



ESTATE PLANNING QUESTIONNAIRE

The information requested in this questionnaire is required in order to provide each client with a will that reflects his or her requirements. The questionnaire is broken into three sections. Please complete all sections.

PART I – PERSONAL

Full <u>Legal</u> Name:				Mr.	Mrs.	Ms.	Dr.
First Name:			Middle Name:				
Last Name:			Any other name you are known by:				
Occupation:							
Home Address:				Postal Code:			
No. of years at this address:				E-mail address:			
Fax No.:				Cell No.:			
Telephone Nos. Home:				Work:			
Domicile (where permanently resident):				Citizenship:			
Social Insurance No.:				Date of Birth:			
Place of Birth:				Name at Birth (if different from above):			
Present Marital Status (including plans to marry):							
Date of Marriage:				Place of Marriage:			
Did (do) you have a marriage contract? (please attach a copy if one exists)				Yes			
				No			

SPOUSE

Full <u>Legal</u> Name:				Mr.	Mrs.	Ms.	Dr.
First Name:			Middle Name:				
Last Name:			Any other name you are known by:				
Occupation:							
Home Address:				OR Same as Spouse:		Postal Code:	
Number of years at this address:				E-mail address:			
Fax No.:				Cell No.:			
Telephone Nos. Home:				Work:			



PART II – ASSETS AND LIABILITIES

ASSETS

REAL ESTATE

Street Address of Residence:

Legal Description:

Other name(s) on title:

Owned As: (place "X" beside to select)

Joint Tenants: Tenants in Common:

Market Value (approx.): \$

Mortgages on property: \$

Is Mortgage life insured? Yes: No:

ADDITIONAL REAL ESTATE HELD

Street Address of Residence:

Legal Description:

Other name(s) on title:

Owned As: (place "X" beside correct option)

Joint Tenants: Tenants in Common:

Market Value (approx.): \$

Mortgages on property: \$

Is Mortgage life insured? Yes: No:

Household goods and furnishings (approx. value): \$

OTHER PERSONAL PROPERTY. Includes jewelry, automobiles, boats, etc (approximate value). Please also list names of registered owners.

PROPERTY	OWNER	VALUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$

BANK ACCOUNTS AND TERM DEPOSITS. Include address of bank, number of account and names in which the accounts are registered.

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BANK & ADDRESS	ACCT. NAME	ACCT NO.	VALUE
			\$
			\$
			\$
			\$

RRSP/RRIFs. Please note the name of the trustee, registration number and beneficiary.

INSTITUTE & ADDRESS	ACCT. NAME	ACCT NO.	BENEF.	VALUE
				\$
				\$
				\$
				\$

LIFE INSURANCE POLICIES. Please state company with which policy is held, number of the policy and beneficiary named in the policy. Please attach a copy of your policy statement if available.

COMPANY	OWNER	POLICY NO.	BENEFICIARY	VALUE
				\$
				\$
				\$
				\$
				\$

STOCKS AND BONDS (estimated total value of portfolio). Please give name of brokerage firm and account number, as well as location of certificates.

FIRM	ACCT. NAME	ACCT. NO.	LOCATION	VALUE
				\$
				\$
				\$
				\$
				\$

Mortgages/Agreements for sale owing to you:

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	\$	
	\$	
Other debts owing to you (family debts, notes, etc.):		
	\$	
	\$	
	\$	
Interest you have in a Business (proprietorship/partnership/unincorporated/incorporated). Also Please provide copies of latest financial statements, share holdings and any buy/sell agreements or other restrictions with respect to private company shares (consider necessity of buy/sell agreement):		
	\$	
	\$	
Are you a recipient or potential recipient or a pension? Please give details and <u>attach a copy of your latest pension statement if available.</u>		
	\$	
	\$	
Interest you have as a beneficiary in another estate, trust or power to appoint:		
	\$	
	\$	
List any other substantial assets:		
	\$	
	\$	
	\$	
	\$	
	\$	
IS ANY OF THIS PROPERTY LOCATED OUTSIDE B.C.?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
ESTIMATED GROSS VALUE OF ESTATE:	\$	
LIABILITIES (other than mortgages already listed above)		

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Please note if any of the following liabilities are insured.				
Personal loans owing:				
				\$
				\$
Guarantees, Indemnities, Agreements to purchase property:				
				\$
				\$
Alimony/Maintenance/Separation Agreements:				
				\$
				\$
List any other substantial liabilities:				
				\$
				\$
ESTIMATED LIABILITIES:				\$
ESTIMATED NET VALUE OF ESTATE:				\$
ADVISORS	NAME	FIRM	ADDRESS	PHONE NO.
Investment Dealer/Financial Advisor:				
Life Insurance				
Accountant				
Person who prepared last tax return:				
Other lawyer:				
Other:				

PART III – ORGANIZATION OF WILL

The following is a guide for the organization of the typical Will. Complete as much as you can or telephone us

Barrister & Solicitor
434 Glenwood Avenue
Kelowna, BC V1Y 5M1

Tel: (250) 712-2205
Fax: (250) 712-2208
firm@bcestatelaw.com



to arrange an interview.

PRIOR WILLS

Do you already have an existing Will? (If yes, please attach a copy)
 No: Yes:

Spouse? No: Yes:	Date of previous Will:
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Where is that Will located now?

