



Integrity, Competence and a Passion for Justice

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Estate Planning Questionnaire (Individual)

Please complete the following questionnaire to the best of your ability and return it to us prior to our meeting. This questionnaire will be used as a starting point for our discussion.

DATE: _____

I. PERSONAL INFORMATION

CLIENT

NAME: (Full legal name and any other name variations ("also known as") used on your bank accounts, to register a vehicle or residence, or anywhere else)

PRONOUN

[] He/Him [] She/Her [] They/Them [] Other: _____

ADDRESS (including your postal code): (Please indicate alternate address if you split your residence between more than one place):

TELEPHONE:

(HOME) _____ (OFFICE) _____

(MOBILE) _____

FAX: (HOME) _____ (OFFICE) _____

EMAIL: _____

Do you agree to receive all correspondence through email? [] YES [] NO
Postage and courier fees will otherwise be added as disbursements to your invoices

OCCUPATION: _____ EMPLOYER: _____
 DATE OF BIRTH (dd/mm/yyyy): _____ PLACE OF BIRTH: _____
 MARITAL STATUS: ENGAGED MARRIED COHABITING/Common Law
 CITIZENSHIP(S): _____

II. FORMER SPOUSE(S) *(Please complete if applicable)*

NAME(S) _____

SEPARATION DATE (DD/MM/YYYY): _____

CHILDREN OF RELATIONSHIP: _____

Have you signed a separation agreement? YES NO
 Are there any on-going family law proceedings? Have you been married previously? YES NO
 Do you have any family maintenance obligations (ex. spousal or child support payments) with respect any former relationships? YES NO

Please provide us with a copy of any marriage, separation, or property settlement agreements.

III. CHILDREN: *Please list your children (include any adopted children)*

<u>Name</u>	<u>Date of Birth</u>	<u>Citizenship</u>	<u>Residence</u>	<u>Parents</u>

Please indicate if any of your children have a disability, marital difficulties or are deceased.
 Kindly, indicate if your children have plans to marry or cohabitate:

OTHER DEPENDENTS

Is someone not already listed above dependent upon you for financial assistance? YES NO
 If yes, please provide details of the relationship: _____

ASSISTED REPRODUCTION

I wish to discuss how to deal with reproductive rights or material in my Will: YES NO

IV. COMMON LAW RELATIONSHIPS *(Please complete if applicable)*

How long have you been cohabiting with your spouse or partner? _____

Do you have a cohabitation agreement? *If so, please provide us with a copy.* YES NO

V. OTHER LEGAL OBLIGATIONS

Let us know if you are currently a guardian of a minor child, committee of an incapacitated adult, executor or administrator of an estate, attorney pursuant to an Enduring Power of Attorney, or a trustee of a trust.

If so, please provide details:

VI. ASSETS

Please indicate which of the following assets you own and include their location, the name(s) in which they are held (i.e. your name, your spouse, joint names as joint tenants or tenants in common). If you have additional assets, please attach a separate listing.

A. REAL ESTATE

PROPERTY #1

Type: RESIDENCE RECREATIONAL INVESTMENT OTHER

Name of owner(s): _____

Manner of ownership: Sole Owner Joint Tenants Tenants in Common

Street address: _____

Value: _____ Mortgage balance: _____

Is the mortgage life insured? YES NO NA

PROPERTY #2

Type: RESIDENCE RECREATIONAL INVESTMENT OTHER

Name of owner(s): _____

Manner of ownership: Sole Owner Joint Tenants Tenants in Common

Street address: _____

Value: _____ Mortgage balance: _____

Is the mortgage life insured? YES NO NA

PROPERTY #3

Type: RESIDENCE RECREATIONAL INVESTMENT OTHER

Name of owner(s): _____

Manner of ownership: Sole Owner Joint Tenants Tenants in Common

Street address: _____

Value: _____ Mortgage balance: _____

Is the mortgage life insured? YES NO NA

Other interests in real estate:

Have you entered into any purchase agreements? YES NO

Have you granted any option to buy any other real property? YES NO

Have you received a life interest or long-term lease on any property? YES NO

Have you sold any property by way of an ongoing agreement for sale? YES NO

B. BUSINESS INTERESTS

Unincorporated Business (i.e. Sole Proprietorship)

Name of owner(s): _____

Name of business: _____

Estimated net value of business: _____ Original cost or ACB: _____

Interest in a Partnership

Name of owner(s): _____

Name of business: _____

Estimated net value of business: _____ Original cost or ACB: _____

Partnership agreement? YES NO If yes, please provide a copy.

