



## ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_ File No. \_\_\_\_\_

Solicitor: **Mark Blumberg**  
**BLUMBERG SEGAL LLP**  
390 Bay Street, Suite 1202  
Toronto, ON M5H 2Y2

Tel.: (416) 361-1982  
Fax: (416) 363-8451  
E-mail: [mark@blumbergs.ca](mailto:mark@blumbergs.ca)  
[HTTP://www.blumbergs.ca](http://www.blumbergs.ca)

We have prepared this questionnaire for you to complete prior to meeting with us. Many of the questions will not apply to your situation and can be skipped. Any questions can be referred to us. This questionnaire also reflects Blumberg Segal LLP's commitment of keeping legal costs reasonable. By having you spend the time answering these questions it reduces the amount of time to review preliminary matters at the initial meeting with a lawyer. Upon completion please return it to our office.

### PERSONAL

1. Full Name: \_\_\_\_\_
2. Birth Date and Place: \_\_\_\_\_
3. Occupation: \_\_\_\_\_
4. Spouse's Name: \_\_\_\_\_
5. Spouse's Birth Date and Place: \_\_\_\_\_
6. Date and Place of Marriage: \_\_\_\_\_
7. Is there a marriage contract or domestic contract? Yes  No   
(If so, please provide a copy)
8. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Contact Information:**

Telephone Number (H): (     ) \_\_\_\_\_  
Telephone Number (W): (     ) \_\_\_\_\_  
Fax Number: (     ) \_\_\_\_\_  
Cell Phone Number: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

*Spousal Information:*

Telephone Number (H): (     ) \_\_\_\_\_  
Telephone Number (W): (     ) \_\_\_\_\_  
Fax Number: (     ) \_\_\_\_\_  
Cell Phone Number: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

10. **Citizenship:**

Your Citizenship: \_\_\_\_\_  
Your Spouse's Citizenship: \_\_\_\_\_

11. Do either of you have any foreseeable intention of leaving Ontario? Yes  No

12. Domicile: \_\_\_\_\_

13. Residence for Income Tax Purposes: \_\_\_\_\_

14. Accountant: \_\_\_\_\_

15. Insurance Advisor: \_\_\_\_\_

16. Investment Advisor: \_\_\_\_\_

17. Children of present marriage (if disabled, indicate nature of disability):

<u>Full Name:</u>	<u>Date of Birth:</u>	<u>Age:</u>	<u>Disability:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Previous marriage by either spouse (if so, particulars of which spouse):

(a) Date and Place of Divorce: \_\_\_\_\_

(b) Name of Previous Spouse: \_\_\_\_\_

(c) Children of previous marriage (if disabled, indicate nature of disability):

<u>Full Name:</u>	<u>Date of Birth:</u>	<u>Age:</u>	<u>Disability (if any):</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Other dependants (e.g. parent, brother or sister, etc.):

<u>Name:</u>	<u>Date of Birth</u>	<u>Age:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Miscellaneous information (e.g. are you a trustee or executor for someone else? Do you have assets in your name that are not your own?)

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

**ASSETS:**

21. Do you own a house: Yes  No

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered in the name of: \_\_\_\_\_  
Purchase Price: \$ \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_  
Original Mortgage Amount: \$ \_\_\_\_\_  
Present Mortgage Amount: \$ \_\_\_\_\_  
Is this a matrimonial home? Yes  No

22. **Other Properties:**

(a) Cottage Property:  
Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered in the name of: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_  
Acquisition Cost: \_\_\_\_\_  
Value: \$ \_\_\_\_\_  
Mortgage: \_\_\_\_\_

(b) Other real estate:

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered in the name of: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Acquisition Cost: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage: \_\_\_\_\_

23. **Personal Effects** – (ownership and approximate value):

(a) Furniture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Automobile, other vehicles, boats, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. **Special Collections Heirlooms, Artwork, Jewellery:**

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

25. **Nature of Investments:**

Date of Purchase: \_\_\_\_\_

Approximate Value (in total): \$ \_\_\_\_\_

(a) Stocks & Shares in public companies:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(b) Canada Savings Bonds:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(c) Other Bonds, GIC's & Term Deposits:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(d) Miscellaneous:

_____	\$ _____
_____	\$ _____
_____	\$ _____

26. **Investment in Private Companies:**

<u>Name of Company:</u>	<u>Share Structure</u>	<u>Value:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

27. **Shareholders' Agreement or Buy/Sell Agreement & Terms:**

<u>Name of Company:</u>	<u>Share Structure</u>	<u>Value:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

28. **Small Business / Sole Proprietorship:**

Name of Business: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_

29. **Pension Plans**

	<u>Beneficiary Designation:</u>	<u>Company:</u>
Pension Plans:	_____	_____
R.R.S.P.:	_____	_____
C.P.P.:	_____	_____
Any other Plans:	_____	_____
_____	_____	_____

30. **Life Insurance**

*Group:*

<u>Company</u>	<u>Beneficiary Designation:</u>	<u>Death Benefit:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any cash surrender value of the policy?

*Personal:*

<u>Company</u>	<u>Beneficiary Designation:</u>	<u>Death Benefit:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. **Banking:**

*Accounts held jointly:*

<u>Name of Bank:</u>	<u>Location:</u>	<u>Amount:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Accounts in your name:*

<u>Name of Bank:</u>	<u>Location:</u>	<u>Amount:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Accounts in spouses name:*

<u>Name of Bank:</u>	<u>Location:</u>	<u>Amount:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Safety Deposit Box:*

<u>Name of Bank:</u>	<u>Location:</u>	<u>Amount:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Box No.: \_\_\_\_\_ Registered Name: \_\_\_\_\_  
Location of Key: \_\_\_\_\_  
\_\_\_\_\_

32. **Other Assets** (Specify):

_____	\$
_____	\$
_____	\$

33. **Likely inheritances from person other than spouse** (Specify):

_____	\$
_____	\$
_____	\$

34. **Debts and Liabilities Including Mortgages:**

Creditor:	Principal and Liability Amount:	Interest:	Maturity:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

35. **TOTAL VALUE OF ESTATE**

What would you estimate is the total value of your estate along with your spouse's estate including life insurance proceeds?

\$ \_\_\_\_\_

36. **Charities:** Are you very involved with any charities either as a donor or volunteer

Charity Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Estate Planning Documents**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 37. Do you and your spouse have a will?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 38. Do you and your spouse have a Continuing Power of Attorney for Property?              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 39. Do you and your spouse have a Power of Attorney for Personal Care?                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 40. Have you set up a family trust, insurance trust, Henson trust or other type of trust? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |