

Having a will protects your family, ensures that your wishes are followed and preserves your legacy. Even if you don't believe that your assets are of substantial value, preparing a will means you can arrange your affairs in advance, in order to suit your wishes and the needs of your family. Our lawyers are here to help guide you through the process of creating a will so you know what to expect and your best interests are protected.

The following Estate Planning Questionnaire helps collect important information regarding your estate including your assets, liabilities, dependants and any other specific instructions, to allow our lawyers to best assist you in preparing your will. If you have any questions about the checklist, please contact our Wills and Estates Lawyers at 613-563-7544.

Estate Planning Questionnaire

Personal Information

	YOU	YOUR SPOUSE
FULL NAME:		
DATE OF BIRTH:		
PLACE OF BIRTH:		
ADDRESS:		
OCCUPATION:		
EMPLOYER:		
HOME TELEPHONE:		
BUSINESS TELEPHONE:		
EMAIL ADDRESS:		
MARITAL STATUS:		
IF MARRIED, DATE AND PLACE OF MARRIAGE:	Date: Place:	Date: Place:

	YOU	YOUR SPOUSE
PREVIOUS MARRIAGES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, NAME OF FORMER SPOUSE AND DATE OF DEATH/DIVORCE/SEPARATION:	Name: Date:	Name: Date:
OBLIGATIONS PURSUANT TO PREVIOUS MARRIAGE(S) (I.E. SPOUSAL AND CHILD MAINTENANCE)		
IF YOU ARE SINGLE, SEPARATED, OR DIVORCED, ARE YOU PLANNING ON MARRYING IN THE NEAR FUTURE:	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with whom:	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with whom:

Children, Grandchildren and Other Dependents

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	ADDRESS, IF DIFFERENT

Are there any stepchildren, adopted children or children born outside of marriage of either you or your spouse? YES NO

Are you responsible for any other children? YES NO

Are any of your grandchildren adopted, stepchildren, born outside of marriage? YES NO

If yes to any of the above questions, give particulars:

Are any of the children or grandchildren mentally or physically incapacitated? YES NO

If yes, please describe:

Are you responsible for any dependent adults who are mentally or physically incapable or handling their own affairs? YES NO

If yes, please provide particulars:

Have any of your children predeceased you? YES NO

If yes, give the name and date of the deceased child and the names of their children, if any:

Assets

TYPE OF ASSET	PARTICULARS: Identification number or description, name and location of issuing institution	AMOUNT OR VALUE
LIFE INSURANCE:		
PENSION PLANS/ANNUITIES:		
RRSPs:		
RRIFs:		
BANK ACCOUNTS:		
BONDS, STOCKS, GICs, MUTUAL FUNDS:		
VALUABLE PERSONAL PROPERTY:		

PARTNERSHIP, UNINCORPORATED BUSINESS, SHARES IN PRIVATE CORPORATIONS:		
REAL ESTATE HOLDINGS:		
ANY OTHER ASSETS NOT LISTED ABOVE:		

Have you an interest in any assets outside Ontario? YES NO

Have you an interest in any assets outside of Canada? YES NO

Have you an interest in another estate or trust? YES NO

Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? YES NO

Have you an interest in farmland? YES NO

Do you own any property in joint tenancy with someone not described above? YES NO

Are you the owner of a life insurance policy on the life of another person? YES NO

Please provide particulars of any "yes" answers:

Liabilities

TYPE OF LIABILITY	PARTICULARS: Identification number or description, name and location of issuing institution	AMOUNT OR VALUE
MORTGAGES:		
LOANS – Personal, business, investment:		
ACCOUNTS PAYABLE – List substantial accounts over \$10,000.00:		
OTHER ACCOUNTS PAYABLE – Guarantees, family or personal debts, Revenue Canada, etc.:		

Are any of your debts life insured?

YES NO

Specific Cash Gifts or Property

AMOUNT OF MONETARY GIFT OR DESCRIBE ARTICLE	NAME AND ADDRESS OF BENEFICIARY AND ALTERNATE BENEFICIARY, IF ANY

Instructions for Will

NAME OF EXECUTOR(S):	ADDRESS:
NAME OF ALTERNATE EXECUTOR(S):	ADDRESS:
GUARDIANS FOR MINOR CHILDREN:	
FULL NAME(S):	RELATIONSHIP:
ADDRESS:	

Distribution of Estate

All to spouse?

YES NO

If no, describe:

If spouse predeceases you:

Equally to all children

All to children but different percentages

Different percentages to particular children

At what age are your children to receive their share of your estate?

_____ years

If one child dies before you do, or before attaining the age at which he/she is entitled to share, who shall receive that share or the amount remaining?

The children of the deceased child (my grandchildren)

My surviving children

Other:

How is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident, or if any of your children or grandchildren survive you but die before becoming entitled to receive their entire portion of your estate?

Beneficiaries

NAME:	ADDRESS:

Instructions for Powers of Attorney

POWER OF ATTORNEY FOR PERSONAL CARE:	
NAME OF ATTORNEY:	ADDRESS:
NAME OF ALTERNATE ATTORNEY:	ADDRESS:
ANY SPECIFIC INSTRUCTIONS:	
CONTINUING POWER OF ATTORNEY (PROPERTY)	
NAME OF ATTORNEY:	ADDRESS:
NAME OF ALTERNATE ATTORNEY:	ADDRESS:
ANY SPECIFIC INSTRUCTIONS:	

Arrange a consultation to discuss your specific needs.

Let our team help you learn about how your choices will impact the future so together we can create a plan that works for you and your family. Schedule a consultation with our lawyers by calling 613-563-7544.

Want to learn more? Before you make a big decision, you want to equip yourself with trusted, educated, and relevant information. Our Wills and Estates Team has many helpful articles on our Blog page for will-makers, trustees and dependents. Visit www.merovitzpotechin.com/blog.