

WILL PLANNING INFORMATION SHEET

Information Questionnaire for Wills and Estate Planning

We ask that you complete this form as thoroughly as possible before we meet because it will provide us with essential information and help us to identify the items we should discuss with you. Not all questions will apply to your situation. Please call us if you have any questions about completing this questionnaire.

This questionnaire is divided into four parts. The first part asks for information about you and your family. The second part asks for information about your assets. The third part of the questionnaire is intended to highlight some of the decisions we will be asking you to make before your Will can be finalized, and the fourth part asks about a few related estate planning documents. While you may not be able to answer all the questions in Parts 3 and 4, you will at least have an opportunity to think about them before we meet.

The form may not elicit from you all the information you wish to give us or that we will wish to obtain from you. Please make note of all additional information concerning you, your family, assets, and liabilities you feel may be necessary or helpful to us in advising you.

Please note that the questionnaire assumes that only British Columbia law applies to you as well as federal tax laws of Canada. If this is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will. We would be pleased to assist you with seeking counsel in another jurisdiction. Unless expressly requested to do so, we will not check the names of the registered owners of assets but will rely on the information you give us.

Please complete only one questionnaire per couple.

Date: _____, 2020

PART I – PERSONAL AND FAMILY PARTICULARS

PERSON FILLING OUT THIS QUESTIONNAIRE

Full legal name (*spouse/partner info is in the next section*):

Other names you are or have been known by (*for example, your name is Shaun but you use “Sandy”*)

Occupation:

Address (*personal*):

civic address: _____

mailing address if different from above:

Telephone no. at home: _____ Telephone no. work: _____

Fax no.: _____

Telephone before faxing: [] yes [] no

E-Mail: _____

Cell No: _____

Date of birth (*mm/dd/yy*): _____

Place of birth (*city, province/state and country*):

Name at birth if different from above: _____

Citizenship: [] Canadian [] USA [] other:
[] registered Indian as defined in the *Indian Act*

Permanent residence: [] Canada [] USA [] other: _____

On what date did you:

(a) move to Canada (if applicable): _____

(b) become a Canadian citizen (if applicable): _____

Do you have a parent or grandparent who is a/was a U.S. citizen? [] yes [] no

Relationship status (*including plans to marry*):

[] single [] engaged [] married [] separated

[] divorced [] widowed [] cohabiting

Your marriage is: [] a legal marriage [] a common-law marriage

Have you been previously married? [] yes [] no

Name(s) of former spouses(s), if applicable:

Do you have to pay maintenance to your children or former spouse?

yes

no

If we do not have a copy of the agreement or court order regarding maintenance provisions, please provide us with one so that we may determine your estate's obligations (if any) under it.

INFORMATION ABOUT YOUR SPOUSE OR PARTNER

Full legal name of spouse/partner:

Other names you are or have been known by (*for example, your name is Shaun but you use "Sandy"*)

Occupation:

Address (*personal*) – *if different from above*:

civic address: _____

mailing address if different from above:

Telephone no. at home: _____ Telephone no. work: _____

Fax no.: _____

Telephone before faxing: yes no

E-Mail: _____

Cell No: _____

Date of birth (*mm/dd/yy*): _____

Place of birth (*city, province/state and country*):

Name at birth if different from above: _____

Citizenship: Canadian USA other:

registered Indian as defined in the *Indian Act*

Permanent residence: Canada USA other: _____

On what date did you:

(a) move to Canada (if applicable): _____

(b) become a Canadian citizen (if applicable): _____

Do you have a parent or grandparent who is a/was a U.S. citizen? yes no

Relationship status (*including plans to marry*):

single engaged married separated

divorced widowed cohabiting

Your marriage is: a legal marriage a common-law marriage

Have you been previously married? yes no

Name(s) of former spouses(s), if applicable:

Do you have to pay maintenance to your children or former spouse?

yes no

If we do not have a copy of the agreement or court order regarding maintenance provisions, please provide us with one so that we may determine your estate's obligations (if any) under it.

YOUR MARRIAGE

Date of marriage: _____

Full legal name	Birthdate (mm/dd/yy)	U.S. resident? (Yes/No)	U.S. citizen? (Yes/No)	Is the child yours? Your spouse/ partner's? Or both?	Does the child reside with you?

