

Estate Planning for Wills - Personal Data Form

The Law Office of Fay Hassaan

330 Bronte Street South
Milton, Ontario
L9T 7X1
Phone: 905.878.2804
Fax: 905.878.5610

PRIVATE & CONFIDENTIAL

This document consists of confidential data that is subject to **lawyer-client privilege**. All rights to solicitor-client privilege are expressly claimed and have not been waived.

Current Date

IMPORTANT

The information you are about to provide will be the basis for your discussions with your lawyer and other financial advisers about your will and other estate and personal planning. You do not need evaluations or appraisals for listing assets and liabilities – your best estimates should be sufficient for most discussions. However, how you own the legal title to your assets is important and, if you are not sure whether, for example, your house is owned jointly with another person, ask your lawyer to investigate since assumptions can cause later problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies and pension plans.

PART I- PERSONAL INFORMATION

1. Full legal name

2. Home address

Province

Postal Code

3. Date of Birth

Place of Birth

4. Home Phone

Business Phone

5. Occupation

Annual Income

6. Place of residence for income tax purposes Citizenship

7. Marital status

PART II- FAMILY INFORMATION

8. Spouse's name Spouse's Date of birth

Is spouse's address the same as yours? Yes No

If NO, please specify:

Spouse's address

9. CHILDREN

Child's name Child's date of birth

Is this child's address the same as yours? Yes No

If NO, please specify:

Child's address

Child's name Child's date of birth

Is this child's address the same as yours? Yes No

If NO, please specify:

Child's address

Child's name Child's date of birth

Is this child's address the same as yours? Yes No

If NO, please specify:

Child's address

Child's name Child's date of birth

Is this child's address the same as yours? Yes No

If NO, please specify:

Child's address

Child's name Child's date of birth

Is this child's address the same as yours? Yes No

If NO, please specify:

Child's address

Are there any other children that have not been included above, for any reason at all? No Yes

10. Other dependants

Do you have any legal obligation to support another person in addition to your spouse and children, or have you been providing actual support to anyone other than your spouse and children?

Yes No

If YES, please specify:

Name

Date of birth

Address

Nature of support

11. Have you ever promised someone a share of your estate in exchange for that person assisting you personally or with your finances or assets?

Yes No

If YES, please provide Particulars:

12. Are there any other people named in your estate/will, who are not dependants?

Yes No

If YES, please provide Particulars:

Name

Date of birth

Address

Name

Date of birth

Address

PART III- GENERAL INFORMATION

1. Do you currently have a will? Yes No

Does your spouse have a will? Yes No

2. Are you presently receiving benefits from an estate or trust?

Yes No

If yes, please provide particulars:

3. Have you set up a trust to benefit another person?

Yes No

If yes, please provide particulars:

4. Are you an executor or trustee of any estate?

Yes No

If yes, please provide particulars:

5. Do you have your own financial planner, investment advisor, accountant or life insurance agent?

Yes No

Name

Professional type

Name

Professional type

Name

Professional type

6. Do you own an interest in a business (i.e. sole proprietorship, partnership or limited company)? Please provide copies of business agreements

Yes No

If YES, please provide details:

7. Do you and your spouse have a marriage contract?

Yes No

If YES, please provide a copy.

PART III - ASSETS (*This section is optional, and for estate planning only*)

3. Real estate

Location	<input type="text"/>	Location	<input type="text"/>
Value	<input type="text"/>	Value	<input type="text"/>
Original cost	<input type="text"/>	Original cost	<input type="text"/>
In whose name?	<input type="text"/>	In whose name?	<input type="text"/>

4. Savings accounts (**only for savings accounts having an average balance over \$10,000*)

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Address of bank	<input type="text"/>	Address of bank	<input type="text"/>
Account #	<input type="text"/>	Account #	<input type="text"/>
In whose name?	<input type="text"/>	In whose name?	<input type="text"/>
Average balance	<input type="text"/>	Average balance	<input type="text"/>

If any of these accounts is/are held in your name with another person, do you intend that the other person should inherit the balance in such account(s) upon your death?

Yes

No

5. Do you have a safety deposit box?

Yes

If YES, please provide location & box number

No

6. Life Insurance

Name of company

Name of company

Policy #

Policy #

Type of plan

Type of plan

Named beneficiary

Named beneficiary

Value to your estate

Value to your estate

7. RRSPs, RIFs, Pensions and Annuities

Name of company

Name of company

Contract #

Contract #

Type of plan

Type of plan

Named beneficiary

Named beneficiary

Value to your estate

Value to your estate

8. Investments

Please list all stocks and/or bonds, their original costs, estimated market values and name(s) of registered owners:

Please indicate whether you intend that any of these investments, which are held in the names of yourself and another person, will become solely owned by that other person upon your death:

PART IV - LIABILITIES (*This section is optional, and for estate planning only*)

1. Mortgages payable by you:

Amount owing

Name of mortgagee

Is this mortgage insured?

