

Estate Planning Fact-Find

Definitions:	
Testator/Testatrix:	the person making the Will
Executor/Estate Trustee:	the person(s) administering your estate (carrying out your estate planning wishes upon your death)
Beneficiaries:	the person(s) benefiting from your Will
Common Disaster:	the common death of (or within 30 days of) both husband and wife
Family Disaster:	the common death of both husband and wife and the child/children (and any other persons named as primary beneficiaries in your Will)

1. Testator/Testatrix Information

(a) Full Legal Name: _____

Maiden (or former) Name: _____

Address: _____

Telephone Number: _____

Residence: _____

Business: _____

Cell: _____

Email Address: _____

Residence: _____

Business: _____

Date of Birth (d/m/yyyy): _____

Age: _____

Birthplace (*city, province, country*): _____

Time of Residency in Ontario: _____

Citizenship: _____

Occupation: _____

Marital Status: _____

Single
 Married
 Common-law
 Divorced
 Separated
 Remarried
 Engaged

(b) Full Legal Name: _____

Maiden (or former) Name: _____

Address: _____

Estate Planning Fact-Find

Telephone Number: _____ Residence: _____ Business: _____
Cell: _____
Email Address: _____ Residence: _____
Business: _____
Date of Birth (d/m/yyyy): _____ Age: _____
Birthplace (city, province, country): _____
Time of Residency in Ontario: _____
Citizenship: _____
Occupation: _____
Marital Status:

Single Married Common-law Divorced Separated Remarried Engaged

Does your spouse have any special needs?

Yes No

If Yes, please give a brief description:

2. If Married:

City and Province of marriage: _____
Date of marriage (d/m/yyyy): _____
Domicile at time of marriage: _____

3. Prior to Marriage(s):

Give full information of prior marriage(s), divorce(s) and child/children of previous marriage, and provide details of financial obligations, if any.

4. Child/Children:

(a) Full Name: _____
Address (if different): _____

Estate Planning Fact-Find

Date of Birth: (d/m/yyyy): _____

Age: _____

(b) Full Name: _____

Address (if different): _____

Date of Birth: (d/m/yyyy): _____

Age: _____

(c) Do any of your children have any special needs?

Yes No

If Yes, give a brief description:

(d) Do you have any step-children or adopted children?

Yes No

If Yes, give a brief description:

Are any individuals financially dependent and/or disabled needing support or requiring a Henson Trust?

Name: _____

Address: _____

Telephone: _____

Residence: _____

Business: _____

Cell: _____

Relationship to you: _____

5. Do you presently have a Will?

Yes No

If Yes:

Dates Will(s) signed: (d/m/yyyy) _____

Location of original Will(s): _____

Is this the same location as your other important documents? Yes No

6. Do you have Powers of Attorney (financial or personal care) set up?

Yes No

7. Executors - The Executor of your Will administers the various directions and bequests set out in your Will after payment of all debts, taxes and funeral expenses. Normally, you should provide for one or more primary Executor(s) and also provide an alternate Executor in the event the primary one becomes unable or unwilling to act.

a) Primary Executor(s) Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

b) Primary Executor(s) Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

Estate Planning Fact-Find

c) Co-Alternate Executor Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

d) Co-Alternate Executor Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

Are these individuals aware of your intentions/wishes?

Yes No Unsure

8. Beneficiaries under your Will:

(a) Primary: _____

(b) Secondary: _____

(c) Tertiary: _____

Beneficiary: _____

Relationship to you: _____

Item: _____

Beneficiary: _____

Relationship to you: _____

Item: _____

Beneficiary: _____

Relationship to you: _____

Item: _____

9. Proposed Guardian(s) in the event that you and your spouse are deceased:

Full Name(s): _____

Address: _____

Telephone: _____

Relationship to you: _____

Alternate Guardian:

Full Name(s): _____

Address: _____

Telephone: _____

Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

Are these individuals aware of your intentions/wishes? Yes No Unsure

10. Do you intend to set up a Trust for the benefit of your child/children?

Yes No Unsure

If so, who will be the Trustees of this Trust?

(a) Primary Trustee(s): _____

Full name(s): _____

Address: _____

Telephone _____

Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

Estate Planning Fact-Find

(b) Co-Alternate Trustee(s) Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

(c) Co-Alternate Trustee(s) Jointly Jointly & Severally

Full name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Cell: _____

Relationship to you: _____

Are these individuals aware of your intentions/wishes? Yes No Unsure

11. Do you intend to provide capital or income to your guardian for their needs while caring for the child/children? (i.e. for the purchase of a new car, home renovations, vacations for the integrated family or loss of their income). See example chart below:
Please fill in how you wish to provide for the guardian's needs while caring for your minor child/children

Suggested Amount	Purpose	Repayable Advance, Gift or Reportable Income
\$50,000/year	Personal Income	Gift
Other lump sum amounts	If required	Gift
Other – Family Home		

12. Do you intend to compensate the Trustee(s) of the Family Trust?

Details:

Beyond the payment provisions to the Guardian(s), what guidance can you provide to the Trustee(s)?

For Example:

How will the distribution be affected?

- Trustee's sole discretion Yes No Unsure
- As the child/children agree Yes No Unsure
- By a binding memorandum Yes No Unsure
- By a persuasive memorandum Yes No Unsure

Please provide details: _____

13. Testamentary/Insurance/Family Trust

Your child/children will ultimately inherit the estate value. In order to educate and provide for their futures, and should the option of a Trust be necessary (common disaster), do you wish to set out a specific time frame for release of funds to the child/children?

- No Yes

If Yes, please specify: _____

(a) While the children are still minors (until the age of 18 years), do you wish to provide the children with an allowance? Yes No

If so, how much \$ _____

(b) At age 18, do you wish for the children to receive a lump sum amount? Yes No

If so, how much \$ _____

(c) If the children are attending a post-secondary educational institution, do you wish to cover tuition and related expenses? Yes No

If so, what percentage % _____

(d) While attending a post-secondary educational institution, do you wish to provide a monthly allowance? Yes No

If so, how much \$ _____

Estate Planning Fact-Find

(e) After graduation/completion of post-secondary education, providing that the child/children have not reached the age of maturity, do you wish to pay out certain amounts? Yes No

Monthly payments/allowance \$ _____ **For how long?** _____

A lump sum payment \$ _____ **(this can be limited by specifics; i.e. the purchase of a house, car, etc.)**

(f) If the children are **NOT** attending a post-secondary educational institution, do you wish to provide any lump sum payments or allowances? Yes No

Allowance \$ _____ **monthly / weekly**

Lump Sum \$ _____

(g) Do you wish to set specific ages whereby the child/children would receive lump sums and/or the balance of the estate? For example, you may specify that the child/children will receive 25% of their share at age 25, 50% of the remainder at age 30 and the balance at age 35.

Yes No Unsure

Please provide details: _____

14. Do you have any specific bequests (such as cash, jewelry, family heirlooms, etc.) that you wish to be made before any other part of your estate is distributed? Do any of these items carry a higher emotional versus financial value?

(a) Beneficiary: _____

Relationship to you: _____

Item: _____

(b) Beneficiary: _____

Relationship to you: _____

Item: _____

(c) Beneficiary: _____

Relationship to you: _____

Item: _____

15. Are there any potential family issues that may arise from your bequest provisions that should be planned for?

Yes No Unsure

Please provide details: _____

16. Charitable Organizations:

Please provide the exact name and address for any charitable organization or other institution that is to receive a bequest.

Address: _____

17. Do you presently own a burial plot?

Yes No

Please provide details: _____

18. Have you made prepaid arrangements or have any special instructions?

Yes No

If Yes, please provide details: _____

Do you have a preference for: Traditional Burial Cremation Undecided

Have these wishes been discussed with your heirs? Yes No

19. Do you have shares in a small business or Canadian Controlled Private Corporation (CCPC)? (Provide name and approximate value)

Name: _____ Approximate Value: \$ _____

20. Do you already have a secondary Will for your non-probate able assets?

Yes No

Probate fees and the delays associated with a Will being probated can be avoided through the creation of a secondary Will which is typically used for individuals with small businesses.

Do you wish to create a secondary Will?

Yes No Unsure

If yes, do you wish to have the same provisions duplicated in the secondary Will?

