

QUESTIONNAIRE: ESTATE PLANNING & POWER OF ATTORNEY

The answers you provide in this Questionnaire will be used only to gather information needed for estate planning, drafting of Wills and preparation of your Powers of Attorney.

A lawyer who is preparing a Will or Power of Attorney for a client is obliged to do the following.

1. Satisfy himself/herself that you have the mental and emotional "capacity" to make a Will or Powers of Attorney;
2. Draw your attention to the matters that you ought to consider when you decide what terms and provisions to include in your Will or Powers of Attorney;
3. Take your instructions;
4. Advise you of any legal provisions that will affect the terms and provisions you would like to include in the documents; and,
5. Draft the documents in accordance with your instructions, subject only to the applicable laws.

This questionnaire is designed to assist us with each of those obligations by collecting information about you, your assets and liabilities, your obligations to family members and other people, and your wishes with respect to the administration of your affairs and the distribution of your estate. We ask that you complete as much of this form as possible and provide a copy of the form before our initial meeting because it will provide us with essential information and help us identify the issues we should discuss with you. Not all questions may apply to your situation.

This form may not elicit from you all the information you wish to provide us or that we will wish to obtain from you. Please make detailed notes of any addition information concerning you, your family, assets, and liabilities, so that the same can be discussed with the Lawyer handling your matter.

By completing this questionnaire and returning it to Hope-Selkin Law, you will reduce the time and effort spent in meetings with you to gather that information. That results in a more efficient process of preparing your Will and Powers of Attorney, and reduces your cost.

CONFIDENTIALITY

The information that you provide in this questionnaire is **strictly confidential**, and may only be released to you, to your executor when your estate is being administered, or to a person who acts as your attorney pursuant to a Power of Attorney that you have given.

ENGAGING HOPE-SELKIN LAW

Please note that the provision of information to our office does not mean that you are represented. While we are happy to assist you with your matter, our engagement will only begin once we have confirmed that we are acting on your behalf by way of retainer. If you have any questions about the foregoing, please do not hesitate to contact us.

This Questionnaire is completed on: _____

PERSONAL INFORMATION

First, Middle, Last Name:	
Home Address:	
Work Address:	
Phone (Home):	Phone (Work):
Mobile:	Email:
Date of Birth:	Place of Birth:
Occupation:	Citizenship:
Social Insurance No.:	
Is your present residence your permanent home; if not, please provide details of your permanent home:	
Do you pay income tax in a province, state or country outside of Ontario:	

You may have obligations arising out of either a current or a former marriage or common law relationship that must be dealt with when your Will and Powers of Attorney are drafted.

CURRENT MARITAL INFORMATION:

Your marital status (Check all that apply):	<input type="checkbox"/> never married <input type="checkbox"/> married, <input type="checkbox"/> living common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower
Date of current marriage or beginning of cohabitation:	
Full name of your current spouse or the person with whom you live common law, and date of birth:	
Do you have either a cohabitation agreement or a marriage contract (please provide a copy of it):	
In what province, state or country did you make your home when you were married:	
Where were you married:	
If you are not married at this time, are you planning a marriage:	

INFORMATION CONCERNING A PREVIOUS MARRIAGE OR COMMON LAW RELATIONSHIP:

Date of previous marriage or start of common law relationship:	
Full name of your former spouse or the person with whom you lived common law:	
Was there either a cohabitation agreement or a marriage contract (please provide a copy of it):	
In what province, state or country did you make your home when you were married:	
Where were you married:	
Do you have a separation agreement or a court order dissolving that marriage – if so, please provide a copy of it:	
Date of your divorce or separation:	
Date and place of the previous marriage:	

INFORMATION CONCERNING OTHER WILLS AND POWERS OF ATTORNEY:

Have you ever made a Will – if so, please provide a copy:	
After making your previous Will did you (check all that apply):	<input type="checkbox"/> get engaged to marry <input type="checkbox"/> get married <input type="checkbox"/> live common law <input type="checkbox"/> separate <input type="checkbox"/> divorce <input type="checkbox"/> become widow/widower
Have you ever made a Power of Attorney (if yes, please provide a copy):	
Have you been named as the executor or alternate executor of someone else's Will:	
Are you presently receiving benefits from an estate or trust fund:	

INFORMATION ABOUT YOUR CHILDREN:

Name, address & birth date of each child (also indicate the name by which this child is usually known)	This child was born of your marriage to or cohabitation with	Does this child depend on you financially	Do you intend to provide for this child in your Will

INFORMATION ABOUT OTHER PEOPLE FOR WHOM YOU WISH TO INCLUDE PROVISIONS IN YOUR WILL:

Name & address of each person (also indicate the name by which this person is usually known)	Relationship or connection to this person	Does he or she depend on you financially

INFORMATION ABOUT CHARITABLE INSTITUTIONS AND OTHER ORGANIZATIONS FOR WHICH YOU WISH TO INCLUDE PROVISIONS IN YOUR WILL:

Name of each Organization	Address of Organization

ESTATE TRUSTEE/ EXECUTOR

Your estate trustee (formerly called your “executor”) is responsible for your funeral arrangements and for administering your estate. The estate trustee's duties include collecting all of the assets belonging to your estate, paying your debts, filing tax returns for the estate and distributing the estate to your heirs.

