

Intake Form: Estate Planning

NOTE: THIS DOCUMENT IS STRICTLY CONFIDENTIAL AND WILL ONLY BE SEEN BY THIS OFFICE. While some of the information I request may seem irrelevant, it is necessary to assist me in the development of a complete and accurate picture regarding your estate. This is not a legal document, but will be used to ensure that all important issues specific to your unique situation are appropriately addressed when we meet to discuss your estate planning objectives.

Before we meet, you should take some time to think about who you would like to appoint to administer your estate after your death, as well as who you would like to appoint as an alternate in case the first person selected cannot act.

If you would also like to have Power of Attorney Documents created, you should consider who you would like to appoint to make property and personal care decisions on your behalf in the event that you are incapable of making these decisions for yourself. You should also devote some careful thought to whether or not you would like to include any specific preferences regarding your end of life care.

Once you have completed this form, please return it to me either in person, or via email or fax. We can then make an appointment to discuss your estate planning needs.

PERSONAL INFORMATION

Full Name:			
Name you commonly use (if different from above):			
Home Address:			
Telephone:	(Home)	(Work)	(Mobile)
Email:			
Is it ok to send confidential information to this email address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Occupation & Employer:			
Date of Birth:			
Place of Birth:			

Citizenship:		
Marital Status:		
Full name of Spouse:		
Spouse's Date of Birth:		
Date and Place of Marriage:		
Do you have a domestic contract?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Any previous marriages?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Full name(s) of ex-spouse(s):		
Do you have any support obligations – spousal or child (please explain):	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<i>Please provide copies of any agreements outlining obligations</i>		

Full names of all children from previous marriages (if any): **Not Applicable:**

Name **Date and Place of Birth**

Full names of Step-Children (if any): **Not Applicable:**

Name **Date and Place of Birth**

Full names of children from current marriage:

Not Applicable:

Name	Date and Place of Birth

Are any of your children non-residents of Canada? If YES, please provide addresses.

Name	Address

Are any of your children married? If so, please provide details of their spouse and children, if any.

Not Applicable:

Details of any relevant personal situations e.g. disabled or spendthrift spouse and/or children:

Name and Phone Number of Accountant:

ASSET INFORMATION

Real Estate:

1. Your Home: Not Applicable:

Address:

Names on title and how it is owned :	
Sole owner: <input type="checkbox"/>	Joint Tenants: <input type="checkbox"/>
Tenants in Common: <input type="checkbox"/> If Tenants in Common: 50%/50% <input type="checkbox"/> or other (please specify) _____ <input type="checkbox"/>	
I don't know: <input type="checkbox"/>	
Current Market Value:	

Mortgages or other Encumbrances:

<u>Name of Institution/Bank</u>	<u>Type of Encumbrance</u>	<u>Amount owing</u>

2. Other Real Estate:	Not Applicable: <input type="checkbox"/>
Street address or location:	
Type of Property (cottage, vacant land etc):	
Name on title and how is it owned (Joint tenants/tenants in common):	
Sole owner: <input type="checkbox"/>	Joint Tenants: <input type="checkbox"/>
Tenants in Common: <input type="checkbox"/> If Tenants in Common: 50%/50% <input type="checkbox"/> or other (please specify) _____ <input type="checkbox"/>	

Current Market Value:		
Mortgages or other Encumbrances:	Financial Institution:	Mortgage Amount:

Air Miles/Reward Programs:

Issued By	Account Number	Value

RRSPs and RRIFs:

Plan Holder	Beneficiary	Value

Pensions:

Issued By	Beneficiary	Value

Life Insurance Policies:

	Policy 1	Policy 2	Policy 3
Issued by and Policy Number			
Name of Owner			
Name of Life Insured			
Name of Beneficiary			
Value			

Do you own any stocks, bonds, debentures, GICs etc.? If Yes, please attach a list including current value, acquisition cost and date and location of instrument. Yes: No:

Do you have any interests in business (i.e. sole proprietorship, partnership or limited co)?

Yes: No:

If yes, please describe and supply copies of all agreements.

Money on Deposit:

Name and Address of Bank or Depository:	Type of Account & no.	Ownership	Approx Amount

Safety Deposit Box (contents, location, box number, estimated value):

Debts owing TO YOU including promissory notes: *(Please provide copies of any information)*

<u>Name of Creditor</u>	<u>Amount</u>	<u>Maturity</u>	<u>Other Terms</u>

Have you made a loan or significant gift to any children/grandchild? Yes: No:

If yes, please provide details (Name of child, amount of loan or gift).

Automobiles, Boats and Recreation Vehicles:

<u>Description</u>	<u>Ownership</u>	<u>Value</u>

Heirlooms, artwork, jewellery and any collections, etc. of special note:

Household goods and furniture of special note:

Other Assets:

- (i) an interest in an inter vivos testamentary trust (please attach a copy of the trust document)
- (ii) a power of appointment (please attach a copy of the document)

Estimated total value of Assets:

Liabilities:

Debts owing BY YOU including promissory notes:

<u>Name of Creditor</u>	<u>Amount</u>	<u>Maturity</u>	<u>Other Terms</u>

Total value of liabilities:

(include any outstanding mortgages or encumbrances on real estate)