Yes No Unsure

21. Are you party to a shareholder or other franchise agreement with specific obligations that must be followed?

Yes No

If yes, where is this agreement located? _____

22. Do you have a written plan to deal with the liquidation of these shares to optimize the value?

Yes No

If yes, please provide a copy.

23. Do you have any other important documents that could have implications to your Will? (i.e. shareholders agreement, separation agreement, cohabitation agreement, domestic contract, Decree Nisi of Divorce, Court Order, etc.)

Yes No

If yes, please provide copies and location of such documents (i.e. safety deposit box & key number)

Location: _____

24. Have you created a list of all passwords including digital / online accounts, and if so where is the document located?

25. Provide a list of your professional advisors (lawyer, financial planner, banker etc.)

Financial Advisor: _____

Telephone: _____

Lawyer: _____

Telephone: _____

Lawyer: _____

Telephone: _____

Accountant: _____

Telephone: _____

Banker: _____

Telephone: _____

Other general comments, concerns or questions: _____

LIST OF ASSETS AND DEBTS

1. Real Estate

(a) Principal Residence:

Address: _____

Approximate fair market value free of mortgages: \$ _____

In what name(s) is title held and in what capacity if more than one owner?

As:

- Beneficial Owner Joint Tenants
- Tenants-in-Common (please indicate percentage of ownership)
- Other (please indicate how title is held)

(b) Cottage/Other Property

Address: _____

Value of the property (market value less outstanding mortgage): \$ _____

In what name(s) is title held and in what capacity if more than one owner?

As:

- Beneficial Owner Joint Tenants
- Tenants-in-Common (please indicate percentage of ownership)
- Other (please indicate how title is held)

2. Bank Accounts (please list names of financial institutions, account numbers, approximate amounts, type of account and how they are held – i.e. Joint, etc.):

Financial Institution	Account Number	Approximate Balance	Type & Ownership

Estate Planning Fact-Find

3. Safety Deposit Boxes:

Location: _____
Box Number: _____
Registration Name: _____
Location of Key: _____
Contents of Box: _____

4. Investment Accounts, RRSP, Non RRSP or Non Pension Savings (please list names of financial institutions, account numbers, approximate amounts and how they are held – i.e. Joint, etc.):

(a) With HollisWealth

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

5. Shares of a Private Company (Provide name, approximate value and location of minute book and any relevant agreements):

- a) Are there any restrictions on transfer?
 Yes No Unsure
- b) Are shares subject to a buy-sell agreement?
 Yes No Unsure
- c) If a buy-sell agreement is in force, is it funded?
 Yes No Unsure

6. Unincorporated business assets (showing approximate value):

7. Interests or expectancies of other estates (state from whom and provide an approximate value):

Estate Planning Fact-Find

8. Any monies owed to you (i.e. mortgage held by you, promissory note, etc.):

9. Other registered financial assets (Pensions, CPP, Annuities – Please provide statements)

10. General information on other items or personal effects (cars, boats, paintings, collections, antique, etc.):

11. Life Insurance:

Insured's Name: _____

(a) Company: _____

Policy No.: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Named Beneficiary: _____

Insured's Name: _____

(b) Company: _____

Policy No.: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Insured's Name _____

Named Beneficiary: _____

Estate Planning Fact-Find

Insured's Name: _____
(c) Company: _____
Policy No.: _____
Face Value: \$ _____ Cash Surrender Value: \$ _____
Named Beneficiary: _____

Insured's Name: _____
(d) Company: _____
Policy No.: _____
Face Value: \$ _____ Cash Surrender Value: \$ _____
Insured's Name _____
Named Beneficiary: _____

OTHER ASSETS: _____

DEBTS:

1. Mortgages: _____
(a) Held by: _____
Property registered against: _____
Approximate present balance: _____
(b) Held by: _____
Property registered against: _____
Approximate present balance: _____

2. Credit Cards and Balances:

Name		Amount Owing
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Estate Planning Fact-Find

3. Bank Loans:

_____	\$	_____
_____	\$	_____

4. Outstanding Guarantee of Debt of Others:

5. Other Debt:

Additional Comments or Questions:
