

## Questionnaire - Estate + Tax Planning

Please complete this and fax or email it to us prior to our first meeting with you. Skip any questions that do not apply and feel free to add any other information at the end. We will protect your information and assure you of strict confidentiality. Ensure all names are spelled correctly. If you have any questions in filling out this questionnaire, please contact us at 905 525 8873.

Date of this Questionnaire: \_\_\_\_\_ (mm/dd/yyyy)

### Personal Information

#### About You

Full Name: \_\_\_\_\_  
Surname First name M.I.

Address: \_\_\_\_\_  
Street Address Unit No.

\_\_\_\_\_  
City Prov. Postal Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Mobile Alternate

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ (mm/dd/yyyy)

Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Your Employer: \_\_\_\_\_

#### About Your Spouse (in this Questionnaire, Spouse includes your Common Law Partner)

Full Name: \_\_\_\_\_  
Surname First name M.I.

Address: \_\_\_\_\_  
Street Address Unit No.

\_\_\_\_\_  
City Prov. Postal Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Mobile Alternate

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ (mm/dd/yyyy)

Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

**Marriage Information**

We are Married  OR We are Living Common Law

We have a Pre-nuptial Agreement Yes  No  We have a Co-habitation Agreement Yes  No

Please provide a copy of these Agreements if they exist.

	<b>You</b>	<b>Your Spouse</b>
<b>Previously Married?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name of former Spouse</b>		

Children of Your Current Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

Children from Your Previous Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

Children from Your Spouse's Previous Marriage

Full Name of Child	Current Address	Birth date (mm/dd/yyyy)

List below the details of anyone else who will be part of your Estate Plan (Parents, grandchildren etc.)

Full Name of Person	Current Address	Birth date (mm/dd/yyyy)	Relationship to You or Spouse

Do you or your Spouse have any financial support obligations for any child or other person? Yes  No

Do you or your Spouse receive any financial support from another person? Yes  No

If yes, please provide a copy of any Agreement or Court Order setting out the terms of financial support.

Is anyone born outside marriage and never adopted? Yes  No

If yes, please provide particulars of this person.

Is anyone related to you or your Spouse under a disability (physical, emotional etc.) Yes  No   
 If yes, please provide particulars of this person.

Have either of you or your Spouse been appointed as an Attorney under any Power of Attorney or as an Executor/Trustee under a Last Will and Testament? If yes, please provide particulars of this or these appointment(s).

**About Your Holdings and Assets**

**Canadian Real Estate Holdings**

**Property 1**

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants <input type="checkbox"/>	OR as Tenants in Common <input type="checkbox"/>	
Main Family Residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Secondary – Used by the Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

**Property 2**

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants <input type="checkbox"/>	OR as Tenants in Common <input type="checkbox"/>	
Main Family Residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Secondary – Used by the Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

**Property 3**

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants ( ) OR as Tenants in Common ( )		
Main Family Residence	Yes ( ) No ( )		
Secondary – Used by the Family	Yes ( ) No ( )		
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

Real Estate Holdings – Outside of Canada

Property 1

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants ( ) OR as Tenants in Common ( )		
Main Family Residence	Yes ( ) No ( )		
Secondary – Used by the Family	Yes ( ) No ( )		
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

Property 2

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants ( ) OR as Tenants in Common ( )		
Main Family Residence	Yes ( ) No ( )		
Secondary – Used by the Family	Yes ( ) No ( )		
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

Property 3

Street Address			
City			
Owner(s) (Registered)			
If more than one registered Owner	Held as Joint Tenants ( ) OR as Tenants in Common ( )		
Main Family Residence	Yes ( ) No ( )		
Secondary – Used by the Family	Yes ( ) No ( )		
Non-family Use (Investment etc.)	Reason for Owning:		
Estimated Market Value – Land and Building	\$	Year Acquired:	
Estimated Market Value – Contents	\$		
Mortgages/Loans secured by this property (1)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	
(2)	\$	Annual Interest Rate:	%
	Maturity Date:	(mm/dd/yyyy)	

If any of the Real Estate Holdings are owned by a Corporation or owned in common with business partners or other third parties, please provide particulars:

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**About Your Holdings and Assets (Continued)**

**Investments**

**Non- Registered Investments (Stock market, Fixed Income, Regular Bank Accounts, Monies owed to you etc.)**

1	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$

2	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$

3	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$

4	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$

Non- Registered Investments (Stock market, Fixed Income, Regular Bank Accounts, Monies owed to you etc.) - Continued

5	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$

6	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount \$

7	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$

8	Owned by you Alone	Owned by your Spouse Alone	Owned Jointly by you and your Spouse
Type of Account			
Name of Bank or Broker			
Value of Account today	\$	\$	\$
Annual Rate of Return	%	%	%
Maturity Date			
Can a Beneficiary be designated?	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If so, name of Beneficiary			
Any loan outstanding for this investment?	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$	Yes ( ) No ( ) If yes, Amount \$

Registered Investments (RSP, RIF, RESP, TSFA, Corporate Pension Plan etc.)

