

Estate Planning Checklist



NEFF LAW OFFICE
PROFESSIONAL CORPORATION

Please complete the questions that apply to you.

Date: _____

If your Will and/or Powers of Attorney need to be completed quickly (travelling, surgery, serious medical condition), advise us immediately so that we can review this with you.

For couples, please complete only one of these forms, indicating ownership of various assets with each of your initials in the columns provided. Please also bring photo I.D. with you to your initial appointment.

I.D. Copied DocuPass: _____ How did you hear about us?: _____

Your Personal Information

Your Full Name: _____
(include middle names and alternate names, if any)

Address: _____
(street, apt. no., city, postal code)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Job Title: _____ Employer: _____ Citizenship: _____

Marital Status: Single Married Common Law
as of (date): _____ as of (date): _____

Please check all that apply. Separated Divorced Widowed
as of (date): _____ as of (date): _____

Your Spouse's Personal Information

Your Spouse's Full Name: _____
(include middle names and alternate names, if any)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Job Title: _____ Employer: _____ Citizenship: _____

Marital Status: Single Married Common Law
as of (date): _____ as of (date): _____

Please check all that apply. Separated Divorced Widowed
as of (date): _____ as of (date): _____

General Information

1. Do you have existing Wills or Powers of Attorney? Yes No
2. Have you (or spouse) been married before? Yes No
3. Are you in a relationship that could become a marriage? Yes No

If 'yes', please print your partner's name: _____

4. Do you (or spouse) have parents born in/resident of the U.S.A.? Yes No
5. Were you or your spouse born in, or ever resident of, the U.S.A.? Yes No
6. Have you signed (or are you planning to sign) an agreement that could affect your estate planning, such as a separation or divorce agreement, a marriage contract? Yes No
7. Are you subject to a Court order for spousal or child support? Yes No

Organ Donation, Funeral, Burial, Cremation Wishes

8. Indicate below if your Will is to include wishes regarding organ donation, funeral, burial, cremation. If you have made pre-arrangements, please provide the name of the funeral home. You should ensure your family and Executor are aware of your wishes as the Will may not be read immediately.

Yes No If 'Yes', give details below.

9. If someone **other than a close family member will be named as an executor**, please provide the full name of your parents (including your mother's maiden name), and the birthplace of each of your parents. If you are a couple, include both sets of parents' names and birthplaces.

Business Interests

10. If you or your spouse own or operate a business, fill in the information below. Please provide all that apply: business registration, Articles of Incorporation, Partnership Agreement or Shareholders' Agreement.

Name of business: _____

Owner(s): _____

Registered: _____

Approximate Value: _____

Children

11. If you have children, fill in the chart below. List all children, even if they are not to inherit from you. **Please also list children who are deceased.**

My Child's Full Name and Address	Date of Birth <small>year/month/day</small>	Child's Marital Status	How many children does this child have and how old are they?

Children Under 18

12. If you have children under the age of 18, complete this section.

- a. If both you and your child's other parent die, who would you like to act as guardian(s) of your child? (Note that the named guardian must apply to Court for permanent guardianship within 90 days of your death).

Guardian's Name: _____
Guardian's Address: _____
Guardian's Phone Number: _____
Guardian's Relationship to You: _____

- b. If the above guardian is unable or unwilling to act, who would you like as alternate guardian(s)?

Alternate Guardian's Name: _____
Guardian's Address: _____
Guardian's Phone Number: _____
Guardian's Relationship to You: _____

Beneficiaries

13. Are there any "logical" beneficiaries you intend to exclude? Yes No
14. If you have stepchildren, should they inherit from you? Yes No
15. Do any of your beneficiaries live outside Canada? Yes No
16. Do you support anyone (other than children who are under age 18)? Yes No
17. Are any beneficiaries physically or mentally disabled? Yes No
18. Are any beneficiaries receiving disability pensions (such as ODSP)? Yes No
19. Are there any loans between you and any of your beneficiaries? Yes No

Copyright and Passwords

20. (a) Do you have any ownership or interest in a copyright, patent, or trademark? Yes No

(b) Where will your Executor(s) or Power of Attorney locate information about on-line or computer accounts and passwords? Note: this information is kept confidential and only provided to your Executor(s) or your Attorney(s) for Property. Unless otherwise directed by you, in writing, we will only provide this information if your Executor(s) or Attorney(s) for Property provide i.d. and one of: a death certificate, a doctor's letter stating you are mentally incapable or your written authorization.

Real Estate

21. If you or your spouse own real estate, fill in the chart below and bring a copy of your Deed (also referred to as a 'Transfer'). If you need additional space, please list on the back.

	Address of Property	Owner(s)	Sole/ Joint	Approximate Market Value	If Mortgaged, Balance?	Mortgage Insurance?
1						
2						

22. Have you ever owned (or partly-owned) more than one property at any time whether in the past or at the present time? Yes No

Registered and Non-Registered Assets

23. List below any registered investments (RRSPs, RRIFs, LIRAs, RDSPs, RESPs, DPSPs, TFSAs)

	Type of Plan (RRSP, RRIF, LIRA, RDSP, RESP, DPSP, TFSA)	Owner or Subscriber or Annuitant	Financial Institution	Named Beneficiary, if permitted and if any.	Approximate Value
1					
2					
3					

24. List below all other non-registered investments such as Guaranteed Investment Certificates (GICs), Canada Savings Bonds or other bonds, stocks, mutual funds, or an interest in a trust or in another estate. (Bank accounts are covered on the next page.)

	Type of Investment (GIC, CSB, Stocks, Mutual Funds, etc.)	Owner(s)	Financial Institution	Approximate Value
1				
2				

Life Insurance, Stock Options, Income, Joint Assets with Non-Spouse

25. List below any life insurance coverage.

	Private or Group	Owner of Policy	Issued by	Named Beneficiary, if any	Approximate Value
1					
2					
3					

26. Do you or your spouse have any stock options? Yes No

27. List your income and your spouse's income. Include all types of income: earned, pension, rental, dividend etc.

Type of Income (earned, interest, dividend, support, etc.)	Whose Income is it?	Source	Approximate Annual Amount

28. If you have a spouse and if any of your assets are jointly owned with someone who is not your spouse, please explain below what type of asset it is and whether you intend it to be considered as the surviving joint owner's asset or if you intend it to be part of your estate after you die.

Bank & Trust Accounts

29. Provide details of bank or trust accounts owned by you or your spouse.

Type of Account (Cheq or Savings)	Owners	Name and Location of Financial Institution	Sole or Joint?	Approximate Balance

Safety Deposit Box

30. If you have a safety deposit box, please provide:

Location: _____ Joint Owner: _____

Other Valuables

31. Please provide details of any items of particular value such as jewellery, collections, artwork?

Vehicles, Boats, RVs

32. If you own a vehicle, boat, RV, etc., please list below.

Type of car, van, boat, RV	Initials of all Owners	Approximate Value

Your Will

Executors (Estate Trustees)

33. Who do you want to act as your Executor(s)? List full legal name, address, and relationship to you.

34. Who do you want to act as your alternate Executor(s) if your first choice becomes ill or dies? List full legal name, address, and relationship to you.

Distribution of Your Estate

35. Before meeting with us, please consider how you wish your estate to be distributed. Write your thoughts and ideas here and on the next page. We will discuss this further in our meeting with you.

a. **Household Goods and Personal Effects (generally, the things in your home).**

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

b. **Cash Bequests (specific amounts of money for certain persons or charities)**

Provide details here of specific cash gifts to one or more people or charities?

Name of Beneficiary: _____ Amount: _____

Name of Beneficiary: _____ Amount: _____

Name of Beneficiary: _____ Amount: _____

c. Residue (the balance of your estate after debts and cash gifts are paid).

How would you like the remainder of your estate to be distributed?

Powers of Attorney

Complete the following so that we may draft Powers of Attorney for you. Note that, in Canada, an 'Attorney' is a person who makes decisions for you. 'Attorney' does not necessarily refer to your lawyer.

Power of Attorney for Property

36. Who do you want to act as your financial attorney(s) (i.e., your substitute decision-maker(s) for financial matters)? Provide full legal name, address, and relationship to you.

37. Who do you want to act as your alternate financial attorney(s) if your first choice becomes ill or dies? Provide full legal name, address, and relationship to you.

38. Have you ever signed a power of attorney, or other documents at a bank or any financial institution that allow access to, or control of, your accounts? Yes No

39. If yes, do you wish to revoke all such 'bank' powers of attorney? Yes No

Power of Attorney for Personal Care

40. Who do you want to act as your personal care attorney(s) (i.e., your substitute decision-maker for health and personal welfare matters)? Provide full legal name, address, and relationship to you.

41. Who do you want to act as your alternate personal care attorney(s) if your first choice becomes ill or dies? Provide full legal name, address, and relationship to you.

42. Is it OK for your Attorneys to deplete your assets as needed to provide care to keep you at home as long as possible and/or pay for good quality residential care? Yes No

43. Do you wish your Attorney for Personal Care to be paid for the work that they do (we suggest a rate that is in the range of 2x to 3x the minimum wage in Ontario)? Yes No

44. Please consider whether you wish to provide specific instructions to your Attorney for Personal Care and check mark **one of the following**:

- None -- Your attorney must make a decision based on what they believe you would have decided
- Living Will paragraph shown below often referred to as a ‘no heroic measures’ clause

“Death is as much a reality as birth, growth, maturity and old age. It is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions while I am of sound mind. If at such time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or ‘heroic measures’. I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life. This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions herein expressed carried out to the extent permitted by law.”

- Short Living Will paragraph shown below

If I am terminally ill, I do not wish my life unduly prolonged by any course of treatment or any other medical procedure which offers no reasonable expectation of recovery from life-threatening physical or mental incapacity, except as may be necessary for the relief of suffering. If I am terminally ill, it is my wish that no heroic measures be taken to prolong my life.

- Advanced Medical Directive (Available on our website)
- Other (You wish to write your Living Will in your own words. Please draft prior to our next meeting and bring it with you.).

Providing Draft Documents for Your Review

In most circumstances, we will provide you with draft documents to review before your signing appointment. We will email these to you a day or two before your signing appointment. Unless you advise us otherwise, we will use the email address(es) that you have provided on page 1 of this checklist. We provide draft documents as a password-protected PDF Portfolio which is attached to the email. Our covering email provides instructions and a link to download the free Adobe Acrobat Reader if you do not have it on your computer. Your password is provided to you at your initial appointment. The package will include each of your documents and other forms to be signed at your appointment. If you have any difficulty opening the attachment that we send you, please let us know right away.

Document Checklist

Please review the document checklist below. If you have such documents, please bring what you have to our first meeting. If you are unable to locate some documents, please bring what you have to your first meeting.

Current Documents (if any)

- Will(s)
- Power(s) of Attorney for Property
- Power(s) of Attorney for Personal Care

Property

If you own any property, please bring for each property:

- Property deed(s) or “transfer”

Marriage or Cohabitation Agreement

If you have signed or intend to sign a marriage or cohabitation agreement, please bring:

- Marriage contract
- Cohabitation Agreement

Separation Agreement and/or Divorce

If you are separated, it is important that you update your documents promptly.

- Separation agreement (Signed or unsigned draft)
- Divorce decree

Business

If you have an ownership interest in a business, please bring all that apply:

- Business registration
- Articles of Incorporation
- Partnership Agreement
- Shareholders' Agreement

RRSPs, RRIFs, RDSPs, RESPs, LIRAs, DPSPs, TFSAs

If you have any registered investments or plans, please bring:

- Statements (quarterly or annual) of registered investments or plans & recent beneficiary designations

Life Insurance

If you have life insurance, please bring:

- Life insurance policies and most recent beneficiary designations

Investments

If you have investments, please bring:

- Investment account statements (most recent quarterly or annual)