

## Estate Planning Fact-Find

Definitions:	
<b>Testator/Testatrix:</b>	the person making the Will
<b>Executor/Estate Trustee:</b>	the person(s) administering your estate (carrying out your estate planning wishes upon your death)
<b>Beneficiaries:</b>	the person(s) benefiting from your Will
<b>Common Disaster:</b>	the common death of (or within 30 days of) both husband and wife
<b>Family Disaster:</b>	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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_