

CONFIDENTIAL ESTATE INFORMATION AND WILL QUESTIONNAIRE

PART I

GENERAL INFORMATION

The following may be of assistance to you in completing this questionnaire. The information which you provide will be of assistance in connection with the preparation of your Will and Power of Attorney for personal care.

1. Death taxes are not imposed in Canada either federally or by any of the provinces. However, the *Income Tax Act* (Canada) contains specific provisions to deal with the taxation of capital property owned by a taxpayer at death. You may want to seek the advice of a lawyer about the way in which your Will is prepared and how ownership of your assets is arranged regarding potential tax liability.
2. In Ontario a tax is payable in circumstances where a deceased's Will must be probated. The *Estate Administration Tax Act*, 1998 imposes a tax, at the rate of .015 per cent, on the value of the assets of the estate which pass to beneficiaries under the Will of the deceased individual. In general terms, the other common law provinces impose a similar levy at lesser rates and in certain provinces are capped. Property which is owned jointly with another person as joint tenants with right of survivorship does not pass under a Will. The interest of the deceased joint tenant passes to the surviving joint tenant or tenants automatically by operation of law. In addition, the interest of a deceased individual in assets which pass to beneficiaries as a result of contractual rights or beneficiary designations, such as life insurance proceeds, pension or retirement benefits and amounts payable under profit sharing plans, does not form part of the deceased's estate and does not pass under the deceased's will.

TYPICAL ESTATE PLANS

Depending on the marital and family status of the person making the Will (the testator), most Wills contain provisions similar to the following:

1. A testator who is married with children usually provides that the surviving spouse will receive the whole of the estate. If the testator is not survived by a spouse, it is usual that the entire estate will be given equally to the children of the marriage or a trust created by the Will for the children of the marriage with the share of any deceased child passing to the children, if any, of the deceased child. In the event there are no children of the testator, it is usual to make provision for other relatives. The common law provinces and territories of Canada have intestate succession laws which result in a statutory scheme of distribution being imposed where an individual dies without a will (intestate). In most of the common law provinces and territories, a surviving spouse may well be entitled, notwithstanding the provision of the will of the deceased spouse, to a share of the estate which can be as much as one-half of the estate.
2. A testator who has children who are under the age of majority usually provides that in the event the other parent predeceases him or her it is his or her wish or desire that some named person or persons serve as the guardian of the property and have custody and control of the minor child or children. While such provisions may not be legally binding, they are of persuasive authority in a proceeding for the appointment of a guardian of the property of a minor child and a custody order should the circumstances require the same. Accordingly, it is advisable to include such a provision in the Will of any testator with minor children.

3. If either the testator or the spouse has children from a prior marriage or relationship, it is advisable to consider what options may be available to such a testator and the spouse.
4. Prenuptial agreements that may exist should be provided to us along with the confidential Will questionnaire.
5. A testator should name an executor or executors in the Will. It is the duty and obligation of an executor to manage and distribute the estate in accordance with the terms of the Will. While a non-resident of Canada may be appointed and, in fact, may act as the executor, geographic distances may present certain practical difficulties. In addition, it may be necessary for a non-resident executor to furnish security by way of a fiduciary bond in order to protect the estate assets against mismanagement by the non-resident. The cost of such bond is, as a rule, borne by the estate and can be significant depending upon the extent of the assets involved.

PART II

The information requested below is essential in preparing your Will and Power of Attorney for Personal Care. If more space is needed to answer a question, attach a separate sheet of paper and indicate the question number to which it pertains.

PERSONAL DATA and PARTICULARS OF ASSETS

1. Full Legal Name _____

(First)
(Middle)
(Last)

Other names or "nick names" by which you have been known: _____
2. Birth Date & Place _____
3. Sex _____
4. S.I.N. _____
5. Occupation _____
6. Address _____
7. Telephone (Residential) _____ (Business) _____
8. Marital Status _____

AS APPLICABLE PLEASE ANSWER THE FOLLOWING (mark "N/A" if not applicable):

9. Spouse's Full Legal Name _____

(First)
(Middle)
(Last)

Other names or "nick names" by which your spouse has been known _____
10. Spouse's Telephone (Residential) _____ (Business) _____
11. Spouse's Birth Date & Place _____
12. Spouse's Sex _____
13. Spouse's S.I.N. _____
14. Spouse's Occupation _____

15. Date of Marriage _____

16. Place of Marriage _____

17. Member's/Spouse's Maiden Name: _____

18. Is there a marriage contract or domestic contract? _____ Please provide copy.

19. Date of Contract _____

20. Parties to Contract _____

21. Citizenship (Husband) _____ (Wife) _____

22. Previous marriage by either spouse _____

If so, particulars of which spouse _____

(a) Date and Place of Divorce _____
(please provide copy of judgment)

