

**SPRY HAWKINS MICNER**

Barrister and Solicitor

Notary Public

**ESTATE PLANNING INFORMATION SHEET**

Date of appointment/meeting: \_\_\_\_\_

Your full legal name: \_\_\_\_\_

(If applicable) Spouse/partner full legal name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Cell no. : \_\_\_\_\_

Spouse/Partner cell no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Spouse/Partner e-mail: \_\_\_\_\_

Date of Marriage or date commenced living together: \_\_\_\_\_

Place of marriage (if married): \_\_\_\_\_

*Documents you are considering making:*

Will(s) \_\_\_\_\_

POA(s) \_\_\_\_\_

Rep Agreement(s) \_\_\_\_\_

Title(s) \_\_\_\_\_

**Children**

1. Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Children of his/her own? \_\_\_\_\_

- How many \_\_\_\_\_

- Minors? \_\_\_\_\_

Changes coming?

(Job, separation) \_\_\_\_\_

2. Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Children of his/her own? \_\_\_\_\_

- How many \_\_\_\_\_

- Minors? \_\_\_\_\_

Changes coming?

(Job, separation) \_\_\_\_\_

3. Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Children of his/her own? \_\_\_\_\_

- How many \_\_\_\_\_

- Minors? \_\_\_\_\_

Changes coming?

(Job, separation) \_\_\_\_\_

4. Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Children of his/her own? \_\_\_\_\_

- How many \_\_\_\_\_

- Minors? \_\_\_\_\_

Changes coming?

(Job, separation) \_\_\_\_\_

Are any children or grandchildren disabled?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Assets**

A. Real Estate

i) Residence

Address: \_\_\_\_\_

Number of years lived there: \_\_\_\_\_

In whose name(s) is title registered: \_\_\_\_\_

*How is title registered:*

**Joint Tenants:** \_\_\_\_\_ **Tenants in Common:** \_\_\_\_\_

ii) Non-residential property

***Recreational?/ Revenue?*** \_\_\_\_\_

Address: \_\_\_\_\_

Number of years owned: \_\_\_\_\_

(If known) Purchase price: \_\_\_\_\_

Title registered in whose name: \_\_\_\_\_

*How is title registered:*

**Joint Tenants:** \_\_\_\_\_ **Tenants in Common:** \_\_\_\_\_

B. Bank accounts

1. Bank/Credit Union: \_\_\_\_\_

Branch location: \_\_\_\_\_

*Types of accounts:*

Savings: \_\_\_\_\_ Chequing: \_\_\_\_\_

Amount: \_\_\_\_\_

Are any accounts in this Bank/Credit Union **not** joint?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Should they be joint?*

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Bank/Credit Union: \_\_\_\_\_

Branch location: \_\_\_\_\_

*Types of accounts:*

Savings: \_\_\_\_\_ Chequing: \_\_\_\_\_

Amount: \_\_\_\_\_

Are any accounts in this Bank/Credit Union **not** joint?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Should they be joint?*

Yes: \_\_\_\_\_ No: \_\_\_\_\_

## C. Investment accounts

1. Company: \_\_\_\_\_

Types of accounts:

Mutual Funds: \_\_\_\_\_ Other: \_\_\_\_\_

Amount: \_\_\_\_\_

Is the investment account joint?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Should* it be joint?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

## D. Other assets

i) **RRSP/RRIF**

Financial institution: \_\_\_\_\_

Amount: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

ii) **Insurance Policy(ies)**

Insurance company: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_

iii) **Vehicle(s)**

a) Make: \_\_\_\_\_

Year: \_\_\_\_\_

Owned/Leased: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Are you likely to retain it for years?

Yes \_\_\_\_\_ No \_\_\_\_\_

b) Make: \_\_\_\_\_

Year: \_\_\_\_\_

Owned/Leased: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Are you likely to retain it for years?

Yes \_\_\_\_\_ No \_\_\_\_\_

**iv) Art**

Type of Art: \_\_\_\_\_

How did you acquire it? \_\_\_\_\_

Value (*if known*) \_\_\_\_\_

**v) Miscellaneous**

Describe: \_\_\_\_\_

Value: \_\_\_\_\_

**vi) Are you expecting to inherit assets?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from whom? \_\_\_\_\_

Are you expecting any disputes (over the Estate in question)? \_\_\_\_\_



**Debts**

Type:

i) Mortgage

Lender: \_\_\_\_\_

Balance due: \_\_\_\_\_

Anticipated pay out year: \_\_\_\_\_

ii) Credit cards

a) Type of card (Visa, Mastercard, other): \_\_\_\_\_

Do you intend to continue using? Yes \_\_\_\_\_ No \_\_\_\_\_

b) Type of card (Visa, Mastercard, other): \_\_\_\_\_

Do you intend to continue using? Yes \_\_\_\_\_ No \_\_\_\_\_

iii) Other loans

Describe: \_\_\_\_\_

Anticipated year of pay out: \_\_\_\_\_

**Executor/Personal Representative**

1. First choice/preferred person(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Second choice/backup: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Third choice: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Funeral**

Preferences:

1. Cremation: \_\_\_\_\_

2. Burial: \_\_\_\_\_

1. *If Cremation:*

Describe how ashes to be handled:

Discretion of Executor?

Yes \_\_\_\_\_

No \_\_\_\_\_

Other:

Describe: \_\_\_\_\_

\_\_\_\_\_

2. *If burial:*

Funeral home you prefer:

1. First Memorial Service: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Other:

Name- \_\_\_\_\_

Type of funeral/memorial ceremony:

Describe:

**Power of Attorney** (for *Financial management* only)

1. *First choice of Attorney:*

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. *Second choice:*

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Third choice (if applicable):

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

*Can your Attorneys....*

**Act separately:** Yes \_\_\_\_\_ No \_\_\_\_\_

***Must act together?*** Yes \_\_\_\_\_ No \_\_\_\_\_

Type of "Power"

*Choose one:*

Regular, Enduring Power of Attorney \_\_\_\_\_

Limited to type of assets (e.g. Real Estate) \_\_\_\_\_

Limited to time (e.g. only while you are  
in hospital) \_\_\_\_\_

Only comes into force when a certain  
event happens (e.g. Doctor  
opines you are incapacitated) \_\_\_\_\_

**Representation Agreement** (for *Health Care management* only)

1. First choice(s) of Representative: (you can name more than one; e.g. children and spouse)

Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no. \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Second choice(s) of Representative (backup(s) ):

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no. \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you want a “Living Will” clause (i.e. “*do not keep me alive if I am supported by machines*”)?

Yes \_\_\_\_\_

No \_\_\_\_\_

Identify your Family Physician:

Name: \_\_\_\_\_

Address of office: \_\_\_\_\_

*How long as your Dr.?* \_\_\_\_\_

Identify any **Specialists** you see:

1. Name: \_\_\_\_\_

Address/tel. no. of office: \_\_\_\_\_

Type of Specialty: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address/tel. no. of office: \_\_\_\_\_

Type of Specialty: \_\_\_\_\_

**Where do you want your original documents kept?**

1. Office of Spry Hawkins Micner (*no charge*): \_\_\_\_\_

2. Safety deposit Box: (Identify Bank/Credit Union): \_\_\_\_\_

3. Home: \_\_\_\_\_

4. Other: \_\_\_\_\_