Is the interest life insured? YES NO

Significant Interest in a Corporation (Public or Private), including Stock Options

Name of shareholder(s): _____

Your percent of ownership: _____

Name of company: _____

Net value of your ownership interest: _____

Original cost or ACB of your ownership interest: _____

Is there a restriction on sale? SHAREHOLDERS AGREEMENT BUY-SELL AGREEMENT
 OTHER Please provide copies of any agreements

Is the interest life insured? YES NO (Is options – vested YES NO)

C. CASH AND SECURITIES

NON-REGISTERED ACCOUNTS (if accounts are in more than one name, please indicate nature of interest, i.e., joint tenants or purely for convenience)

Name of Bank	Type of Account	Current Balance	Name(s) on Account

REGISTERED ACCOUNTS (i.e. RRSP, RRIF, LIF, TFSA, RESP)

Name of Bank	Type of Account	Current Balance	Beneficiary(ies)*

**include contingent beneficiaries, if any*

***you should not list your minor children as beneficiaries of your registered accounts, other than your RESP*

PENSIONS

Owner of Pension	Pension Provider	Current Value	Beneficiary(ies)

LIFE INSURANCE *(include policies provided through employment-based extended health benefits, and on your mortgage or credit cards)*

Description	Estimated Value	Owner	Beneficiary(ies)

D. OTHER ASSETS

Do you have any personal loans owing to you by anyone? If so, please provide particulars:

Do you wish for these loans to be forgiven by your estate? YES NO

Do you wish for these loans to be taken into account in the overall distribution of your estate among the residue beneficiaries (hotchpotting)? YES NO

E. DEBTS

Do you have any significant debts or liabilities? If so, please provide particulars:

VII. WILLS INSTRUCTIONS

A. Executor(s)

Who do you want to be the executor(s) of your estate?

Name	Address	Relationship	Primary, alternate or act together

Do you wish to specify the amount of compensation your executor(s) can collect? YES NO

If so, please state the dollar amount or percentage of your estate the executor(s) can collect as compensation:

Note: If your Will is silent on this issue, an executor and trustee may claim a maximum fee of 5% of the gross value of your estate plus an annual care and management fee of a maximum of 0.4% of the assets under management in addition to reimbursement for reasonable expenses.

If your executor(s) is also a beneficiary under your Will, do you wish for them to receive compensation in addition to the gift they receive? YES NO

B. Guardian(s)

If you have minor children (under 19 years), who do you wish to appoint as guardian of your minor children?
Please note: it is recommended to appoint an individual instead of a couple.

Name	Address	Relationship	Primary or alternate

C. Pet(s)

Do you wish to appoint a guardian or beneficiary of any/all of your pets? YES NO

Do you wish to set aside money for their care? YES NO

If so, how much will you set aside? _____

Pet Name	Pet type	Name of Guardian	Relationship	Primary or Alternate

D. Specific Gifts of Personal Property

Do you wish to make specific gifts (i.e. of jewelry, artwork, vehicles, etc.) to named beneficiaries?

Item	Approx. Value	Beneficiary	Address	Relationship

You can discuss with the lawyer whether to instead prepare a letter of wishes to guide the executor in how to divide up your personal articles. You can also discuss whether these gifts are conditional on your spouse predeceasing.

E. Gifts of Real Estate/Land

Do you wish to give real property to a beneficiary? Indicate whether you wish to give an outright gift, the right to live in the property for life or some lesser period, or some other gift.

Address	Approx. Value	Outright gift, life interest, etc.	Beneficiary	Relationship

You can discuss with the lawyer whether these gifts are conditional on your spouse predeceasing.

F. Specific Gifts of Cash (to an individual or charity)

Do you wish to leave a cash gift to anyone (an individual or a charity)? If more space is needed, please attach a separate list.

