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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.

PART I: YOUR ESTATE AND YOU			
Full Name		A.K.A.	
Address			
Telephone		Alt. Tel.	
Date Of Birth		Occupation	
Place of Birth		Social Ins. No.	
Marital Status		Spouse's Name	
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			
<i>If "Yes", please complete information on an additional page.</i>			
<i>If a property is rented, please complete additional information re: Type of Tenancy; Length of Lease; Tenant's Name; Rental Rate.</i>			
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 -TFSAs- RESPs, 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
Are any Shares Subject to a Buy-Sell Agreement ?		YES	NO
Any Interest in Partnership or Unincorporated Businesses?			YES NO
<i>Please provide details and copies of any pertinent restrictions, agreements, or interests.</i>			
Detail Debts Owing to You including Promissory Notes		Value of Debts Owing to You	

AUTOMOBILES – BOATS – RECREATIONAL VEHICLES

DESCRIPTION	OWNERSHIP	VALUE

FARM MACHINERY – TOOLS – LIVESTOCK – QUOTAS

If “Yes” please attach information setting out description, ownership and value of each.

Yes No

HEIRLOOMS –ARTWORK–CHINA–JEWELLERY–ANY COLLECTIONS, ETC.

DESCRIPTION	OWNERSHIP	LOCATION	VALUE

HOUSEHOLD GOODS, FURNITURE, OTHER ASSETS OF SPECIAL IMPORTANCE

DESCRIPTION	OWNERSHIP	LOCATION	VALUE

TOTAL VALUE OF ASSETS

\$ _____

DEBTS INCLUDING MORTGAGES

CREDITOR AND ADDRESS	MATURITY DATE	PRINCIPAL	INTEREST

TOTAL VALUE OF DEBTS

\$ _____

APROXIMATE NET VALUE OF ESTATE

\$ _____

PART II: MISCELLANEOUS QUERIES	YES	NO
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

ESTATE TRUSTEES		ALTERNATE ESTATE TRUSTEES	
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

GUARDIANS OF MINOR CHILDREN

Full Name		Full Name	
Relationship to You		Relationship to You	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	

INSURANCE, ANNUITIES, RRSP, DPSP, AND PENSION DESIGNATIONS

Same as above?	Yes	No
<i>Note: Making beneficiary designations directly on policies normally result in estate administration tax savings and may simplify estate administration</i>		
If "NO", specify changes to appear in your Will, including Policy No., Issued By, Beneficiary, and Value		

SPECIFIC GIFTS OF HEIRLOOMS, PERSONAL ITEMS, CASH, ETC.

ITEM	BENEFICIARY	ITEM	BENEFICIARY

MEMORANDUM OF GIFT CLAUSE? Yes No

SPECIFIC DEVISES OF INTEREST IN LAND

PROPERTY	DEWISEE	TERMS AND CONDITIONS

SPECIFIC BEQUEST OF INTEREST IN BUSINESS

NOTE: If you are an owner of shares in a privately-held company, there may be significant tax savings in having Multiple Wills: a Primary Will for Personal Assets and a Secondary Will for Business Assets.

Would you like more information on how Multiple Wills can benefit your estate?

Yes No

BUSINESS INTEREST	BENEFICIARY	TERMS AND CONDITIONS

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			
OTHER PROVISIONS			
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			

PART IV: POWERS OF ATTORNEY			
POWER OF ATTORNEY FOR PERSONAL CARE			
ATTORNEY		ALTERNATIVE ATTORNEY	
Same as Estate Trustees in Will?:		Yes	No
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			
CONTINUING POWER OF ATTORNEY FOR PROPERTY			
ATTORNEY		ALTERNATE ATTORNEY 1	
Same as Estate Trustees in Will?:		Yes	No
Full Name		Full Name	
Relationship		Relationship	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	
		ALTERNATE ATTORNEY 2	
		Full Name	
		Relationship	
		Address	
		Telephone	
		Occupation	
Detail any Instructions, Conditions, and Restrictions			