PART II - ASSETS AND LIABILITIES

ASSETS – note with an asterisk (*) any assets that are not located in British Columbia

1. Real Estate: *(attached extra sheet(s) if applicable)*

Street address of residence: _____

Market value (approx.): _____

Registered Owners: _____

Mortgages on property: _____ Is mortgage life insured?: _____

2. Additional real estate held:

Street address of residence: _____

Legal description *(if known)*: _____

Market value (approx.): _____

Registered Owners: _____

Mortgages on property: _____ Is mortgage life insured?: _____

3. Household goods and furnishings (approximate value): _____

List any personal property including jewelry, automobiles, boats, etc. of particular importance or value (approximate value):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

4. Bank accounts and term deposits including address of bank and names in which the accounts are registered:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

5. RRSP/RRIFs. Please note the name of trustee, registration number and beneficiary:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

6. Mortgages/Agreements for Sale owing to you:

_____ \$ _____

_____ \$ _____

7. Other debts owing to you (family debts, notes, etc.):

_____ \$ _____

_____ \$ _____

8. Life insurance policies you hold. Please state the company with which policy is held, the policy number and beneficiary named in the policy(ies):

_____ \$ _____

_____ \$ _____

_____ \$ _____

9. Are you a recipient or potential recipient of a pension? If yes, please give details:

10. Stocks and bonds (estimated total value of portfolio). Please give name of brokerage firm and account number as well as location of certificates:

11. Interest you have in a business (proprietorship/partnership/unincorporated/incorporated). If so please provide a copy of latest financial statements and any buy/sell agreements with respect to private company shares (consider necessity of buy/sell agreement):

12. Do you have an interest as a beneficiary in another estate, trust or power to appoint? If yes, please give details:

13. List any other substantial assets:

\$ _____

\$ _____

\$ _____

ESTIMATED GROSS VALUE OF ESTATE: \$ _____

LIABILITIES

Personal loans owing:

\$ _____

\$ _____

\$ _____

\$ _____

List any other substantial liabilities (including guarantees):

\$ _____

\$ _____

\$ _____

PART III - ORGANIZATION OF WILL

The following is a guide for the organization of the typical will. Please complete to the best of your ability.

EXECUTOR(S)

The executor(s) step into the shoes of the deceased, gather in his/her assets, pay his/her debts and distribute the estate in accordance with the terms of the will. Please name two executors (either together or in the alternative) in case your first choice is unable to act as executor. If your spouse is the sole beneficiary in the first instance, he/she should probably be sole executor. Please give full names, addresses, occupation and relationship to you.

	Person 1	Person 2	Person 3, if applicable
Full name			
Address			
Occupation			

Relationship to you			
	Primary <input type="checkbox"/>	Primary <input type="checkbox"/>	Primary <input type="checkbox"/>
	Joint with others named <input type="checkbox"/>	Joint with others named <input type="checkbox"/>	Joint with others named <input type="checkbox"/>
	Alternate <input type="checkbox"/>	Alternate <input type="checkbox"/>	Alternate <input type="checkbox"/>

APPOINTMENT OF GUARDIAN(S) FOR UNDERAGE CHILDREN

You should appoint guardians for your children in case you and your spouse do not survive their minority (under age 19). Please name primary and alternate guardians in case your first choice is unable to act as guardian. Please give full names, addresses, occupations and relationship to you.

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			
	Primary <input type="checkbox"/>	Primary <input type="checkbox"/>	Primary <input type="checkbox"/>
	Joint with <input type="checkbox"/>	Joint with <input type="checkbox"/>	Joint with <input type="checkbox"/>

	others named []	others named []	others named []
	Alternate []	Alternate []	Alternate []

Do you wish to leave a special cash bequest to the person who acts as guardian of your children? If so, will such bequest be conditional upon such person acting as guardian or is it an outright bequest?

DISTRIBUTION

1. Special Bequests/Charitable Donations:

Bequests of specific items and/or sums of money. For each beneficiary please give full names, address, occupation and relationship to you. Please note that these specific items and/or sums of money will be given and paid to the specified beneficiaries before the bulk of the estate is distributed and will therefore reduce the amount of the "residue" passing to beneficiaries. Please attach additional sheets if necessary.