Beneficiary	Address	Relationship	Amount

You can discuss with the lawyer whether these gifts are conditional on your spouse predeceasing.

G. RRSP/RRIF *(Please complete if applicable)*

You should ensure you have beneficiary(ies) designated on your RRSP/RRIF at the financial institution.

Do you wish to designate an alternate contingent beneficiary in your Will (in the event you and the primary appointed beneficiary die together)? YES NO

If yes, who?

Please note that when an RRSP/RRIF is designated to someone other than your spouse, the entire balance of the RRSP/RRIF will be treated as income in your final income tax return and taxed accordingly, which tax will be payable by your estate. Depending on family dynamics, you may wish to designate your estate as the beneficiary. You may wish to discuss this further with your lawyer.

H. RESP (complete if applicable)

Are you and your spouse the joint subscribers? YES NO

Do you want to designate a successor subscriber? YES NO

If yes, who? _____

Alternatively, you may wish to appoint a joint or successor subscriber with the financial institution now.

I. Pension *(Please complete if applicable)*

In the event your pension pays a benefit to your estate, do you wish to designate a beneficiary in your Will?

If so, whom? _____

J. Disposition of Residue

(Residue is what remains in your estate after the assets are used to pay debts and make specific gifts of property or cash)

1. Provision for spouse: <i>(Please choose one)</i>	
Everything to spouse if he/she/they survives me by 30 days	<input type="checkbox"/>
Everything held in trust for spouse during his/her/their lifetime to provide income with ability to encroach on capital Name of trustee: _____	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
Nothing - Why? _____ _____	<input type="checkbox"/>

2. Provision for Children subject to any gifts to spouse above: <i>(Please choose one)</i>	
Immediate equal division among children, but if any child has predeceased their share to be divided among their living children (grandchildren of will-maker)	<input type="checkbox"/>
Equal division among children in trust until age ____ (ie. 25 or 30 years) with portions paid at the following ages (but if any child has predeceased their share to be divided among their living children, and also held in trust on same terms): _____ % at _____ years, _____ % at _____ years, _____ % at _____ years, remainder at _____ years	<input type="checkbox"/>
Unequal division as follows: _____ _____ Why? _____	<input type="checkbox"/>
Nothing - Why? _____ _____	<input type="checkbox"/>

3. If the provisions made in paragraphs 1. and/or 2. fail (ie. because spouse and children predeceased you or failed to use all of their money in trust before dying) OR these provisions aren't applicable to you, who do you want to receive the residue of your estate (family, friends, charities)?

Name	Address	Relationship	Portion of Estate
If any of these beneficiaries are not living at the time the residue of your estate is distributed, should their children receive their share? <input type="checkbox"/> YES <input type="checkbox"/> NO			

K. Funeral Instructions

Do you have any specific instructions regarding your funeral service or your remains that you wish to include in your will, such as a preference for cremation, burial or green burial? YES NO

If so, please provide particulars:

L. Wills Storage

Where do you plan to store your original Will? Please provide a complete address _____

Note: Please ensure your executors know where your Will is located and can access it. We cannot store your Will or any Estate Planning documents at our law office.

VIII. INCAPACITY PLANNING

a. Enduring Power of Attorney

Do you have an Enduring Power of Attorney? YES NO

If yes, please provide us with a copy.

Do you wish to name attorneys to manage your legal and financial affairs, while you are alive (for example, while you are on vacation or unavailable)? YES NO

Do you want your attorney(s) to be compensated? YES NO

Name	Address	Relationship	Primary, alternate or act together

b. S. 9 Representation Agreement (for health and personal care decisions)

Have you entered into a Representation Agreement in which you name one or more persons as your Representative(s) for personal, medical or financial decision making? YES NO
 If yes, please provide us with a copy.

Note: basic financial decision-making authority can be provided for in a S.7 Representation Agreement when someone does not have the capacity to sign an Enduring Power of Attorney.

If you would like us to prepare a S. 9 Representation Agreement with respect to your personal and health care decision-making authority, please provide us with information concerning your Representative:

Name	Address	Relationship	Primary, alternate or act together

Please provide the phone number and birthdates of your Representatives:

Phone numbers: _____

Birthdates: _____

Do you have any other instructions or concerns relating to your estate plan?
