



Barristers, Solicitors, Notaries

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WILL AND POWERS OF ATTORNEY QUESTIONNAIRE

The information you are about to provide will be the basis for your discussions with us about your will and other estate and personal planning. How you own the legal title to your assets is important and, if you are not sure whether, for example your house is owned jointly with another person, you should have us review your title documents or investigate, since assumptions can cause later problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies, pension plans and registered investments.

PART I: **PERSONAL AND FAMILY INFORMATION**

(to help us advise you better)

1. **Your full legal name:** _____

(If you use, or have used in the past, a middle initial, a nickname or an anglicized version of a foreign name, let us know, especially if that name featured on any of your financial or legal papers, as it may become material when your will needs to be probated after your death.)

2. **Your date of birth:**

3. **Place of birth:**

4. **Occupation:**

5. **Address:**

6. **Contact Information**

a. Phone (home):

b. Phone (business):

c. Cell:

d. Email:

Your preferred method of communication:

a. b. c. d. e. any of the above

7. **Residence for income tax purposes:**

Citizenship(s):

(Please be advised that if you have ties to other jurisdictions because of your residence or citizenship, this may cause taxation problems in that jurisdiction.)

8. **Your marital status** (check all that apply):
Single

Legally married

Common law

(Please note that rights of legal spouses differ in certain respects from rights of common law spouses. Also, in Ontario, same-sex partner have the same status as common law spouses.)

Divorced

Separated with agreement

Separated without agreement

Widow/Widower

Explanation (if you checked more than one box above):

(i.e. explain which status is current)

Name of Current Spouse or Partner:

Name of Previous Spouse or Partner:

Date of separation agreement/ divorce:

(If not applicable, put N/A in above)

Do you have a Marriage Contract/Co-Habitation Agreement with your current spouse or partner?

YES NO

(please provide a copy of this agreement)

Do you have a Separation Agreement?

YES NO

(please provide a copy of this agreement)

Have you been divorced?

YES NO

If yes, please specify:

a. Date of divorce:

b. Are there any outstanding obligations? YES NO

If there are outstanding obligations, please specify:

9. **Children**

a. Do you have children? YES NO

(Please note that "children" means your blood children or legally adopted children. It does not include step children.)

Name: Age:

Name: Age:

Name: Age:

Name: Age:

b. Do you intend to have more children? YES NO

Or

If you do not have children, do you intend to have children in the future? YES NO

c. Do you have step children? YES NO

Name: Age:

Name: Age:

Name: Age:

d. Do any of you children have a disability? YES NO

(This information is important especially if your child is an ODSP recipient. Even if he or she is not, future ODSP eligibility may be affected depending on how you decide to provide for your child in your will.)

e. Do any of your children live outside Canada? YES NO

If yes, indicate place:

10. **Dependants**

Do you have any legal obligation to support another person in addition to your spouse and children, or have you been providing actual support to anyone other than your spouse and children?

YES NO

Name:

Address:

Date of Birth:

Nature of Support:

Relationship of Dependant to you:

11. **Other Beneficiaries**

Do you wish to include any other beneficiaries in your will other than the persons mentioned above?

YES NO

If yes, please fill out the details below:

Name:

Date of birth:

Address:

Name:

Date of birth:

Address:

Are any of your intended beneficiaries disabled?

YES NO

Do any of your intended beneficiaries live outside Canada?

YES NO

12. **Other Agreements**

Have you ever promised someone a share of your estate in exchange for that person assisting you personally or with your finances or assets?

YES NO

If yes, please provide particulars:

13. **Accountant**

Do you have an accountant? YES NO

If yes, do you want your accountant involved in your will planning and would you like us to set up a meeting for advice?

YES NO

If yes, what is his or her:

a. Name:

b. Telephone number:

14. **Financial Planner**

Do you have a financial planner? YES NO

If yes, do you want your financial planner involved in your will planning and would you like us to set up a meeting for advice?

YES NO

If yes, what is his or her:

a. Name:

b. Telephone number:

15. **Other Interests**

a. Are you currently acting as executor or trustee of any estate? YES NO

If yes, please provide particulars:

b. Do you own or have an interest in a business? YES NO

(i.e., sole proprietorship, partnership or limited company)

If yes, please provide particulars:

c. Do you have assets located outside of Ontario? YES NO

If yes, please describe nature of assets and location:

d. Do you have assets held jointly with someone other than your spouse? YES NO

If yes, do you intend that joint owner to receive the asset on your death? YES NO

e. Do you have any:

- | | | |
|--|-----|----|
| • RESPs (Registered Education Savings Plan) | YES | NO |
| • RRSPs (Registered Retirement Savings Plan) | YES | NO |
| • RRIFs (Registered Retirement Income Fund) | YES | NO |
| • Life insurance | YES | NO |
| • Pension benefits | YES | NO |
| 16. Do you have a will?
<i>(Please provide a copy)</i> | YES | NO |
| 17. Does your spouse have a will?
<i>(If possible, please provide a copy)</i> | YES | NO |
| 18. Are you presently receiving benefits from an estate or trust? | YES | NO |
| 19. Have you set up a trust to benefit another person?
If yes, please provide particulars: | YES | NO |

20. **Multiple Wills:** please be advised that Multiple Wills are now permitted by law

Multiple Wills means that your testamentary wishes can be divided into a Primary and a Secondary Will. A Secondary Will deals with your interest(s) in a private corporation and can result in saving of estate administration taxes (commonly referred to as "probate fees"). If you want a Secondary Will, additional work will be involved, which may result in a fee higher than what you have been initially quoted.

- | | | |
|--|-----|----|
| Do you have an interest in a private corporation? | YES | NO |
| If yes, do you want a separate will for the private corporation? | YES | NO |

Please specify below (and/or provide original) copies of agreements that affect ownership, such as shareholders agreements, etc.:

PART II:
ASSETS AND LIABILITIES

A. ASSETS

1. **Automobiles and boats:**

<u>Item</u>	<u>In whose name (indicate if jointly held/more than one name)</u>	<u>Value</u>
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2. Approximate value of **household goods and contents:** _____

3. **Real Estate:**

<u>Location</u>	<u>In whose name (indicate if jointly held/more than one name)</u>	<u>Current Value</u>
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4. **Bank Accounts:**

Bank Name:

Account Number:

Bank Address:

In whose name:

Average Balance:

Bank Name:

Account Number:

Bank Address:

In whose name:

Average Balance:

Bank Name:

Account Number:

Bank Address:

In whose name:

Average Balance:

5. **Safety Deposit Box:**

Location:

Box Number:

6. **Life Insurance:**

Company Name:

Policy Number:

Policy Type:

Beneficiary:

Value:

Company Name:

Policy Number:

Policy Type:

Beneficiary:

Value:

Company Name:

Policy Number:

Policy Type:

Beneficiary:

Value:

7. RRSPs, RIFs, Pensions and Annuities:
(Registered Retirement Savings Plan, Retirement Income Fund)

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

8. **RESPs, RDSPs:**
(Registered Education Savings Plan, Registered Disability Savings Plan)

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

Company Name:

Contract Number:

Plan Type:

Beneficiary:

Value:

9. **Investments:**

Stock/Bond:

Company Name:

Original Cost:

Approx. Market Value:

Registered Owner Name:

Stock/Bond:

Company Name:

Original Cost:

Approx. Market Value:

Registered Owner Name:

Stock/Bond:

Company Name:

Original Cost:

Approx. Market Value:

Registered Owner Name:

10. **Loans you made to other people:**

(Please bring a copy of loan document, if you signed one)

Loan Beneficiary

Original Loan Amount

Outstanding Amount

11. **Business Assets**

Sole Proprietorship	YES	NO
Partnership	YES	NO
Corporation	YES	NO

If Corporation, fill out the following:

<u>Name of Company</u>	<u>Number of Shares Held</u>	<u>Owner of Shares</u>
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B. LIABILITIES

1. **Mortgages payable by you:**

Name of Mortgagee	Amount Owning	Is this mortgage registered?
		YES NO
		YES NO
		YES NO

2. **Other Debts:**
(e.g. credit cards, lines of credit, etc.)

<u>Name of Creditor</u>	<u>Amount Owning</u>
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Is any debt (e.g. line of credit) secured by way of collateral mortgage on real property?

	YES	NO
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If so, provide particulars:

C. SUMMARY

Total Value of Assets:

Total Value of Liabilities:

Net Worth:

PART III: **THE WILL PLAN**

Note that you must be at least 18 years of age to sign a WILL

1. **Executors**

(Executor(s) is (are) person(s) who will administer your estate, i.e. collect assets and distribute them according to your Will)

Name of Executor(s) and relationship to you:

Alternate Executor(s)

(if person firstly named has predeceased you or cannot act):

Do either the executor or the alternate live in a jurisdiction outside of Canada? YES NO

If yes, state where:

2. **Disposition of Assets**

If out of province children are to be executors, you will need to deal with the possibility that they may have to post security in order to act in Ontario. There may also be unintended income tax issues if an out of Canada child is a trustee of ongoing trusts.

a. **Payment of all debts**

(Your executor(s) will need to pay all of your debts first – this is standard in all wills.)

b. **Specific bequests of personal items** (e.g.: jewellery, art, automobiles, etc.)

YES NO

If yes, attach list or specify here:

Please indicate if you would like your spouse or partner to have all personal articles first, and only upon his/her death are specific bequests to be given.

YES NO

c. **Specific monetary bequests.**

YES NO

Name of Beneficiary/Charity	Relationship	Value
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d. **Remainder:**

i. To spouse / partner, and if spouse / partner predeceases, then to children equally?

YES NO

OR

ii. if no spouse / partner, then equally between children?