*You may name two or more persons to be joint trustees. However, unless you have a complex estate it is **usually (but not always)** preferable to name a single trustee. You should also name an alternate trustee who will perform those duties if the person named as your first choice cannot be your trustee. For example, if you wish to designate two children it is usually preferable to name one as the first choice and the other as the alternate estate trustee.*

*An estate trustee does not have to live near you, but it is easier to administer an estate when the trustee **does not** live far away. A trustee who does not live within the British Commonwealth will normally have to post a bond equal to double the value of the estate. If a separate trust fund is being created by your Will you must also name a trustee for that trust – it can be the same person as your estate trustee, or you may designate some other person to administer the trust fund.*

Name and Address of the Estate Trustee	
Name and Address of the Alternate Estate Trustee	

Do you wish your estate trustee to also be the trustee of a special trust fund (Yes or No):

Name and Address of the Trustee of a Special Trust Fund (if it is not the estate trustee)	
Name and Address of the Alternate Trustee of a Special Trust Fund	

REAL ESTATE IN WHICH YOU HAVE AN INTEREST:

Address of the property	Title is held in the Name(s) of:	If jointly owned, the title is held as (1) Tenants In Common or (2) Joint Tenants

CASH, SAVINGS PLANS AND PENSION PLANS:

Name of Institution	Address of Institution	Account Number	Bank Account, Savings Plan or Pension

SECURITIES:

Securities	Stored at

CARS, BOATS, COLLECTIONS AND SPECIAL ITEMS:

Item	Located at

BUSINESS INTERESTS:

Name and Address of Business	Type of Business	Your Percentage Interest

LIFE INSURANCE:

Insurance Company & Address	Insurance Agent	Policy No.	Amount

ACCOUNTANT:

Name and Address of you Accountant	Phone Number and Email

SAFETY DEPOSIT BOX:

Safety Deposit Box Location & Number:	

DEBTS:

Type of Debt	Owed to (Name and Address)	Amount

SPECIFIC GIFTS:

You may give specific items or specific sums of money to named individuals or organizations. You should also indicate what is to happen to those items or that money if the person has died or the organization does not exist at the time of your death.

Item or Amount	To be given to	If the gift cannot be given to that person or organization, then distribute it: <u>With the residue of my estate</u>	If the gift cannot be given to that person or organization, then distribute it: <u>To these people or organizations</u>

You should specify what is to happen to the part of your estate that has not been specifically given to someone ("the residue"). A person or organization named to receive a specific gift may also share in the residue of your estate. If the people or organizations to whom you would like to leave the residue were described earlier in this questionnaire you may refer to them in general terms (i.e., "my husband", "my children", etc.). You may indicate the share they are to receive as "all", "equally", "21%", and so on.

I WISH TO DIVIDE THE RESIDUE OF MY ESTATE AMONG THE FOLLOWING PEOPLE OR ORGANIZATIONS:

Name of Person or Organization	Share

Some of the persons or organizations named to receive the residue of your estate may die or cease to exist before becoming entitled to it. You should specify who will receive the residue if that happens. Common provisions include dividing the share of the heir who died among the surviving heirs, or among the children of the heir who died.

ALTERNATIVE DISPOSITION OF THE RESIDUE OF MY ESTATE:

The share designated for	Should be given to my:				
	Children	Grand children	Parents	Brothers & sisters	Other
	√	√	√	√	√

A will may be used to establish a trust fund. This is often done to ensure proper management of assets that are left to children; trusts can also be established for other purposes. **If you do not create a trust fund** gifts that are given to minor children will be administered by a public official until the children reach the age of majority. You may give the trustee authority to use some or all of the assets in the trust fund to benefit the child

Include a trust provision for the following heir or group of heirs				
Pay out the trust when the following condition is satisfied				
The trustee may use the following parts of the trust fund for the beneficiary		If a beneficiary of the trust fund dies before he or she is entitled to receive the trust funds, those funds should be distributed		
Assets of the trust fund	Income earned by the trust	To his or her children	To other trust beneficiaries	With the residue of my estate
√	√	√	√	√

Include a trust provision for the following heir or group of heirs				
Pay out the trust when the following condition is satisfied				
The trustee may use the following parts of the trust fund for the beneficiary		If a beneficiary of the trust fund dies before he or she is entitled to receive the trust funds, those funds should be distributed		
Assets of the trust	Income earned by the	To his or her	To other trust beneficiaries	With the residue of my

POWER OF ATTORNEY FOR PERSONAL CARE:

*A **Power of Attorney for Personal Care** enables someone else to make health care decisions for you when you are unable to make those decisions yourself. It is automatically revoked when you die.*

*You must decide how much authority to give to your attorney, when it may be used, and whether there are any restrictions or conditions applicable to it. A **Power of Attorney** **may** authorize your attorney to:*

- 1. decide whether you should receive specific medical treatment;*
- 2. determine where you should be treated, and by who;*
- 3. decide to terminate medical treatment; and,*
- 4. make any other health care decision that you might make yourself.*

*A **Power of Attorney for Personal Care** may be subject to conditions, restrictions and limits that you impose, or it may be given for a specific purpose. A person who is competent to give a **Power of Attorney for Personal** care may also revoke one that he or she has previously given.*

Name and Address of Your Attorney & Alternate Attorney:	
Do you wish your medical treatment to include being kept on life support?	Yes (√) _____ No (√) _____ Undecided (√) _____
Do you wish to donate your organs in the event of your death? (if yes, specify the purpose below)	Yes (√) _____ No (√) _____ Undecided (√) _____
List any other Conditions, Restrictions, Limits and Purposes of the Power of Attorney:	

We hope you have found this questionnaire useful, and we would appreciate hearing any questions or comments that you may have about it.