Yes No

Amount owing

Name of mortgagee

Is this mortgage insured?

Yes No

2. Other major debts (over \$10,000):

Amount owing

Name of creditor

Amount owing

Name of creditor

Amount owing

Name of creditor

Amount owing

Name of creditor

Are any such debts (e.g., line of credit) secured by way of a collateral mortgage on real property?

Yes

No

If YES, please provide particulars:

PART VI- WILL INSTRUCTIONS (Required)

6. Structure of Executor(s) and trustee(s)

Number of executors:

6 (a). Names of Executor(s) and trustee(s)-Please include full names and addresses:

Name

Relationship to you

City of residence

Name

Relationship to you

City of residence

Name

Relationship to you

City of residence

7. Do you want an Alternate Executor/Trustee?

Yes

No

If YES, who?

Name

Relationship to you

City of residence

Name

Relationship to you

City of residence

8. BENEFICIARIES OF ***SPECIFIC*** TRUSTS

Please specify if you wish to establish specific trusts to deal with certain assets separately from the residue of your estate:

8(a) Establish a Trust for your residence or other real estate?

Yes

No

If yes, please give specifics:

8(b) Establish a Trust for CASH legacies (charitable, personal, sentimental)?

Yes

No

If yes, please give specifics:

8(c) Establish a Trust to distribute RRSPs, RIFs, annuities, pensions?

Yes

No

If yes, please give specifics:

9. DO YOU REQUIRE A SEPERATE TRUST to distribute any other ***personal property***?

e.g. Wedding ring- to my daughter Sarah on her 18th birthday

NOTE: Generally, instead of establishing separate Trusts for specific items of a lower monetary value, we recommend you create a non-binding memorandum or list that you can update yourself (of how you wish specific items of personal property to be given out).

Do you intend to create such a list?

Yes

No

10. RESIDUE OF YOUR ESTATE

To whom and how do you wish the 'residue' of your Estate to be distributed?

Please include: trusts for spouse and/or children and other issue, payments of income from trust, payment from trust, time of distribution of trust, provisions should any beneficiaries predecease, etc.

Some common options:

- To my spouse for his/her use absolutely.
- To my surviving children equally.
- To my surviving grandchildren equally.

Other:

(Please give specifics)

-you can use %

-you can use \$

11. ALTERNATE RESIDUE OF YOUR ESTATE (*Optional*)

Should the primary beneficiaries predecease you, to whom and how do you wish the 'residue' of your Estate to be distributed?

Some common options:

- To my surviving children equally, but should any predecease me, my surviving children shall receive that share.
- To my surviving children equally, but should any predecease me, their children (i.e. my grandchildren) shall have that share.
- To my surviving grandchildren equally.

Other:

(please give specifics)

- you can use %

- you can use \$ value

12. POWERS OF THE ESTATE TRUSTEE(S)

These matters govern which powers you wish to give to your Trustees/Executors to deal with the administration of your Estate.

Taxes & Expenses:

- All death taxes are to be paid from the capital of my Estate (and not by my beneficiaries)
- If a specific gift to a names beneficiary is an asset on which the estate will have to pay income tax, I want my estate to pay that tax (so it shall not be borne by the named beneficiary)
- Executors/Trustees should have broad powers for retention, sale and investment of assets and, if a trust company, investment in own securities, etc.
- Funeral expenses are to be paid from the capital of my Estate (and not by my beneficiaries)

Other:
(please give specifics)

13. APPOINTMENT OF GUARDIANS

Do you wish to appoint an individual(s) to be the legal guardian of your child/ren?

- Yes
- No

If yes, please give specifics:

14. BURIAL & FUNERAL ARRANGEMENTS

I wish that my remains are

I wish that my remains/ashes
are to be placed at:

Other burial instructions:

15. OTHER GENERAL INSTRUCTIONS

Please add any additional instructions or other matters that have not been dealt with above:

Please specify:

16. ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

I, , hereby affirm that the above information is accurate and true, to the best of my knowledge and judgement, and I have not been subject to any pressure or undue influence by any other person with respect to my responses.

IF YOU AGREE WITH THE ABOVE STATEMENT, PLEASE INDICATE YOUR AGREEMENT BY PLACING YOUR INITIALS INTO THE BOX

SAVING AND SUBMITTING THIS FORM

Upon completion of this form, please scan it on to your computer and SAVE THIS DOCUMENT. Save the document as "YOUR FULL NAME.pdf"

For example: WilliamMcWill.pdf

SUBMISSION OPTIONS:

1. Send the saved form via email as an attachment to: legal@fayhassaan.com
or
2. Fax a completed copy of the form to: (905) 878-5610
or
3. Mail to The Law Office of Fay Hassaan (address above)

***Please be sure to keep a copy of this form for your records, either in hard-copy or electronic format*