(b) Name of Previous Spouse _____

(c) Date of Spouse's Death _____

(d) Children of prior marriage (if disabled, indicate nature of disability)

Full Name (Son/Daughter?)	Birth Date	Nature of Disability
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(e) Commitment to former spouse or children of prior marriage (Please provide copy of document)

23. Children of present marriage (If disabled, indicate nature of disability)

(a) Living children:

Full Name (Son/Daughter?)	Birth Date	Nature of Disability
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_____	_____	_____
_____	_____	_____

Full Name (Son/Daughter?)	Birth Date	Nature of Disability
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_____	_____	_____
_____	_____	_____

(b) Deceased children:

Full Name (Son/Daughter?)	Birth Date	Nature of Disability
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(c) Living children of deceased child:

Full Name (Grandson/Granddaughter? and parent's name)	Birth Date	Nature of Disability
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24. Other Grandchildren:

Full Name (Grandson/Granddaughter and parent's name?)	Birth Date	Nature of Disability
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25. Are any of the children and/or grandchildren identified in paragraphs 22, 23 and 24 adopted, if so who.

26. Other dependents (eg. parent, brother or sister, illegitimate child).

27. Miscellaneous information (eg. Are you a Trustee for someone else? Are assets in your name which you do not own? Are you a Guardian of any Minors? Are you an Executor of any Estate? If yes, please provide details.

ASSETS

28. Residence

Sole Ownership	Joint Tenants	Tenants in Common	Year of Purchase	Matrimonial Home	Value
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Name(s) of Owner(s) _____

Address _____

Subject to Mortgage? _____ Value _____

29. Other Real Properties

Sole Ownership	Joint Tenants	Tenants in Common	Year of Purchase	Matrimonial Home	Value
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Name(s) of Owner(s) _____

Address _____

Subject to Mortgage? _____ Value _____

Sole Ownership	Joint Tenants	Tenants in Common	Year of Purchase	Matrimonial Home	Value
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Name(s) of Owner(s) _____

Address _____

Subject to Mortgage? _____ Value _____

30. Personal effects - ownership

Value & Date of Purchase

Household Contents (Furnishings, etc.)
Who owns what? Jointly owned?

_____ \$ _____

Jewelry, Antiques, etc.

_____ \$ _____

Auto, other vehicles, boats, etc.

_____ \$ _____

_____ \$ _____

31. Special Collections / Type / Who purchased?

_____ \$ _____

32. Nature of Investments & when purchased (Attach list)
 Stocks & shares in public companies

_____ \$ _____

Canada Savings Bonds

_____ \$ _____

Other Bonds, GIC's & Term Deposits

_____ \$ _____

Mutual Funds

_____ \$ _____

Other (give details)

_____ \$ _____

33. Interests in Private Companies

Names of Companies	Shareholding	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

34. Shareholders' Agreement or Buy/Sell Agreement (Provide copy)

Names of Companies	Shareholding	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

35. Small Business/Sole Proprietorship/Partnership

Name: _____ Value \$ _____

Type: _____ Value \$ _____

Partners: _____

36. Pension Plans

Designation	Company	Value	Beneficiary
Pension Plans	_____	_____	_____
R.R.S.P.	_____	_____	_____

R.R.I.F. _____

D.P.S.P. _____

Any Other Plans _____

37. Annuities

Company	Amount	Guaranteed Period	Beneficiary Designation

38. Life Insurance

Company	Policy Number	Beneficiary Designation	Purchased Before or After July 1, 1962	Face Value
				\$
				\$
				\$
				\$
				\$
				\$

39. Banking

Name of Bank /Trust Company/Credit Union	Location	Joint Owner(s)	Amount
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Accounts jointly held:

Accounts in your name:

Safety Deposit Box:

40. Interest in other estates or trusts

Nature of Interest	Value	Name of estate or trust

41. Other Assets (eg. mortgages, promissory notes, other loans and receivables)

42. Annual Income:

Sources

(a) From Employment \$ _____

(b) From Property \$ _____

(c) From Business \$ _____

(d) From Investments \$ _____

43. Debts/Liabilities (including car loans, credit cards, lines of credit, personal loans and other types of financing)

Names of Creditors

Amount of Debt

PART III

INSTRUCTIONS FOR WILL

1. Primary Executor(s) - one or more

(Full Name) (Address) (Relationship to You)

(Full Name) (Address) (Relationship to You)

(Full Name) (Address) (Relationship to You)

Alternate Executors (if primary executor(s) predecease(s) or is/are unable to act) – one or more

(Full Name) (Address) (Relationship to You)

(Full Name) (Address) (Relationship to You)

(Full Name) (Address) (Relationship to You)

2. Disposition of specific articles - Indicate if beneficiary is a minor.

Name of Beneficiary and relationship to you

Description of items(s)

3. Disposition of remaining articles (personal effects) - Indicate if beneficiary is a minor.

Name of Beneficiary and relationship to you	Description of items(s)
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4. Cash legacies - Indicate if beneficiary is a minor. (Keep in mind value of your Estate may vary in time.)