1	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$

2	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$

3	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes ( ) No ( ) Amount \$	Yes ( ) No ( ) Amount \$

4	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes ( ) No ( ) Amount \$	Yes ( ) No ( ) Amount \$

5	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes ( ) No ( ) Amount \$	Yes ( ) No ( ) Amount \$

6	Owned by you	Owned by your Spouse
Type of Account		
Name of Bank or Broker		
Value of Investment today	\$	\$
Annual Rate of Return	%	%
Maturity Date		
Name of Beneficiary		
Any loan outstanding ?	Yes ( ) No ( ) Amount \$	Yes ( ) No ( ) Amount \$

**About Your Holdings and Assets (Continued)**

**If You or your Spouse Own a Business**

1	Owned by you	Owned by your Spouse
Name of the Business		
Type of Company	Sole Owner ( <input type="checkbox"/> ) Partnership ( <input type="checkbox"/> ) Corporation ( <input type="checkbox"/> )	Sole Owner ( <input type="checkbox"/> ) Partnership ( <input type="checkbox"/> ) Corporation ( <input type="checkbox"/> )
Names of Others Involved		
Value of the Business	\$	\$
Value of your Share	\$	\$
Buy/Sell Agreement	Yes ( ) No ( )	Yes ( ) No ( )

2	Owned by you	Owned by your Spouse
Name of the Business		
Type of Company	Sole Owner ( ) Partnership ( ) Corporation ( )	Sole Owner ( ) Partnership ( ) Corporation ( )
Names of Others Involved		
Value of the Business	\$	\$
Value of your Share	\$	\$
Buy/Sell Agreement	Yes ( ) No ( )	Yes ( ) No ( )

**Life Insurance**

1	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life ( <input type="checkbox"/> ) Term - Individual ( <input type="checkbox"/> ) Term - Group ( <input type="checkbox"/> )	Whole Life ( <input type="checkbox"/> ) Term - Individual ( <input type="checkbox"/> ) Term - Group ( <input type="checkbox"/> )
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable ( ) Irrevocable ( )	Revocable ( ) Irrevocable ( )
Are premiums still Payable?	Yes ( ) No ( )	Yes ( ) No ( )
Cash Surrender Value CSV	\$	\$

2	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life ( ) Term -Individual ( ) Term - Group ( )	Whole Life ( ) Term -Individual ( ) Term - Group ( )
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable ( ) Irrevocable ( )	Revocable ( ) Irrevocable ( )
Are premiums still Payable?	Yes ( ) No ( )	Yes ( ) No ( )
Cash Surrender Value CSV	\$	\$

3	Your Life	Life of your Spouse
Name of Insurer		
Type of Policy	Whole Life ( ) Term -Individual ( ) Term - Group ( )	Whole Life ( ) Term -Individual ( ) Term - Group ( )
Death Benefit Payable	\$	\$
Beneficiary(s) Designated		
Designation Rev./Irrev.	Revocable ( ) Irrevocable ( )	Revocable ( ) Irrevocable ( )
Are premiums still Payable?	Yes ( ) No ( )	Yes ( ) No ( )
Cash Surrender Value CSV	\$	\$



Other Assets Not Already Listed by You

	You	Your Spouse
<b>Vehicles</b>		
Brief Description		
Value	\$	\$
<b>Boats, Airplanes, RV's etc</b>		
Brief Description		
Value	\$	\$
<b>Fine Art, Antiques, Jewelry</b>		
Brief Description		
Value	\$	\$
<b>Money Loaned to Others</b>		
Brief Description		
Amount of Loan	\$	\$
<b>Other Asset</b>		
Brief Description		
Value	\$	\$

Safety Deposit Boxes

	You	Your Spouse
<b>Location</b>		
Brief Description of Contents		
Key – Location/Holder		

Financial Advisors

	You	Your Spouse
<b>Name of Insurance Broker – Casualty (Fire, Theft etc)</b>		
Telephone and/or email		
<b>Name of Insurance Broker – Life Insurance</b>		
Telephone and/or email		
<b>Name of Accountant</b>		
Telephone and/or email		
<b>Name of Investment Advisor</b>		
Telephone and/or email		
<b>Name of Bank Contact</b>		
Telephone and/or email		
<b>Name of Lawyer – Prior Will or estate plan</b>		
Telephone and/or email		

**Debt, Loans Outstanding and Liabilities**

1	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

2	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

3	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

4	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

5	You	Your Spouse
Creditor Name		
Amount – Current Balance	\$	\$
Type of Debt		
Due Date	(mm/dd/yyyy)	(mm/dd/yyyy)
Purpose for this Loan		

**Your Sources of Income**

Last Calendar Year	You	Your Spouse
T4 Income	\$	\$
Business Income (not T4)	\$	\$
Net Rental Income	\$	\$
Pension Income	\$	\$
Dividend Income	\$	\$
Interest Income	\$	\$
Capital Gains Income	\$	\$

**Your Last Will and Testament ("Will")**

If you or your Spouse currently have a Will, please provide a copy to us.

