

ESTATE PLANNING INFORMATION SHEET

Please complete as much of this form as possible prior to your appointment. We understand that you may not be able to complete the entire document and that some of it may not be applicable to your individual circumstances. We will review your circumstances in detail during our meeting to supplement the information that you include here as necessary. Please feel free to attach additional pages with supplemental information about your circumstances which may be relevant to your estate plan.

If time permits, kindly return the completed form by email or facsimile in advance of your appointment to allow for our review prior to the meeting.

This form is intended to be a preparation tool for your estate planning meeting. It does not constitute legal advice and the instructions you may include on this form do not create a will or power of attorney.

PERSONAL INFORMATION

Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Telephone Nos.: Home _____

Work _____

Cell _____

May we telephone you at work? Yes / No

Email: Personal _____

Work _____

May we email you at work? Yes / No

Citizenship: _____

Residency: _____

Current Employer: _____

Occupation: _____

Marital Status:

- Single
- Married (Do you have a marriage contract? Yes / No)
- Separated (Do you have a separation agreement? Yes / No)
- Divorced
- Common Law (Number of Years _____)

Note - If you have marriage contract, a separation agreement or any ongoing support obligations to a former spouse please bring a copy of the relevant documents to your appointment.

Spouse's Legal Name (if applicable):

Children's Legal Names (and dates of birth):

Note – Please include the names and birth dates of adopted and step-children and indicate their status beside their names.

Funeral Instructions (if known)

Where are your important documents located?

SUMMARY OF ASSETS

In listing your assets please indicate whether the asset is held outside Canada.

Real Estate:

Property #1 Address:

Ownership:

- Sole Owner
- Joint Tenancy (Name of Co-Owner: _____)
- Tenancy in Common (Name of Co-Owner: _____)

Property #2 Address:

Ownership:

- Sole Owner
- Joint Tenancy (Name of Co-Owner: _____)
- Tenancy in Common (Name of Co-Owner: _____)

Property #3 Address:

Ownership

- Sole Owner
- Joint Tenancy (Name of Co-Owner: _____)
- Tenancy in Common (Name of Co-Owner: _____)

Bank Accounts

Bank (including branch) and Account Numbers (please indicate if jointly held):

Insurance Policies:

Company and Policy Number #1: _____

Designated Beneficiary: _____

Proceeds: _____

Company and Policy Number #3: _____

Designated Beneficiary: _____

Proceeds: _____

Company and Policy Number #3: _____

Designated Beneficiary: _____

Proceeds: _____

Pension Benefits

Designated Beneficiary (if applicable): _____

Other Assets:

Please provide the particulars of any other assets that do not fall into any of the categories above.

CURRENT LIABILITIES

IMPORTANT CONTACTS

Accountant: _____

Investment Advisor: _____

Insurance Advisor: _____

Other:

PRELIMINARY INSTRUCTIONS

At our meeting we will review your intentions in detail and often your instructions will change during that meeting or after based on the issues we discuss. The completion of this section can provide us with some preliminary information on your intentions that will assist us in structuring our meeting. We understand that many clients have not yet fully formed their instructions prior to our meeting and you may not be in a position to complete this section of the form prior to our meeting.

Your proposed bequests can take many forms including gifts of specific assets, gifts of money or gifts of a portion of the residue/balance of the estate. At our meeting we will also discuss trust provisions for protective and tax planning purposes with respect to certain types of bequests.

Do any of your dependents or proposed beneficiaries have any disability or are they in receipt of any government sponsored social assistance? Yes / No

If yes please provide particulars:

Proposed Attorney(s) and Alternative Attorney(s) for Power of Attorney for Property:

Note – Please include the name, address and relationship of proposed attorneys for property.

Proposed Attorney(s) and Alternative Attorney(s) for Power of Attorney for Personal Care:

Note – Please include the name, address and relationship of proposed attorneys for personal care.

AND FINALLY

We're always interested to learn how our clients come to use our services. We would be grateful if you could indicate which of the following apply in your case:

- I am an existing client**
- I was referred by _____**
- I attended a seminar or information session which Kelly Santini LLP participated in or sponsored**
- Internet**
- Print Advertisement**
- Other _____**