Name of Beneficiary and relationship to you	Amount
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5. Charitable bequests. (Keep in mind value of your Estate may vary in time.)

Charity (Proper Legal Name and Office Address)	Amount
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6. Residue (Balance of Estate Assets) – Distribution.

(a) If Spouse and/or Children

(i) Provisions for Spouse – all or part of Residue? Outright? Life interest, only? In trust (terms of trust – how long to be held, other terms or conditions)?

(ii) Provisions for Children - (Including age to receive capital outright, equal or unequal sharing, predeceased child's share to his/her children, if any, etc...)

(iii) Discretionary trust for disabled beneficiary

(iv) Other Beneficiaries

Name of Beneficiary and relationship to you	Entitlement
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(b) If no spouse or children alive, who will share in estate?

Name of Beneficiary and relationship to you	Entitlement
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(c) Failure Clause - if none of above beneficiaries are alive or if all die in a common accident who are to be the beneficiaries?

Name of Beneficiary and relationship to you	Entitlement
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7. Funeral Instructions (if any) – It is practical to advise immediate family members (and/or close friends) of your wishes, in advance.

8. Custody of children and guardianship of their assets (in order of preference)

(Full Name)	(Address)	(Relationship to You)
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(Full Name)	(Address)	(Relationship to You)
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(Full Name)	(Address)	(Relationship to You)
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9. Children born out of wedlock as beneficiaries

Include: _____ Exclude: _____

10. Other information and/or instructions you feel would aid us in preparing your Will

Do not sign this form. This is not a Will and is not intended to be a Will.

PART IV

INSTRUCTIONS FOR POWER OF ATTORNEY FOR PERSONAL CARE

ATTORNEY(S)

1. Initial Attorney(s) (eg. spouse and/or children—where applicable)—One or more

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship: _____

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship: _____

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship: _____

(NOTE: You may not name a person who provides you with health care or residential, social, training, advocacy or support services for compensation.)

(a) If more than one Attorney, how should decisions be made?
(i.e. jointly or may one or a majority of Attorney(s) act independently?)

ALTERNATE ATTORNEY(S)

2. Do you wish to name an alternate Attorney(s) to act if the initial Attorney(s) cannot?

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship to you: _____

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship to you: _____

Name: _____
(First) (Middle) (Last)

Address: _____

Tel: (Res): _____ (Bus): _____

Relationship to you: _____

(a) How will it be determined when the alternate Attorney(s) may act?
(i.e. initial Attorney is deceased, resigns, or is unable to act)

(b) If alternate Attorney(s) is/are authorized to act on incapacity of initial Attorney(s), how will it be determined that such incapacity has occurred?
(i.e. certificate of physician)

INSTRUCTIONS (Consent to Treatment and Personal Care)

3. **Unless otherwise specified**, there are **no restrictions** on your Attorney(')s(') authority to consent to treatment or make personal care decisions on your behalf including decisions relating to your health care, food, living arrangements, clothing, cleanliness and safety. It may be helpful to your Attorney(s) to receive written guidance (instructions) from you:

- (a) Do you wish to provide instructions to your Attorney(s)?
- | | | | |
|------|--------------------------|-----------|----------|
| (i) | for Personal Care | YES _____ | NO _____ |
| (ii) | for Consent to Treatment | YES _____ | NO _____ |
- (b) If yes, please provide particulars.

A variety of suggested instructions are listed below. These have been provided merely to assist you. They may or may not reflect your wishes. If one is appropriate for you, please select it. You may wish to modify one of the suggested instructions, or create your own. You should specify separate instructions for personal care and for consent to treatment.

Personal Care

Optional wording #1

The following are my instructions to my Attorney(s), and my wishes, with respect to my personal care: I wish to have my Attorney(s) arrange whatever services or care are necessary to keep me comfortable, keeping in mind my financial resources.

Optional wording #2

The following are my instructions to my Attorney(s), and my wishes, with respect to my personal care: I wish to remain in my home with nursing or other care provided to me as needed, if my long-term financial resources will permit it. Provided that my Attorney(s) may remove me from my home and place me in an institution if my Attorney(s) is/are satisfied that it is in my best long-term interests (emotional, physical and economic) to do so.

Optional wording #3

The following are my instructions to my Attorney(s), and my wishes, with respect to my personal care: I do not wish to be removed from my residence and placed in an institution, regardless of the cost to my Estate. I wish if at all possible to remain in my home with nursing or other care provided to me. I wish to have my Attorney(s) arrange whatever services or care are necessary unless my Attorney(s) is/are satisfied that there is no reasonable alternative but to remove me from my residence and place me in an institution.

Your Preferred Instruction:
