



201-4 Hughson Street South, Hamilton, ON L8N3Z1
 905 525 8873 (Office) 905 525 7737 (Fax)
 and
 203-94 Garland Avenue, Dartmouth NS B3B 0A7
 902.404.3150 (Office)
 Email to info@dcllaw.ca

Questionnaire - Estate + Tax Planning

Please complete this and fax or email it to us prior to our first meeting with you. Skip any questions that do not apply and feel free to add any other information at the end. We will protect your information and assure you of strict confidentiality. Ensure all names are spelled correctly. If you have any questions in filling out this questionnaire, please contact us at 905 525 8873.

Date of this Questionnaire: _____ (mm/dd/yyyy)

Personal Information

About You

Full Name: _____
 Surname First name M.I.

Address: _____
 Street Address Unit No.

 City Prov. Postal Code

Telephone: (____) _____ (____) _____ (____) _____
 Home Mobile Alternate

Email: _____ Birth date: _____ (mm/dd/yyyy)

Birthplace: _____ Citizenship: _____ Marital Status: _____

Your Occupation: _____ Your Employer: _____

About Your Spouse (in this Questionnaire, Spouse includes your Common Law Partner)

Full Name: _____
 Surname First name M.I.

Address: _____
 Street Address Unit No.

 City Prov. Postal Code

Telephone: (____) _____ (____) _____ (____) _____
 Home Mobile Alternate

Email: _____ Birth date: _____ (mm/dd/yyyy)

Birthplace: _____ Citizenship: _____ Marital Status: _____

Occupation: _____ Spouse's Employer: _____

Marriage Information

We are Married () OR We are Living Common Law ()

We have a Pre-nuptial Agreement Yes () No () We have a Co-habitation Agreement Yes () No ()

Please provide a copy of these Agreements if they exist.

	You	Your Spouse
Previously Married?	Yes () No ()	Yes () No ()
Name of former Spouse		

Children of Your Current Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

Children from Your Previous Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

Children from Your Spouse's Previous Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

List below the details of anyone else who will be part of your Estate Plan (Parents, grandchildren etc.)

Full Name of Person	Current Address	Birth date (mm/dd/yyyy)	Relationship to You or Spouse

Do you or your Spouse have any financial support obligations for any child or other person? Yes () No ()

Do you or your Spouse receive any financial support from another person? Yes () No ()

If yes, please provide a copy of any Agreement or Court Order setting out the terms of financial support.

Is anyone born outside marriage and never adopted? Yes () No ()

If yes, please provide particulars of this person.

Is anyone related to you or your Spouse under a disability (physical, emotional etc.) Yes () No ()
 If yes, please provide particulars of this person.

Have either of you or your Spouse been appointed as an Attorney under any Power of Attorney or as an Executor/Trustee under a Last Will and Testament? If yes, please provide particulars of this or these appointment(s).

About Your Holdings and Assets

Canadian Real Estate Holdings

Property 1

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

Property 2

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

Property 3

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

Real Estate Holdings – Outside of Canada

Property 1

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

Property 2

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

Property 3

Street Address	
City	
Owner(s) (Registered)	
If more than one registered Owner	Held as Joint Tenants () OR as Tenants in Common ()
Main Family Residence	Yes () No ()
Secondary – Used by the Family	Yes () No ()
Non-family Use (Investment etc.)	Reason for Owning:
Estimated Market Value – Land and Building	\$ Year Acquired:
Estimated Market Value – Contents	\$
Mortgages/Loans secured by this property (1)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)
(2)	\$ Annual Interest Rate: % Maturity Date: (mm/dd/yyyy)

If any of the Real Estate Holdings are owned by a Corporation or owned in common with business partners or other third parties, please provide particulars:

About Your Holdings and Assets (Continued)

Investments

Non- Registered Investments (Stock market, Fixed Income, Regular Bank Accounts, Monies owed to you etc.)

1	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

2	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

3	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

4	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

Non- Registered Investments (Stock market, Fixed Income, Regular Bank Accounts, Monies owed to you etc.) - Continued

5	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

6	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

7	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

8	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes () No ()	Yes () No ()	Yes () No ()
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$	Yes () No () If yes, Amount \$

Registered Investments (RSP, RIF, RESP, TSFA, Corporate Pension Plan etc.)

1	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

2	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

3	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

4	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

5	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

6	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes () No () Amount \$	Yes () No () Amount \$

About Your Holdings and Assets (Continued)

If You or your Spouse Own a Business

1	Owned by you	Owned by your Spouse
Name of the Business		
Type of Company	Sole Owner () Partnership () Corporation ()	Sole Owner () Partnership () Corporation ()
Names of Others Involved		
Value of the Business	\$	\$
Value of your Share	\$	\$
Buy/Sell Agreement	Yes () No ()	Yes () No ()

2	Owned by you	Owned by your Spouse
Name of the Business		
Type of Company	Sole Owner () Partnership () Corporation ()	Sole Owner () Partnership () Corporation ()
Names of Others Involved		
Value of the Business	\$	\$
Value of your Share	\$	\$
Buy/Sell Agreement	Yes () No ()	Yes () No ()

Life Insurance

1	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life () Term -Individual () Term - Group ()	Whole Life () Term -Individual () Term - Group ()
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable () Irrevocable ()	Revocable () Irrevocable ()
Are premiums still Payable?	Yes () No ()	Yes () No ()
Cash Surrender Value CSV	\$	\$

2	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life () Term -Individual () Term - Group ()	Whole Life () Term -Individual () Term - Group ()
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable () Irrevocable ()	Revocable () Irrevocable ()
Are premiums still Payable?	Yes () No ()	Yes () No ()
Cash Surrender Value CSV	\$	\$

3	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life () Term -Individual () Term - Group ()	Whole Life () Term -Individual () Term - Group ()
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable () Irrevocable ()	Revocable () Irrevocable ()
Are premiums still Payable?	Yes () No ()	Yes () No ()
Cash Surrender Value CSV	\$	\$

Other Assets Not Already Listed by You

	You	Your Spouse
Vehicles		
Brief Description		
Value	\$	\$
Boats, Airplanes, RV's etc		
Brief Description		
Value	\$	\$
Fine Art, Antiques, Jewelry		
Brief Description		
Value	\$	\$
Money Loaned to Others		
Brief Description		
Amount of Loan	\$	\$
Other Asset		
Brief Description		
Value	\$	\$

Safety Deposit Boxes

	You	Your Spouse
Location		
Brief Description of Contents		
Key – Location/Holder		

Financial Advisors

	You	Your Spouse
Name of Insurance Broker – Casualty (Fire, Theft etc)		
Telephone and/or email		
Name of Insurance Broker – Life Insurance		
Telephone and/or email		
Name of Accountant		
Telephone and/or email		
Name of Investment Advisor		
Telephone and/or email		
Name of Bank Contact		
Telephone and/or email		
Name of Lawyer – Prior Will or estate plan		
Telephone and/or email		

Debt, Loans Outstanding and Liabilities

1	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

2	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

3	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

4	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

5	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

Your Sources of Income

Last Calendar Year	You	Your Spouse
T4 Income	\$	\$
Business Income (not T4)	\$	\$
Net Rental Income	\$	\$
Pension Income	\$	\$
Dividend Income	\$	\$
Interest Income	\$	\$
Capital Gains Income	\$	\$

Your Last Will and Testament (“Will”)

If you or your Spouse currently have a Will, please provide a copy to us.

IT IS IMPORTANT TO REALIZE that any property or investment which is held jointly (with right of survivorship) OR has a valid Beneficiary Designation **WILL NOT** be distributed in accordance with your Will.

Administration of Your Estate (Executor)

You may choose one or more trusted persons to administer your estate. We recommend choosing several persons in succession and/or a corporate executor. More complex estates will benefit from administration by a professional person or corporate executor. Although it is quite typical that a surviving spouse is named as the Primary Executor with your adult children being named as Alternate Executor, we will explain the options available to you in the context of your particular estate. For now, please state your preferences:

	For Your Estate	For Your Spouse’s Estate
Name(s) of Executor (Primary)		
Address		
Relationship to You/Your Spouse		
If Your Primary Executor(s) is/are unable or unwilling to act: Name(s) of First Alternate		
Address		
Relationship to You/Your Spouse		
If Your First Alternate Executor(s) is/are unable or unwilling to act: Name of Second Alternate		
Address		
Relationship to You/Your Spouse		

Special Instructions to your Executor(s) (e.g. Burial/Cremation Arrangements)

Specified Gifts of Money or Personal Items (“Bequests”)

From You

Description of the Gift/Bequest	Name of the Recipient (“Beneficiary”)	Relationship of Recipient to You

From Your Spouse

Description of the Gift/Bequest	Name of the Recipient (“Beneficiary”)	Relationship of Recipient to Your Spouse

Dependent Children

Do you wish to include a clause in your Will regarding the Guardianship of Dependent Children? Yes () No ()

How do you intend to distribute the Balance of your Estate:

How does your Spouse intend to distribute the Balance of his/her Estate:

Charitable Giving

Do you or your spouse intend to make a gift to a Charity? If so, set out the name(s) of the Charity(s), the amount(s) of the gift(s) and the conditions applicable to the gift(s) (e.g. outright gift to a specific Charity or a gift to a specific Charity which is conditional upon the failure of any gift or distribution under your Will):

Disaster Clause

In the event that all of your named Beneficiaries have not survived you or your Spouse (e.g. the tragedy of a common accident or disaster), to whom would you and your Spouse wish to give any part of your Estate?

Your Power of Attorney

A Power of Attorney is a document whereby a person appoints another person or persons to act or make important decisions on his/her behalf. A Power of Attorney may be a convenience (e.g. if a person is traveling and not available to sign certain documentation) or a necessity because the person is ill and unable to sign documents or make any important decision.

There are two common types of Powers of Attorney:

1. Regarding financial or property decisions ("Power of Attorney for Property"); and
2. Regarding healthcare decisions where the person is not able, due to mental or physical condition, to instruct doctors and hospitals concerning medical treatment ("Power of Attorney for Personal Care").

For You

Who do you wish to appoint in your Power of Attorney for Property? _____

If you wish to appoint more than one person, do you wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly () Severally ()

Who do you wish to appoint in your Power of Attorney for Personal Care?

Do you wish to appoint an Alternate person in your Power of Attorney for Personal Care? If so, who do you wish to appoint in the alternative?

If you wish to appoint more than one person in your Power of Attorney for Personal Care, do you wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly () Severally ()

For Your Spouse

Who does your Spouse wish to appoint in his/her Power of Attorney for Property?

If more than one person, does your Spouse wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly () Severally ()

Who does your Spouse wish to appoint in his/her Power of Attorney for Personal Care?

Does your Spouse wish to appoint an Alternate person in his/her Power of Attorney for Personal Care? If so, who does he/she wish to appoint in the alternative?

If more than one person, does your Spouse wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly () Severally ()

Personal Goals of Your Estate Plan

List the particular concerns you wished addressed in your Estate planning efforts:

Consent to Joint Retainer

Where more than one person is supplying information in this Questionnaire (i.e. Spouses or Life Partners), the option exists to have each person represented by his or her own counsel. If both persons wish our law firm to act on behalf of both of them, we will ask that a "Consent to Joint Retainer" be signed which authorizes our law firm to act on behalf of both persons unless a conflict arises which could give rise to separate representation.

If more than one person is completing this Questionnaire, a "Joint Retainer" arrangement is acceptable to them

Yes () No ()