2. Do you wish to leave the residue of your estate to your spouse if he/she survives you?

Yes___ No___

3. If your spouse fails to survive you do you wish to leave your estate to your children?

Yes___ No___

4. If your children are minors:

(a) at what age do you wish them to receive their share of your estate?

(b) if any child fails to live to that age, do you wish his/her children, if any, to receive that share of your estate?

5. If no spouse or child survives you, who do you wish to receive the residue of your estate?

6. If your instructions are other than as contemplated in 2 - 5 above, please outline your instructions

below:

TRUSTEE POWERS

Your executor is also the trustee of your estate and should be given direction regarding investment of the "trust fund" which makes up the residue of your estate.

Your trustee may be given powers additional to those allowed under the law. Some important powers are:

1. To invest

Do you wish your trustee to be given restrictive investment powers?

yes _____ no _____ unsure _____

or

be given broad powers of investment allowing your trustee to use his/her discretion in investing your "trust funds".

(yes _____ no _____ unsure _____)

2. To settle accounts and claims

yes _____ no _____ unsure _____

4. To use income and capital of infant beneficiary for his/her benefit, power to pay guardian or beneficiary directly on attaining the age of majority. (In British Columbia infant means under age 19.)

yes _____ no _____ unsure _____

5. To deal with retained real estate

yes _____ no _____ unsure _____

6. To mortgage property to raise funds without selling

yes _____ no _____ unsure _____

7. To carry on or discontinue a business

yes _____ no _____ unsure _____

7. To buy additional shares, and/or participate in re-organization of your company, if applicable

yes _____ no _____ unsure _____

8. To delegate trustee's functions to another party (e.g, a trust company)

yes _____ no _____ unsure _____

9. To distribute "in specie" (i.e. distribute assets comprising "trust fund" without converting those assets to cash before distribution)

yes _____ no _____ unsure _____

10. To borrow, lend or grant and renew guarantees

yes _____ no _____ unsure _____.

Do you have any special provisions you wish to insert in your will regarding your funeral or remains (eg. burial/cremation)?

Some examples for your referral are listed below:

I want my remains to be buried.

OR

I want my remains to be [cremated/buried] and my Trustee to keep the arrangements I have made with [organization through which the will-maker has made arrangements].

OR

I want my remains to be cremated [and my ashes disposed of [specify location, if desired]]. I hope that if any funeral or memorial service is held as a result of my death it will be conducted with unostentatious simplicity.

OR

I want my remains to be cremated and my ashes to be dealt with as my Trustee decides.

Please note any additional questions, comments or provisions you wish to make:

SAFEKEEPING OF WILL

Where do you wish to store your original will?

- (a) at our office in our fire proof vault (we do not charge for this service)

yes _____ no _____

- (b) at your bank (name, address):

- (c) other:

We recommend to all clients that they instruct us to file a Wills Notice with the Department of Vital Statistics advising as to the date of execution and location of their wills.

PART IV – INCAPACITY PLANNING

A will deals with the distribution of your estate upon death. An essential but often overlooked component of estate planning is putting a plan in place that allows for asset management and substitute decision making in the event of your subsequent incapacity. We strongly recommend that every adult put planning in place to deal with the possibility of their subsequent incapacity. Please answer the following questions if you would like us to assist you with your incapacity planning.

ENDURING POWER OF ATTORNEY/REPRESENTATION AGREEMENT

Have you signed an Enduring Power of Attorney or Representation Agreement giving someone authority to look after your financial affairs if you should become incapacitated?

- Yes (please provide us with a copy)
 No

Would you like to? yes no

LIVING WILL/REPRESENTATION AGREEMENT

Have you signed a representation agreement, living will, alternate medical directive, or medical care proxy setting out your wishes for the medical and personal care you wish to receive if you should become incapacitated?

- Yes (please provide us with a copy)
 No

Would you like to? yes no

NOMINATION OF COMMITTEE

Have you signed a Nomination of Committee in which you name the person or corporate trustee you would like the court to appoint as your legal guardian if you should become incapable of managing your financial or personal affairs? (Note: if a power of attorney or representation agreement is put in place, committeeship is usually unnecessary.)

- Yes (please provide us with a copy)
 No

Would you like to? yes no