Reasons for changing that Will (updating, change in family, new preferences for distribution, etc.)	Yourself:
	Spouse:

Name of Minister and Affiliated Church (if applicable):

GUARDIANS

Spouse first: (if no, please explain)
 No: Yes:

You should appoint a guardian for your children in case you and your spouse do not survive their minority (under age 19). Please give full legal names, addresses, occupations and relationship to you. Please name two guardians (either together or in the alternative) in case your first choice is unable to act as guardian.

NAME(S):		
ADDRESS:		
OCCUPATION(S):		
RELATION:		
AGE(S):		
FINANCIAL CAPACITY:		
SUITABILITY:		
WILLINGNESS:		

*Please select one of the following by marking "X" beside:
 Together: OR In the alternative:

Do you wish to leave any special cash bequest to the person who acts as guardian of your children? (If so, will such bequest be conditional upon such person acting as guardian, or is it outright?)

EXECUTORS

The executors step into the shoes of the deceased, gather in his/her assets, pay his/her debts, and distribute

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level: to my children equally, second level: if my children are not living at the date of my death, divide the estate between the following persons, charity, etc.). Please give full legal names of each beneficiary, address and relationship to you.

FIRST LEVEL:

FULL <u>LEGAL</u> NAME (First, Middle and Last Name)	ADDRESS	RELATION

SECOND LEVEL:

FULL <u>LEGAL</u> NAME (First, Middle and Last Name)	ADDRESS	RELATION

If one of the above beneficiaries is not alive at the date of your death, do you wish his/her share to pass to his/her children?

No: Yes:

Do you wish his/her share to be divided equally among the other living beneficiaries at the same level?

No: Yes:

If a beneficiary is an infant (under the age of 19 years) at what age do you wish the estate to pass to him/her? *(Please mark "X" next to your selection)*

- 19 years:
- 21 years:
- Other age *(please specify)*:
- Staggered:



PERSONAL PROPERTY/ARTICLES

How would you prefer to distribute your personal property (effects)? Please specify.

- As beneficiaries agree among themselves (failing agreement, executor determines)
- By drawing lots
- As described in legally binding memorandum (can only be updated according to Rules of the *Wills Act*)
- As described in informal non-binding list (can be updated at any time).

Funeral Arrangements:

Have you made any funeral arrangements? No: Yes:
If yes, please describe:

Do you wish to have any special provisions in your Will regarding your funeral? Please specify.

Do you wish the new Will to be registered with the Department of Vital Statistics? (\$25.00 fee)

No: Yes:

Where will the ORIGINAL copy of this Will, once executed, be kept? (Usually the original estate planning documents are held in our vault for safekeeping)

LIFE PLANNING

Do you wish to learn more information about planning for your personal care while you are alive?

No: Yes:

Enduring Power of Attorney:

POWER OF ATTORNEY APPOINTMENTS

FULL LEGAL NAME (First, Middle and Last)	ADDRESS	OCCUPATION	RELATION

Designation of Committee.

Sometimes an application to court cannot be avoided. For example, someone may need authorization to made decisions for you about your personal care. That person would apply to be appointed as your "committee". By making a written designation now, you can tell the court in advance who you would choose to be your committee



Living Will

A "Living Will" is the term commonly used for a health care directive – a document intended to guide the people looking after you when you are ill. It tells them the types of treatment you want and do not want if you are unable to say so yourself. We offer our clients a Living Will at no charge.

Would you like a Living Will? No: Yes:

ADDITIONAL INFORMATION

Please note any additional questions, comments, or provisions you wish to make:

TRUSTEE POWERS

Your executor is also the trustee of your estate and should be given direction regarding investment of the "trust fund" which makes up the residue of your estate. A person who acts as guardian to your children may be different from your executor. The guardian may also be appointed as a trustee over the part of you estate that is to be held on behalf of your children. (Note: although the result may be awkward, you may choose different people to act as guardian and trustee for your children.)

Your trustee may be given powers additional to those allowed under the law. Some important powers are listed below. Please mark "X" beside yes/no to specify which of the following powers you do or do not wish to appoint to your trustee.

1. To invest. Do you wish your trustee to be given restrictive investment powers? No: Yes:

OR

be given broad powers of investment allowing your trustee to use his/her discretion in investing your trust funds? No: Yes:

2. To settle accounts and claims? No: Yes:

3. To use income and capital of infant beneficiary for his/her benefit, power to pay guardian or beneficiary directly on attaining the age of majority, or age as described above? (Infant means under age 19 in British Columbia). No: Yes:

4. To grant and deal with leases and options? No: Yes:

5. To repair or improve assets? No: Yes:

6. To borrow money and give security including by mortgage on property to raise funds without selling? No: Yes:

7. To subdivide or sell assets, including real estate? No: Yes:

8. To loan assets? No: Yes:



9. To insure the estate property? No: Yes:
10. To carry on or discontinue a business? No: Yes:
11. To buy additional shares, and/or participate in re-organization of your company? No: Yes:
12. To delegate trustee's function to another party (e.g. a trust company)? No: Yes:
13. To employ professionals? No: Yes:
14. To accept receipt of charitable institution for bequest? No: Yes:
15. To settle succession duties and death taxes? No: Yes:
16. To partition, appropriate, and distribute in specie (i.e. distribute assets comprising "trust fund" without converting those assets to cash before distribution)? No: Yes:
17. To postpone distribution? No: Yes:
18. To allocate tax benefits and made all elections and designations? No: Yes:
19. To act on majority vote (if there is more than one trustee)? No: Yes:
20. To purchase assets personally from the estate? No: Yes:
21. To appoint a substitute trustee only if named trustees are unable or unwilling to act? No: Yes: