TANYA MURRAY
WILLS & ESTATES LAW

ESTATE PLANNING QUESTIONNAIRE

The following Estate Planning Questionnaire will provide us with the information we need to assist you with your estate planning. We will hold your personal information in strict confidence.

We ask that you complete as much of the Questionnaire as possible and bring it to your initial meeting. Not all questions may apply to your situation. In sections D and G of the Questionnaire, please record your current ideas. We will discuss these ideas with you in the meeting, and can offer our recommendations.

For your information, at the end of the Questionnaire you will find a summary sheet that describes the estate planning documents we generally prepare.

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It would be very helpful if you did the following in advance of your initial meeting:

- ☐ complete the attached Estate Planning Questionnaire and bring it to the meeting;
- ☐ have your photo identification (Driver's License, BC ID, or passport) ready and bring it to the meeting;
- ☐ collect copies of your current estate planning documents, if any (Will, Powers of Attorney, Representation Agreement, Letters of Wishes and/or Living Will etc.), and bring them to the meeting;
- ☐ confirm how you own your assets: whether as the sole owner or jointly with another person. Clearly record this on the Questionnaire or make it known to us in the meeting; and
- ☐ contact your financial institutions and confirm who is named as beneficiary or successor holder on each asset that allows you to do so (life insurance policies, RRSPs, RRIFs, RESPs, TFSAs, and pensions).

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ESTATE PLANNING QUESTIONNAIRE

TANYA MURRAY
WILLS & ESTATES LAW

Date: _____ Referred by: _____

A. PERSONAL AND FAMILY PARTICULARS

Note: if you are a couple, please complete only <u>one</u> questionnaire for both of you.

1. **Client #1 Full Name**: _____

   Also known as names: _____

   Address: _____

   Occupation: _____ Postal Code: _____

   Telephone: Home: _____ Office/Cell: _____

   E-mail: _____ Can we send documents by email? _____

   Date of Birth: _____ Place of Birth: _____

   Citizenship: _____

   Relationship Status (check all that currently apply):
   ☐ Single ☐ Married ☐ Engaged ☐ Co-habiting ☐ Divorced ☐ Separated ☐ Widow(er)

   Do you have a marriage contract or a co-habitation agreement with your current spouse? Yes ☐ No ☐
   If yes, please bring a copy.

   Are there continuing financial obligations from a previous spousal relationship? Yes ☐ No ☐
   If yes, please bring a copy of the court order or agreement.

2. (If applicable) **Client #2 (spouse) Full Name**: _____

   Also known as names: _____

   Address (if different): _____

   Occupation: _____ Postal Code: _____

   Telephone: Home: _____ Office/Cell: _____

   E-Mail: _____ Can we send documents by email? _____

   Date of Birth: _____ Place of Birth: _____

   Citizenship: _____

   Relationship Status (check all that currently apply):
   ☐ Single ☐ Married ☐ Engaged ☐ Co-habiting ☐ Divorced ☐ Separated ☐ Widow(er)

   Do you have a marriage contract or a co-habitation agreement with your current spouse? Yes ☐ No ☐
   If yes please bring a copy.

   Are there continuing financial obligations from a previous spousal relationship? Yes ☐ No ☐
   If yes, please bring a copy of the court order or agreement.

Office use only: ID Check ☐ 1; ☐ 2

3. **Children**: (please note with an asterisk (*) any child of a former marriage of either spouse and with a double asterisk (**) any child who is disabled). "Child" includes a legally adopted child but does not include a non-adopted step child.

Your Child's Full Name & Address	Age	Marital Status	Names of Grandchildren and their ages

Have any children predeceased you leaving children? If so, please provide their information above, including date of death.

4. **Next of Kin**: if you have no children please provide names of your next of kin and their relationship to you.

B. ASSETS:

1. **REAL ESTATE:**

Address	Registered Owner(s) (Indicate if joint)	Approximate Value	Approx. Mortgage Balance Outstanding

2. **Bank Accounts (including GICs and Term Deposits):**

Owner (indicate if joint)	Financial Institution	Approx. Value

3. **Registered Savings Plans (RSPs/RIFs):**

Owner (indicate if joint)	Financial Institution / Advisor	Beneficiary	Approx. Value

4. **Tax Free Savings Accounts (TFSA):**

Owner (indicate if joint)	Financial Institution / Advisor	Beneficiary	Approx. Value

5. **Investment Accounts (non-registered accounts holding publicly traded stocks/bonds):**

Owner (indicate if joint)	Financial Institution / Advisor	Approx. Value

6. **Registered Education Savings Plans (RESPs):**

Owner (indicate if joint)	Financial Institution / Advisor	Beneficiary	Approx. Value

7. **Life Insurance:**

Policy Owner	Name of Insurer	Whose life is insured?	Beneficiary	Approx Amount

8. **Pension Plans and/or Annuities**

Pension Owner	Name of Employer/Trustee/Holder	Beneficiary	Vested/Matured

9. **Shares of a Private Company:**

Name of Company	Number & Class of Shares	Registered Owner	Fair Market Value

10. **Do you carry on a business as:** ☐ **a partner** ☐ **a sole proprietorship** ☐ **incorporated** ☐ **limited liability ?**

If so, name of business: _____

Have you signed an agreement with your partner(s)/shareholders etc. regarding a buy-out on death or disability?

☐ Yes ☐ No

If yes, please provide a copy.

11. **Personal Effects of significant value:**

Such as: Artwork, Jewelry, Heirlooms, Valuable Collections, Automobiles, Boats, RVs etc.

12. **Other Assets and Issues:**

(a) any interest in any existing estates or trusts? (please provide a copy of the Will or Trust Deed) _____

(b) do you own assets outside BC or Canada that you have not mentioned above? _____

(c) does anyone owe you money? _____

(d) are you acting as committee, attorney, or representative for anyone? _____

(e) are you acting or have you been appointed as Executor by anyone? _____

13. **Are there any other assets not already mentioned above or any matters surrounding your financial affairs that will assist us in developing your estate plan?**

C. DEBTS:

1. **Loans Payable (other than mortgages previously noted)**

Creditor	Life Insured?	Amount?
_____	☐ Yes ☐ No	$_____
_____	☐ Yes ☐ No	$_____
_____	☐ Yes ☐ No	$_____

2. **Guarantees Outstanding**

Debtor	Creditor	Amount of Indebtedness
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. WILL PARTICULARS

1. **Executor** - Who will carry out the administration of your Estate and manage any trusts created under your Will? Who will act as your alternate executor if your first choice declines, becomes ill, or dies? You may appoint more than one person as co-executors in either position.

☐ spouse as first choice.

Executor(s):_____ Relationship to you: _____

Occupation:_____ City of Residence: _____

Alternate(s): _____ Relationship to you: _____

Occupation:_____ City of Residence:_____

2. **Guardian –** Who will act as guardian of your children who are under 19 years old?

Guardian(s):_____ Relationship to you: _____

_____ City of Residence: _____

Alternate(s):_____ Relationship to you: _____

_____ City of Residence: _____

3. **Distribution of Estate**

(a) If you have a spouse and s/he survives you, should s/he receive some or all of your Estate? Yes ☐ No ☐

Describe your intentions:_____

_____

_____

(b) If you have no spouse, or if your spouse predeceases you, how will your Estate be distributed?

i. Personal Effects/Household Goods & Furnishings

What would you like done with your personal effects, household goods, and furnishings?

_____

_____

_____

ii. Financial Gifts (attach a separate sheet if you need more room):

Name and Address of Gift Recipient	Dollar Amount/Item/Property	Relationship to you

iii. Charitable Gifts (attach a separate sheet if you need more room):

Name of Charity/Organization	Dollar Amount/Item/Property

iv. Shares of Estate for your Children

Your children will receive shares of your Estate that are:

☐ equal

☐ unequal. Describe: _____

Do you want your adult children to account for gifts/advances/loans you have made to them during your lifetime?

Describe: _____

Your children will each receive their share of your Estate:

☐ outright.

☐ held in trust. Describe: _____

If a child doesn't survive you, their share should be:

☐ given to their children (your grandchildren). ☐ divided among your other children.

Things to consider for a trust for your child or your grandchildren (you may indicate your current preferences below):

Who will be the trustee?
- your executor;
- the beneficiary's parent/guardian;
- a third party.

At what age will the beneficiary receive their share outright?
- e.g. all at 19; all at 25;
- staggered distributions such as: 1/3 at 21; 1/2 of balance at 25; balance remaining at 30.

How can funds be used while held in trust?
- education only;
- education and special needs such as health care only;
- complete discretion in trustee.

What will happen if a beneficiary does not survive to the stipulated age?
- the share goes to the deceased beneficiary's children;
- the share goes to the deceased beneficiary's siblings;
- the share goes directly to charity.

(c) If you have no children – shares of estate to others (attach a separate sheet if you need more room):

Name and Address of Beneficiary	Share of Estate	Relationship to you

4. **If All Else Fails** – Who will inherit your Estate if none of your chosen heirs survive to inherit it?

5. **Funeral Instructions** – These are not necessary to include in your Will, but many choose to include their funeral wishes.

E. STORAGE OF YOUR ESTATE PLANNING DOCUMENTS

Where will you keep your originally signed estate planning documents?

☐ Your home (fire proof safe is ideal).

☐ Safety Deposit Box – Please provide bank and branch location of your box:

☐ Other:

F. OTHER COMMENTS, CONCERNS, OR INSTRUCTIONS

Use the space below:

G. INCAPACITY PLANNING DOCUMENTS

Enduring Power of Attorney:

Do you have an existing General or Enduring Power of Attorney? ☐ Yes ☐ No

If you wish to execute a new Enduring Power of Attorney, please complete the following:

Who will manage your legal and financial affairs if you are unable or if you merely require assistance?

☐ spouse as first choice.

Attorney(s):_____ Relationship to you: _____

Address:_____ Occupation:_____

Alternate(s):_____ Relationship to you: _____

Address:_____ Occupation:_____

Can your attorney: ☐ act immediately; OR ☐ only after your incapacity is confirmed by one or more physicians?

Should your attorneys be **compensated**? ☐ Yes ☐ No

Can your attorneys make charitable or other **gifts** on your behalf? ☐ Yes ☐ No

If your attorney is your spouse, can they **benefit themself** from your assets? ☐ Yes ☐ No

Representation Agreement with Letter of Wishes for End of Life Care:

Do you have an existing Representation Agreement or Letter of Wishes/Living Will? ☐ Yes ☐ No

If you wish to execute a new Representation Agreement and Letter of Wishes, please complete the following:

Who will manage your medical and personal care if you are unable or if you merely require assistance?

☐ spouse as first choice.

Representative(s): _____ Relationship to you: _____

Occupation:_____ City of Residence: _____

Alternates(s): _____ Relationship to you: _____

Occupation:_____ City of Residence: _____

Can your representative: ☐ act immediately; OR ☐ only after your incapacity is confirmed by one or more physicians?

Are you an Organ Donor? ☐ Yes ☐ No

You can check, register, or find out more about organ donation at:

https://register.transplant.bc.ca/verification.

Note: Please contact us further to hire Tanya Murray Law Corporation. Your completion of this Questionnaire does not necessarily mean you have hired us. We will confirm that we are hired with a signed engagement letter or otherwise.

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INFORMATION ABOUT ESTATE PLANNING DOCUMENTS

The following is a brief description of the documents used for estate planning in British Columbia:

Will

A Will is a legal document that sets out how the assets you own will be distributed after your death. A Will appoints the person who will act as executor to manage your estate. If you have minor children, it also names the guardian of your children. Your Will may be changed by you from time to time if necessary and only takes effect when you die. If you do not have a valid Will at the time of your death, you will not be able to control what happens to your assets; they will be distributed in accordance with the laws in effect at that time. Similarly, if you do not have a valid Will, you will not be able to appoint a guardian for your minor children; a guardianship application before the court will be needed to appoint a guardian after your death.

Enduring Power of Attorney

An Enduring Power of Attorney is a legal document that appoints a person to manage and make decisions about your financial or legal affairs. Generally, this document is used to plan for your future incapacity to manage these matters yourself, but it can also be effective while you are capable for convenience purposes. If you become incapable, the person named as attorney can pay your bills, do your banking, sign legal documents, file your tax returns, sell your property, and undertake other financial and legal matters. An attorney cannot make decisions about your health care or personal care.

Representation Agreement

A Representation Agreement is a legal document that appoints a person to manage and make decisions about your health care and personal care. Generally, this document is used to plan for your future incapacity, but it can also be effective while you are capable to allow someone to assist you in making decisions about your health and personal care. If you become incapable, the person named as representative can make decisions for you regarding your living arrangements, diet, activities, medical treatments or surgeries, medications, and your end-of-life care. In making these decisions, the representative must consider the wishes, values and beliefs that you expressed while you were still capable, whether expressed in writing (like a Letter of Wishes below) or by other means.

Letter of Wishes for End of Life Care

A Letter of Wishes for End of Life Care is sometimes referred to as a “living will”. It is not a legally binding document. Rather, it is an expression of your wishes, values, and beliefs regarding your end-of-life care. The Letter describes health care treatments that you do not want to receive if you are terminally ill or in an unresponsive state with no prospect of recovery. It will guide your representative when they must make these end-of-life care decisions for you.