | | | |
| If your spouse elects under their statutory entitlement for an equal division of property, will any of the a named beneficiaries change? 6. Corporate Interests | or a | | | | | |

| Do you own a small business or a sole proprietorship | Any | other | corporate | ownership | interests | (joint |
|--|-------|-----------|-----------|-----------|-----------|--------|
| (Name, type and value)? | ventu | ıre, etc. |)? | | | |
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| 7. Banking Information | | | |
|-----------------------------------|-------------|-----------------|----------------|
| Name of Bank and | Approximate | | |
| Location of Branch | Amount | Type of Account | Joint Account? |
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| Any Safety Deposit boxes? | | | |
| | | | |
| | | | |
| Any other bank accounts or | | | |
| depository's? | | | |
| | | | |
| 1 11 11 0 10 | | | |
| Any account held outside Ontario? | | | |
| | | | |
| | | | |

| 8. Debts Owed BY YOU Including Promissory Notes | | | | |
|---|--------------|----------|-----------------------------------|--|
| Name of Creditor | Amount Owing | Maturity | Other Terms (ie. life insured) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 9. Debts Owed TO YOU Including Promissory Notes | | | | | |
|---|------------------------|-----------------------------|-------------|--|--|
| Name of Debtor | Amount Owing | Maturity | Other Terms | | |
| Are any shares in the Will to be redu | ıced by a debt Are a | nny of these debts to be fo | orgiven? | | |
| owing? | | | | | |

| 10. Other Assets | |
|--|--|
| Are you presently receiving benefits from an estate or | Do you have a power of appointment? If yes, please |
| trust? If yes, please provide details: | provide details: |
| Do you own any property in Florida? | Do you own any digital assets, such as domain names? |
| Please list any other assets not detailed above: | |

Section Three - Instructions for Will

| 1. Executor for Estate | | | |
|----------------------------------|-----------------|--------------|-----|
| | Full Legal Name | Relationship | Age |
| Initial Executor: | | | |
| | | | |
| Alternate Executor (who will | | | |
| be called upon if the initial | | | |
| executor predeceases, is | | | |
| unable to act, or if the initial | | | |
| executor is a spouse who | | | |
| make a statutory election): | | | |
| Special Executor (who will | | | |
| only deal with a certain asset, | | | |
| such as foreign owned | | | |
| property, business assets, etc): | | | |

| 2. Guardian for Childs | <u>en</u> | | |
|--|-----------------|--------------|-----|
| | Full Legal Name | Relationship | Age |
| Primary Guardian: | | | |
| Alternate Guardian (who will be called upon if the initial | | | |
| guardian predeceases, or is unable to act) | | | |

| 3. <u>Disposition of Personal Effects</u> | |
|---|---|
| If spouse survives, are all personal items to go to your spouse? | If no, who should personal items go to? |
| If spouse predeceases, are all personal items to go to your children, equally? | If no, who should personal items go to? |
| If you wish to make a specific gift of any clothing, jew automobiles etc., please list the specific item, the benef | , 1 |

| 4. <u>Cash Legacies</u> | |
|---|--|
| If you wish to make a specific gift of a certain amount of cash, please list the specific amount, the | If you wish to make a charitable bequest, please list the amount, the full legal or registered name of the |
| beneficiary it is to go to, and their relationship to | charity, and the charity's address: |
| you: | |
| | |
| | |

| If no, please list what percentage of the estate you would like to leave to your spouse: |
|--|
| At what age are your children to receive their share of your estate? |
| of your estate to, including your spouse and children relationship to you)? s predeceases, is their share to go to their children, or |
| |
| you or die in a common accident, who is to receive share, and their relationship to you)? |
| • |

| 6. Other Instructions | |
|---|---|
| Would you like to include funeral instructions in your Will? | Would you like to include a pet ownership clause in your will? |
| Do you wish to limit or increase the compensation your Executor is entitled to for the administration of your estate? | Do you wish to change the named beneficiary for any of your RRSP, Pension Plans or Life Insurance Policies? |

<u>Section Four – Instructions for Powers of Attorney</u>

| 1. Power of Attorney f | or Personal Care | | | |
|---|-------------------------|---------|--|-------------|
| | Full Legal Nan | ne | Relationship | Age |
| Initial Attorney: | | | | |
| Alternate Attorney (who will be called upon if the initial executor predeceases, is unable to act, or if the initial executor is a spouse who make a statutory election): | | | | |
| Are there any treatments or med never receive? | dications you wish to | your mo | re any specific instructions with edical care you would like to taking all possible measures to p life, etc)? | be included |
| | nsider section 47(1) of | | | |
| Do you have the ability to undo proposed attorney has a genuin welfare? | | | appreciate that you may need the to make decisions for you? | e proposed |

| | Full Legal Name | | Relationship | Age |
|---|-----------------------|---|------------------|-----|
| Initial Attorney: | | | 1 | |
| Alternate Attorney (who will be called upon if the initial executor predeceases, is unable to act, or if the initial executor is a spouse who make a statutory election): | | | | |
| Are there any conditions or restrictions you wish to impose on the attorney? | | Do you wish to delay when the power of attorney comes into effect? | | |
| Con | sider section 8 of th | ie Substitu | te Decisions Act | |
| Do you know what kind of property you currently own and its approximate value? | | Are you aware of your obligations to your dependants? | | |
| Do you appreciate the possibility that the attorney could misuse the authority given to them? | | Do you understand what the attorney must account for in their dealings with your property? | | |
| Do you understand that, if capable, you may revoke the Power of Attorney? | | Do you appreciate that unless the attorney manages the property prudently, the properties' value may decline? | | |
| Do you understand that your attoryou could do if capable, except ma | | | | |