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## Estate Information & Planning Form

**Date:** \_\_\_\_\_

Please complete this Form to the best of your abilities prior to our appointment. Please note that not all topics will pertain to all people so please only complete those that pertain to you. If you are unsure how to answer a topic, make a note of it and we will discuss that topic and every other aspect of this Form at our meeting. If you are uncomfortable in sharing some information, leave it blank and discuss it in our meeting.

*Thank you.*

<b>PART I: YOUR ESTATE AND YOU</b>			
<b><u>Spouse 1</u></b> Full Name		A.K.A.	
<b><u>Spouse 2</u></b> Full Name		A.K.A.	
Address			
Telephone		Alt. Tel. No	
<b><u>Spouse 1</u></b> Date Of Birth		<b><u>Spouse 1</u></b> Occupation	
<b><u>Spouse 2</u></b> Date of Birth		<b><u>Spouse 2</u></b> Occupation	
Place of Birth		Social Ins. No.	
<b>Marital Status</b>			
Date of Marriage		Place of Marriage	
Details of any Divorce Decrees or Marriage Dissolutions		Details of any Property Regimes	
Primary Doctor		Doctor Address	
Your Domicile		Your Residence for Tax Purposes	

**CHILDREN**

NAME	ADDRESS	AGE	MARITAL STATUS
1			
2			
3			
4			
5			

**GRANDCHILDREN**

NAME	ADDRESS	AGE	MARITAL STATUS
1			
2			
3			
4			
5			
6			

**YOUR ASSETS**

Safety Deposit Box Location		Box Number	
Registered Name		Key Location	

**REAL ESTATE**

Address or Location		Current Market Value	\$
Names on Title		Mortgage or Other Encumbrance	\$
Principal Residence?	Yes      No	Equity	\$
How Owned?	Joint Tenants Tenants in Common	Assessed Value	\$
Acquisition Date		Acquisition Cost	\$

Any Additional Properties?                      Yes                      No  
*If "Yes", please complete information on an additional page.*

*If a property is rented, please complete additional information re: Type of Tenancy; Length of Lease; Tenant's Name; Rental Rate.*

**INVESTMENTS – DEPOSITS - INSURANCE**

Financial Advisor Name		Financial Advisor Address	
Accountant Name		Accountant Address	

Tax Preparer Name		Tax Preparer Address	
Other Advisor Name		Other Advisor Address	

**INSURANCE – ANNUITIES – RRSP'S – PENSIONS -ETC.**

TYPE AND POLICY NO.	ISSUED BY	BENEFICIARY NAME(S)	VALUE OF BENEFIT
1			
2			
3			
4			
5			
6			
7			

**MONEY ON DEPOSIT**

NAME AND ADDRESS OF BANK/ CREDIT UNION	TYPE OF ACCOUNT AND NO.	OWNERSHIP	APPROXIMATE BALANCE
1			
2			
3			
4			
5			
6			

**SHARES – BONDS – DEBENTURES - GICS**

TYPE AND NO.	ACQUISITION COST AND DATE	REGISTERED IN WHOSE NAME	CURRENT VALUE
1			
2			
3			
4			
5			

Any Restrictions on Transfer?	YES	NO
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Are any Shares Subject to a <b>Buy-Sell Agreement</b> ?	YES	NO
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Any Interest in Partnership or Unincorporated Businesses?	YES	NO
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*Please provide details and copies of any pertinent restrictions, agreements, or interests.*

Detail Debts Owing to You including Promissory Notes		Value of Debts Owing to You	
<b>AUTOMOBILES – BOATS – RECREATIONAL VEHICLES</b>			
DESCRIPTION		OWNERSHIP	VALUE
<b>FARM MACHINERY – TOOLS – LIVESTOCK – QUOTAS</b>			Yes No
<i>If “Yes” please attach information setting out description, ownership and value of each.</i>			
<b>HEIRLOOMS –ARTWORK–CHINA–JEWELLERY–ANY COLLECTIONS, ETC.</b>			
DESCRIPTION	OWNERSHIP	LOCATION	VALUE
<b>HOUSEHOLD GOODS, FURNITURE, OTHER ASSETS OF SPECIAL IMPORTANCE</b>			
DESCRIPTION	OWNERSHIP	LOCATION	VALUE
<b>TOTAL VALUE OF ASSETS</b>			<b>\$ _____</b>
<b>DEBTS INCLUDING MORTGAGES</b>			
CREDITOR AND ADDRESS	MATURITY DATE	PRINCIPAL	INTEREST
<b>TOTAL VALUE OF DEBTS</b>			<b>\$ _____</b>
<b>APROXIMATE NET VALUE OF ESTATE</b>			<b>\$ _____</b>

<b>PART II: MISCELLANEOUS QUERIES</b>	<b>YES</b>	<b>NO</b>
Any Interest in an <i>Inter Vivos</i> or <i>Testamentary Trust</i> ?		
Any Power of Appointment?		
Any Powers of Attorney, General Guarantees, etc., made by you?		
Any Legal Actions pending by or against you?		
Are you an Estate Trustee of an Estate?		
Are you the Custodian, Guardian, Trustee, etc., of or over any person or property?		
Do you or did you contribute to Canada Pension?		
Is there any other information that we need to be made aware of?		

**PART III: YOUR ESTATE PLAN**

**WILL**

<b>ESTATE TRUSTEES</b>		<b>ALTERNATE ESTATE TRUSTEES</b>	
1. Full Name		1. Full Name	
Relationship		Relationship	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	
2. Full Name		2. Full Name	
Relationship		Relationship	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	
Is the Appointment of any E.T. to be Conditional or Contingent?		Yes	No
If "Yes", what are the Conditions?			
Compensation to Executor?	Yes	No	Need More Info
	If Yes:	Court Scale	Other



**RESIDUE**

BENEFICIARY	SHARE	TERMS AND CONDITIONS	GIFT OVER TO?
Capital and Income	<i>(eg. Hold onto capital and pay out income on a regular basis or hold onto capital and income until certain ages are reached)</i>		
Encroachments	<i>(eg. Power of encroachment for education or betterment of a child)</i>		
Trustee Powers:	Prudent Investor Standard? Yes      No	Investment Manager? Yes      No If "Yes", Discretionary Powers? Yes      No	
Other Standards or Terms			
<b>OTHER PROVISIONS</b>			
Discretionary Trusts	<i>NOTE: Discretionary Trusts are beneficial if you have a beneficiary with extraordinary needs and are beneficial in instances where a beneficiary needs assistance in handling money. If a beneficiary is in receipt of ODSP or can be expected to be eligible for ODSP in the future, a Discretionary Trust is highly recommended.</i>		
	Yes	No	Need More Info
Children out of Wedlock Share	Yes	No	Need More Info
Additional Provisions			

<b>PART IV: POWERS OF ATTORNEY</b>			
<b>POWER OF ATTORNEY FOR PERSONAL CARE</b>			
<b>ATTORNEY</b>		<b>ALTERNATIVE ATTORNEY</b>	
<b>Same as Estate Trustees in Will?:</b>		<b>Yes</b>	<b>No</b>
Full Name		Full Name	
Relationship		Relationship	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	
Do you want a Do Not Resuscitate Instruction?		Yes	No
Detail any Additional Instructions, Conditions, and Restrictions			
<b>CONTINUING POWER OF ATTORNEY FOR PROPERTY</b>			
<b>ATTORNEY</b>		<b>ALTERNATE ATTORNEY 1</b>	
<b>Same as Estate Trustees in Will?:</b>		<b>Yes</b>	<b>No</b>
Full Name		Full Name	
Relationship		Relationship	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	
		<b>ALTERNATE ATTORNEY 2</b>	
		Full Name	
		Relationship	
		Address	
		Telephone	
		Occupation	
Detail any Instructions, Conditions, and Restrictions			