

**Estates**

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**CONFIDENTIAL ESTATE AND FINANCIAL  
PLANNING INFORMATION**

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**NOTE**      This is not intended to be a Will, but is for Will planning purposes only.  
Please use last page and additional pages if space is insufficient.  
Please mark any questions as N/A if such is the case.

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

**PERSONAL AND SPOUSE INFORMATION:**

1. Full Name: \_\_\_\_\_  
(please circle first name used)  
Any other name used: \_\_\_\_\_
2. Address (in full): \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_
3. Telephone Nos.      Home: \_\_\_\_\_      Business: \_\_\_\_\_
4. Occupation: \_\_\_\_\_      Citizenship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
5. Name of spouse (in full): \_\_\_\_\_  
Address (if not same as above): \_\_\_\_\_  
\_\_\_\_\_
6. Spouse's citizenship: \_\_\_\_\_  
Spouse's date of birth: \_\_\_\_\_
7. Date of marriage: \_\_\_\_\_

8. Have you been married previously? \_\_\_\_\_
9. If so, were there any children of the previous marriage? \_\_\_\_\_
10. Place and date of divorce (if any): \_\_\_\_\_

**ADDITIONAL PERSONAL INFORMATION:**

1. Place of birth: \_\_\_\_\_
2. Place of residence when married: \_\_\_\_\_
3. Place of marriage: \_\_\_\_\_
4. Do you have a marriage contract? \_\_\_\_\_
5. Is your present residence permanent: \_\_\_\_\_ If not, please explain—  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILDREN** (including adopted children)

- |   |   |
|---|---|
| 1. _____<br>(full name)<br>_____<br>(address)<br>_____<br>_____<br>(date of birth) (marital status)<br>_____<br>(name of spouse)<br>_____<br>(number of children) | 2. _____<br>(full name)<br>_____<br>(address)<br>_____<br>_____<br>(date of birth) (marital status)<br>_____<br>(name of spouse)<br>_____<br>(number of children) |
| 3. _____<br>(full name)<br>_____<br>(address)<br>_____<br>_____<br>(date of birth) (marital status)   | 4. _____<br>(full name)<br>_____<br>(address)<br>_____<br>_____<br>(date of birth) (marital status)   |

\_\_\_\_\_  
(name of spouse)

\_\_\_\_\_  
(name of spouse)

\_\_\_\_\_  
(number of children)

\_\_\_\_\_  
(number of children)

**OTHER BENEFICIARIES TO BE CONSIDERED:**

(Full names and addresses, and relationship to you, of any other persons to be considered in your planning; e.g. your parents, grandchildren, brothers and sisters, etc; similarly, those of your spouse; friends and charitable organizations)

1. \_\_\_\_\_  
(full name)

2. \_\_\_\_\_  
(full name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(relationship to you)

\_\_\_\_\_  
(relationship to you)

3. \_\_\_\_\_  
(full name)

4. \_\_\_\_\_  
(full name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(relationship to you)

\_\_\_\_\_  
(relationship to you)

5. Do any of these people have a financial need now, or will they have in the event of your death? \_\_\_\_\_  
\_\_\_\_\_

6. Are you currently supporting or providing funds to anyone else? Yes \_\_\_ No \_\_\_

1. \_\_\_\_\_  
(full name)

2. \_\_\_\_\_  
(full name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(date of birth) (marital status)

\_\_\_\_\_  
(date of birth) (marital status)

\_\_\_\_\_  
(name of spouse)

\_\_\_\_\_  
(name of spouse)

## **INFORMATION ABOUT YOUR ASSETS:**

(Please mark as N/A any requests for information not relevant to your asset position and use last page for additional information if necessary)

1. **RESIDENCE** Address: \_\_\_\_\_  
\_\_\_\_\_

(a) Year purchased: \_\_\_\_\_ (b) Cost when purchased: \$ \_\_\_\_\_  
(approximate)

© Manner of ownership: \_\_\_\_\_ (d) Current value: \$ \_\_\_\_\_  
(alone, joint tenant with survivorship (approximate)  
tenants in common)

(e) Outstanding mortgage(s): First Mortgage \$ \_\_\_\_\_ (approximate)  
Second Mortgage \$ \_\_\_\_\_ (approximate)

(f) Is this your principal residence or that of your spouse? \_\_\_\_\_

2. **RECREATIONAL PROPERTY** Address: \_\_\_\_\_  
(or location)

(a) Year purchased: \_\_\_\_\_ (b) Cost when purchased: \$ \_\_\_\_\_  
(approximate)

© Manner of ownership: \_\_\_\_\_ (d) Current value: \$ \_\_\_\_\_  
(alone, joint tenant with survivorship, (approximate)  
tenants in common)

(e) Outstanding mortgage(s): \_\_\_\_\_

(f) Is this your principal residence or that of your spouse? \_\_\_\_\_

3. **RENTAL PROPERTY OWNED BY YOU** Address: \_\_\_\_\_

(a) Current Value: \$ \_\_\_\_\_ (approximate)