YES NO

If a child should die before inheriting:

- deceased child's share to your surviving children

YES NO

OR

- deceased child's share to their children (i.e.: your grandchildren) and then to the survivor(s) of your children if no grandchildren

YES NO

Please list names and ages of grandchildren if you want them specifically named in your Will:

Name	Age
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AND/OR

iii. Other - Charity, Not-for-Profit, Other Relatives/Friends

AND/OR

iv. Loans owed to you (i.e. how do you want them to be dealt with on death?)

3. **Other**

- a. **Infants Clause:** If any child could inherit, at what age do you want them to inherit?

Age 18

Age 21

Age 25

Age 30

Other

Specify age: _____

- b. **Investments**

If your Executor is required to invest funds, do you want them to have unrestricted power to invest as they see fit? YES NO

OR

Do you prefer very restricted powers under the *Trustees Act*? YES NO

- c. **Guardianship**

Do you wish to appoint a guardian for your children under the age of 18 years old? YES NO

Name of proposed guardian:

Relationship:

Name of proposed guardian:

Relationship:

- d. **Corporation**

If you own shares in a private corporation, do you have any special instructions with respect to those shares and/or the operation of the business? YES NO

- e. **Burial Instructions**

Do you have specific instructions with respect to your burial and/or funeral arrangements? YES NO

- f. **Additional clauses:**

(e.g. RRSP'S, Insurance, Legitimate children only to inherit, etc.)

QUESTIONS:

Do you have any specific questions that you need answers to at this time? YES NO

Do you want an appointment to discuss the issues prior to receiving a draft will? YES NO

Please note that under the *Family Law Act*, R.S.O. 1990, a legal spouse could be entitled to one-half of the net family property. Your Will on its own cannot override the *Family Law Act*.

PART IV:
POWERS OF ATTORNEY

Power of Attorney for Personal Care

(This document another person(s) to make decisions related to your personal care when you are alive but not capable of deciding for yourself (ie. shelter, nutrition, clothing, consents medical treatment, etc.)

****Please Note that you must be at least 16 years of age to sign this document****

1. Do you already have a Power of Attorney for Personal Care? YES NO

Do you want it to be revoked? YES NO

2. Name of Attorney(s) to be appointed:

Name: Relationship:

Name: Relationship:

Name: Relationship:

a. If more than one attorney named, do you want them to act:

Together

Either one of them alone

Both jointly and severally

b. If more than one attorney named dies before you or is unable to act, will the survivor act alone without the need for appointing another?

YES NO

3. Alternate Attorney (if the attorney(s) firstly named predecease you or are unable to act):

Name: Relationship:

Name: Relationship:

Name: Relationship:

4. Last Surviving Attorney has the Power to appoint substitute? YES NO

5. Conditions, restrictions, or specific instructions regarding your personal care?

6. Include Organ Donations? YES NO

7. Do you wish to give your attorney a medical directive, ie: in the event you are suffering from an incurable illness or injury regarded as terminal, you do not wish to artificially prolong the dying process and life sustaining procedures are to be withheld or withdrawn, and only wish to be kept free of pain?
YES NO

Would you like to give any additional medical directions?

8. Do you wish your attorney to be entitled to compensation (i.e. to be paid for their time spent in acting as your Attorney for Personal Care)? YES NO

If yes, choose one of the following:

a. Fair and Reasonable compensation for time spent

b. Out of Pocket reimbursement

c. Other

Please specify:

If not compensated, do you want the attorney to be reimbursed for all out of pocket expenses (i.e. mileage, etc.)? YES NO

Power of Attorney for Property

(This document allows another person(s) to make decisions related to your property and finances.)

****Please Note that you must be at least 18 years of age to sign this document**

1. Do you already have a Power of Attorney for Property? YES NO
 Do you want it to be revoked YES NO

2. Name of Attorney(s) to be appointed:

Name: Relationship:

Name: Relationship:

Name: Relationship:

- a. If more than one attorney named, do you want them to act:

Together

Either one of them alone

Both jointly and severally

- b. If more than one attorney named dies before you or is unable to act, will the survivor act alone without the need for appointing another? YES NO

3. Alternate Attorney (if the attorney(s) firstly named predecease you or are unable to act):

Name: Relationship:

Name: Relationship:

Name: Relationship:

4. Last Surviving Attorney has the Power to appoint substitute? YES NO
 5. Do you want to give your attorney the power to make gifts or loans? YES NO

If yes, who can your attorney make gifts or loans to (check **all** that apply):

Your children

Relatives

Friends

Charitable donations

6. Do you want your Power of Attorney for Property to contain any restrictions or conditions: YES NO

If YES, please specify:

7. The law allows your attorney to be financially compensated for acting as your Attorney for Property. Is this acceptable to you? YES NO

8. Do you wish the Power of Attorney for Property to be effective (*choose **one***):
- a. On signing
 - b. Upon an assessment that you are mentally incapable of managing your property

Date of Instructions

x_____
Signature for instructions