**IT IS IMPORTANT TO REALIZE** that any property or investment which is held jointly (with right of survivorship) OR has a valid Beneficiary Designation **WILL NOT** be distributed in accordance with your Will.

**Administration of Your Estate (Executor)**

You may choose one or more trusted persons to administer your estate. We recommend choosing several persons in succession and/or a corporate executor. More complex estates will benefit from administration by a professional person or corporate executor. Although it is quite typical that a surviving spouse is named as the Primary Executor with your adult children being named as Alternate Executor, we will explain the options available to you in the context of your particular estate. For now, please state your preferences:

	For Your Estate	For Your Spouse's Estate
<b>Name(s) of Executor (Primary)</b>		
<b>Address</b>		
<b>Relationship to You/Your Spouse</b>		
<b>If Your Primary Executor(s) is/are unable or unwilling to act: Name(s) of First Alternate</b>		
<b>Address</b>		
<b>Relationship to You/Your Spouse</b>		
<b>If Your First Alternate Executor(s) is/are unable or unwilling to act: Name of Second Alternate</b>		
<b>Address</b>		
<b>Relationship to You/Your Spouse</b>		

**Special Instructions to your Executor(s) (e.g. Burial/Cremation Arrangements)**

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**Specified Gifts of Money or Personal Items ("Bequests")**

**From You**

Description of the Gift/Bequest	Name of the Recipient ("Beneficiary")	Relationship of Recipient to You

**From Your Spouse**

Description of the Gift/Bequest	Name of the Recipient ("Beneficiary")	Relationship of Recipient to Your Spouse

**Dependent Children**

Do you wish to include a clause in your Will regarding the Guardianship of Dependent Children? Yes ( ) No ( )

**How do you intend to distribute the Balance of your Estate:**

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**How does your Spouse intend to distribute the Balance of his/her Estate:**

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**Charitable Giving**

Do you or your spouse intend to make a gift to a Charity? If so, set out the name(s) of the Charity(s), the amount(s) of the gift(s) and the conditions applicable to the gift(s) (e.g. outright gift to a specific Charity or a gift to a specific Charity which is conditional upon the failure of any gift or distribution under your Will):

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**Disaster Clause**

In the event that all of your named Beneficiaries have not survived you or your Spouse (e.g. the tragedy of a common accident or disaster), to whom would you and your Spouse wish to give any part of your Estate?

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## Your Power of Attorney

A Power of Attorney is a document whereby a person appoints another person or persons to act or make important decisions on his/her behalf. A Power of Attorney may be a convenience (e.g. if a person is traveling and not available to sign certain documentation) or a necessity because the person is ill and unable to sign documents or make any important decision.

There are two common types of Powers of Attorney:

1. Regarding financial or property decisions ("Power of Attorney for Property"); and
2. Regarding healthcare decisions where the person is not able, due to mental or physical condition, to instruct doctors and hospitals concerning medical treatment ("Power of Attorney for Personal Care").

### For You

Who do you wish to appoint in your Power of Attorney for Property? \_\_\_\_\_

If you wish to appoint more than one person, do you wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly ( ) Severally ( )

Who do you wish to appoint in your Power of Attorney for Personal Care?

\_\_\_\_\_

Do you wish to appoint an Alternate person in your Power of Attorney for Personal Care? If so, who do you wish to appoint in the alternative?

\_\_\_\_\_

If you wish to appoint more than one person in your Power of Attorney for Personal Care, do you wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly ( ) Severally ( )

### For Your Spouse

Who does your Spouse wish to appoint in his/her Power of Attorney for Property?

\_\_\_\_\_

If more than one person, does your Spouse wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly ( ) Severally ( )

Who does your Spouse wish to appoint in his/her Power of Attorney for Personal Care?

\_\_\_\_\_

Does your Spouse wish to appoint an Alternate person in his/her Power of Attorney for Personal Care? If so, who does he/she wish to appoint in the alternative?

\_\_\_\_\_

If more than one person, does your Spouse wish them to make decisions jointly (i.e. all to agree) or severally (i.e. any one of them may act without the others)? Jointly ( ) Severally ( )

**Personal Goals of Your Estate Plan**

List the particular concerns you wished addressed in your Estate planning efforts:

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**Consent to Joint Retainer**

Where more than one person is supplying information in this Questionnaire (i.e. Spouses or Life Partners), the option exists to have each person represented by his or her own counsel. If both persons wish our law firm to act on behalf of both of them, we will ask that a "Consent to Joint Retainer" be signed which authorizes our law firm to act on behalf of both persons unless a conflict arises which could give rise to separate representation.

If more than one person is completing this Questionnaire, a "Joint Retainer" arrangement is acceptable to them

Yes  No