(b) Year Purchased: \_\_\_\_\_ (c) Cost when purchased: \$ \_\_\_\_\_  
(approximate)

4. **FARM OR BUSINESS PROPERTY** Address: \_\_\_\_\_

(a) Current Value: \$ \_\_\_\_\_ (approximate)

(b) Year purchased: \_\_\_\_\_ (c) Cost when purchased: \$ \_\_\_\_\_

5. PENSION AND OTHER PLANS (including RRSP's)

(a) Do you belong to or contribute to a company pension plan? Yes\_\_\_No \_\_\_\_\_

Name and address of company \_\_\_\_\_

Who is the beneficiary? \_\_\_\_\_

What are the benefits? \_\_\_\_\_

Does the plan terminate on your death? \_\_\_\_\_

(b) Have you contributed to the Canada or Quebec Pension Plan? \_\_\_\_\_

For how many years? \_\_\_\_\_

(c) Do you have a Registered Retirement Savings Plan(s)? Yes\_\_\_ No\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value \$ \_\_\_\_\_ Who will continue to

Make contributions? \_\_\_\_\_

(d) Does your spouse have any of the above plans? Yes\_\_\_ No\_\_\_

6. INSURANCE ON YOUR LIFE OR OWNED BY YOU

(a) Name and address of your insurance company: \_\_\_\_\_

\_\_\_\_\_

(b) Face value of policy: \$ \_\_\_\_\_ Policy Number: \_\_\_\_\_

(c) Type of policy: \_\_\_\_\_ Does coverage terminate? \_\_\_\_\_

(c) Name of beneficiary: \_\_\_\_\_

7. GROUP LIFE INSURANCE

(a) Name and address of insurance company: \_\_\_\_\_

\_\_\_\_\_

(b) Face value of policy: \$ \_\_\_\_\_ Policy Number: \_\_\_\_\_

(c) Type of policy: \_\_\_\_\_ Does coverage terminate? \_\_\_\_\_

(d) Name of beneficiary: \_\_\_\_\_

8. INVESTMENTS (bonds, stocks, monies owing to you by mortgage investments or otherwise)

(a) Approximate total value: \$ \_\_\_\_\_

(b) Approximate total cost: \$ \_\_\_\_\_

(d) Are there companies located outside Ontario? \_\_\_\_\_

9. BUSINESS OR PROFESSIONAL FINANCIAL INFORMATION

(a) Business name: \_\_\_\_\_  
(in full)

Address: \_\_\_\_\_

(b) Nature of business: \_\_\_\_\_

(c) Has a Buy-Sell or other agreement been entered into? \_\_\_\_\_  
(please provide a copy)

(d) Sole Proprietorship \_\_\_\_\_, Partnership \_\_\_\_\_,  
Incorporated Company \_\_\_\_\_

10. PERSONAL AND HOUSEHOLD ITEMS

Approximate total value: \$ \_\_\_\_\_ Insured Value: \$ \_\_\_\_\_

11. LISTED PERSONAL PROPERTY (e.g., paintings, jewellery, stamps, sculptures)

Approximate total value: \$ \_\_\_\_\_

12. BANK ACCOUNTS

Approximate total value: \$ \_\_\_\_\_ Are any accounts joint? \_\_\_\_\_  
If so, name of joint owner \_\_\_\_\_

13. INTEREST in estates, trusts, expected inheritances: \_\_\_\_\_  
(continue on last page if necessary)  
Please provide copies of appropriate documents if applicable.

14. FOREIGN INCOME (e.g., US dividends or rental payments) \_\_\_\_\_

15. OTHER ASSETS (including automobiles) \_\_\_\_\_

16. Do you have disability benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name and address of company: \_\_\_\_\_

**LIABILITIES** List bank loans and other significant debts or contingent liabilities.

1. \$ \_\_\_\_\_ (amount) \_\_\_\_\_ (owed to) \_\_\_\_\_ (address)

2. \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

3. \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**POSSIBLE EXECUTOR(S) AND GUARDIAN(S)**

1. Proposed Executor(s):

(a) _____ (full name) _____ (address) _____	(b) _____ (full name) _____ (address) _____
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2. Proposed alternate Executor(s):

(a) _____ (full name) _____ (address) _____	(b) _____ (full name) _____ (address) _____
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3. Proposed guardian(s):

(a) _____ (full name) _____ (address) _____	(b) _____ (full name) _____ (address) _____
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4. Will guardian(s) themselves require funds  
To accommodate your children? \_\_\_\_\_

5. Will the children be residing outside Ontario? \_\_\_\_\_ Or outside Canada? \_\_\_\_\_

**ADDITIONAL**

1. Do you wish to leave specific funeral and burial instructions for your Executors?\_\_  
\_\_\_\_\_

2. Do you now have an up-to-date Power of Attorney  
In force? \_\_\_\_\_

3. Do you wish to consider a “living will”? This is a document where a person states  
that he or she does not want medical intervention if the technology or treatment

that keeps them alive cannot offer reasonable quality of life or hope for recovery.\_

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**ADDITIONAL DETAILS OR COMMENTS:**