**ESTATE PLANNER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Date: |  |

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| --- |
| **PERSONAL INFORMATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Spouses’ Name: |  |
| Other names/previous surnames |  |  | Other names/previous surnames |  |
| Date of Birth: |  |  | Date of Birth: |  |
| Place of Birth: |  |  | Place of Birth: |  |
| Citizenship: |  |  | Citizenship: |  |
| SIN: |  |  | SIN: |  |
| Address: |  |
| Home Phone: |  |  | Home Fax: |  |
| E-mail: |  |  | E-mail: |  |
| Business Phone: |  |  | Business Phone: |  |
| Cell Phone: |  |  | Cell Phone: |  |
| Occupation: |  |  | Occupation: |  |
| Employer: |  |  | Employer: |  |
| Employer’s Address: |  |  | Employer’s Address: |  |
| Marital Status: |  |  | Marital Status: |  |
| Date and Place of Marriage: |  |
| Previous Marriage: | YES / NO |  | Previous Marriage: | YES / NO |
| If yes, name of previous spouse and date of death/divorce/separation |  |  | If yes, name of previous spouse and date of death/divorce/separation |  |
|  |  |
| Obligations pursuant to previous marriages (e.g. spousal & child maintenance, Orders in place?): | YES / NO |  | Obligations pursuant to previous marriages (e.g. spousal & child maintenance, Orders in place?): | YES / NO |
| Details: |  |  | Details: |  |
| If you are single, separated or divorced: |  |  |  |
| * Are you planning on marrying in the near future?
 | YES / NO |  | If yes, to whom: |  |
| * Are you now cohabitating with anyone?
 | YES / NO |  | If yes, to whom and how long? |  |

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| **CHILDREN** |

|  |  |  |
| --- | --- | --- |
| Total number of children (including stepchildren): |  |  |
| Indicate beside each name if the child is: | From your present marriage (M)Adopted (A)Step-child (SC)Child from a previous relationship (PR) |
| 1 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
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| --- | --- | --- | --- |
| 4 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
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| --- | --- | --- | --- |
| 5 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
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| --- | --- | --- | --- |
| 6 | Full Name: |  | M / A / SC / PR |
|  | Address: |  |
|  | Date of Birth: |  | Marital Status: |  | Spouse’s Name: |  |
|  | Names & Ages of their children? |  |
|  |  |
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|  |  |
| --- | --- |
| Are there any stepchildren, adopted children or other children of either spouse? | YES / NO |
| Are you responsible for any other children? (i.e. are you a guardian for any minor children?) | YES / NO |
| Are any of your grandchildren adopted, born outside of marriage or step-grandchildren? | YES / NO |
| If yes to any of the above questions, please give details: |
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| --- | --- |
| Are any of the children or grandchildren mentally or physically disabled? | YES / NO |
| If yes, please describe: |
|  |
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| --- | --- |
| Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? | YES / NO |
| If yes, please explain: |
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| --- | --- |
| Have any of your children predeceased you? | YES / NO |
| If yes, please give the name and date of death of the deceased child and then names of their children, if any: |
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| **FINANCIAL INFORMATION** |

The following section provides a record of your assets for your Executor. It also provides us with information to assist you in planning the succession of your business and your estate. If you require additional space to answer the following sections, please continue the list on a separate paper.

In the left margin please indicate ownership of assets:

 JT = Joint Tenancy (i.e. with right of survivorship)

 TC = Tenancy in Common

 H = property owned by Husband

 W = property owned by Wife

 O = Other – property owned with someone other than a spouse

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| **REAL ESTATE** |

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| --- | --- | --- | --- | --- |
|  |  | **Principal Residence:** | **Current Market Value** | **Mortgage Amount Owing** |
| JT / TC | Municipal Address: |  |  |  |
| H/W/O |
| JT / TC | Legal Description: |  |  |  |
| H/W/O |
| JT / TC | Names on Title |  |  |  |
| H/W/O |

|  |  |
| --- | --- |
| Is/are the mortgage(s) life insured? | YES / NO |
| Has any of your land been acquired by gift or inheritance? | YES / NO |
| If yes, please provide details: | YES / NO |
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| **OTHER REAL ESTATE** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Legal Description** | **Date of Purchase** | **Acquisition Cost** | **FMV** | **Mortgage Amount** |
| 1 |  |  |  |  |  |
|  | Registered Owners: |
| 2 |  |  |  |  |  |
|  | Registered Owners: |
| 3 |  |  |  |  |  |
|  | Registered Owners: |
| 4 |  |  |  |  |  |
|  | Registered Owners: |

|  |  |
| --- | --- |
| Is any of your property rented to others? | YES / NO |
| Do you rent any land from others? | YES / NO |

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| **DEBTS OWED TO YOU** |

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| --- | --- |
| Does anybody owe money to you?(e.g. personal loans, promissory notes, mortgages, agreements for sale, unpaid rent, sale of equipment or livestock, etc.) | YES / NO |
| If yes, please provide details: |
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| **BANK ACCOUNTS** |

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| --- | --- |
| **Bank Name & Address** | **Account Number** |
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|  |  |  |
| --- | --- | --- |
| Approximate current balance of all accounts: | $ |  |

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| **GUARANTEED INVESTMENT CERTIFICATE AND TERM DEPOSITS** |

|  |  |
| --- | --- |
| **Financial Institution & Address** | **Account Number** |
|  |  |
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|  |  |  |
| --- | --- | --- |
| Approximate current balance of all accounts: | $ |  |

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| **REGISTERED RETIREMENT SAVINGS PLANS / REGISTERED RETIREMENT INCOME FUNDS /****TAX FREE SAVINGS ACCOUNTS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Institution** | **Address** | **Current Value** | **Beneficiary** |
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| **LIFE INSURANCE POLICIES** |

If group insurance through employer please indicate type: Term (T) or Permanent (P)

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| --- | --- | --- | --- |
| **Insurance Company** | **Policy Number** | **Face Value** | **Beneficiary** |
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| **PENSION PLANS** |

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| **Company** | **Current Value** | **Beneficiary** |
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| Ask your employer what legislation governs your pension plan. |
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| **ANNUITY CONTRACTS** |

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| --- | --- | --- | --- | --- |
| **Company** | **Type of Plan** | **Value** | **Monthly Payment** | **Beneficiary** |
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| **SHARES IN PRIVATE CORPORATIONS** |

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| --- |
| Describe full name of corporation, shareholders, number and type of share owned by each shareholder, nature of business, assets owned by corporation, acquisition cost and current value: |
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| --- | --- |
| Is Walsh LLP the registered office? | YES / NO |
| Are there any restrictions on transfer? |  |
| Is there a buy/sell or unanimous shareholders agreement? |  |
| If yes, is it life insurance funded or otherwise funded? |  |
| Is your corporation registered to collect Goods and Services Tax? |  |
| If yes, what is the GST registration number?  |  |
| Are any of your children involved with the business carried on by the corporation? |  |
| If yes, please provide details:  |
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| **SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES** |

(Do not list all shares if portfolio changes regular)

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| --- | --- | --- |
| Approximate Current Value of Portfolio: | $ |  |
| Location of Share Certificates |  |  |
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| **VALUABLE PERSONAL PROPERTY** |

(e.g. heirlooms, jewellery, art, silverware, coins, etc.)

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| --- | --- | --- | --- |
| **Description** | **Location of Property** | **Acquisition Cost** | **Current Value** |
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| Other assets not listed above: |
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| --- | --- | --- |
| 1 | Have you an interest in mines and minerals? | YES / NO |
| 2 | Have you an interest in any assets outside Alberta? | YES / NO |
| 3 | Have you an interest in any assets outside Canada? | YES / NO |
| 4 | Have you an interest in another estate or trust? | YES / NO |
| 5 | Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? | YES / NO |
| 6 | Are you the owner of a life insurance policy on the life of another person? | YES / NO |

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| If yes to any of the above questions, please give details: |
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| **SAFETY DEPOSIT BOX** |

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| --- | --- | --- | --- |
| **Location** | **Box Number** | **Registered Name(s)** | **Location of Keys** |
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| **LIABILITIES** |

Please indicate your land loans, mortgages, equipment loans, line or credit or other loans.

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| --- | --- | --- |
| **Creditor** | **Amount** | **Due Date** |
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| Other Obligations: (e.g. Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Canada Revenue Agency, etc.) |
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| --- | --- |
| Are any of your debts life insured? | YES / NO |
| Do you have any credit which pays life insurance benefits? (e.g. if used to purchase an airline ticket?) | YES / NO |
| If yes, please describe: |
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| **PERSONAL ADVISORS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accountant | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Stock Broker / Financial Advisor | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Life Insurance Agent | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Property Insurance Agent | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| General Physician | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Specialist Physician | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Other | Name: |  | Company: |  |
| Address: |  | Phone: |  |
| Other | Name: |  | Company: |  |
| Address: |  | Phone: |  |

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| **FUNERAL ARRANGEMENTS** |

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| --- | --- |
| Have you pre-arranged your funeral: | YES / NO |
| Details: |
|  |
|  |

Please provide us with a copy of any of the following documents which pertain to your circumstances:

|  |  |  |
| --- | --- | --- |
| **Matrimonial Documents:**Prenuptial AgreementPostnuptial AgreementCohabitation AgreementDivorce DecreeSeparation AgreementMinutes of SettlementCourt Order for Child or Spousal Support | **Business Documents:**Shareholder AgreementsBuy-Sell AgreementsPartnership Agreements**Estate Planning Documents:**Will + Codicil(s)Enduring Power of AttorneyPersonal Directive | **Trust Documents:** Trust Agreement in which you are named as the Trustee of have a beneficial interest.Will of a deceased person which names you as a Trustee or beneficiary. |

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| **INSTRUCTIONS FOR WILL** |

|  |  |
| --- | --- |
| Do you now have a Will? | YES / NO |
| Do you wish to store your new Will in our vault? There is no charge for this service. | YES / NO |
| Reason for a new Will: |
|  |
|  |

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| **EXECUTOR(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |
| --- |
| **ALTERNATE EXECUTOR(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |
| --- | --- |
| Have all of your executors been asked and are they willing to act as your executor? | YES / NO |

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| --- |
| **GUARDIAN(S) FOR MINOR CHILDREN** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

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| --- |
| **ALTERNATE GUARDIAN(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

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| --- | --- |
| Have all the Guardians been asked and are they willing to Act? | YES / NO |
| Do they have enough room in the house to add your children? | YES / NO |

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| --- |
| **OTHER BENEFICIARIES** |

\*\* If more space is required, please attach details on a separate page

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| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

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| **INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY** |

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| **PRIMARY ATTORNEY** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

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| --- |
| **ALTERNATE ATTORNEY(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |
| --- | --- |
| Have all of your Attorneys been asked and are they willing to Act? | YES / NO |
| When do you wish your enduring power of attorney to come into effect? | Please check one: |

|  |  |
| --- | --- |
| a) | **Immediate Enduring Power of Attorney**: comes into effect immediately upon signing the document and continues even though you become mentally incapable after signing the enduring power of attorney. |[ ]
| b) | **Springing Enduring Power of Attorney**: comes into effect only when you become mentally incapable of making reasonable judgments about your property. |[ ]

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| **INSTRUCTIONS FOR PERSONAL DIRECTIVE** |

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| **PRIMARY AGENT** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |
| --- |
| **ALTERNATE AGENT(S)** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Full Name: |  |  |
|  | Address: |  |
|  | Occupation: |  | Relationship: |  | Phone: |  |

|  |  |
| --- | --- |
| Have all of your Agents been asked and are they willing to Act? | YES / NO |