

KIRKLAND, MURPHY & KENNEDY
PROFESSIONAL CORPORATION
BARRISTERS & SOLICITORS

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ESTATE PLANNING QUESTIONNAIRE

Please complete this form to the best of your ability and bring it with you to our initial meeting. Your cooperation in this regard will make your appointment more productive and therefore save you both time and money. If you are uncertain as to how to respond to a particular question, simply note that fact. All of your answers will be reviewed with you so that you will have the opportunity to clarify any answers after you have been made aware of all of the potential options and their respective legal and tax ramifications. We look forward to working with you to help you achieve your estate planning goals.

DOCUMENTS TO BE BROUGHT TO FIRST CONFERENCE

If available, we would like you to bring a recent **photograph** of yourself and your family to our first meeting. We like to make this photo part of our file. In addition, please bring copies of the following documents which are relevant:

1. Any existing Wills or Trusts of either spouse, including “Living Wills” or “Living Trusts”;
2. Any co-habitation agreements or marriage contracts that either spouse has signed;
3. If available, any Will or Trust under which either spouse has an interest;
4. Any buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan (other than qualified plans) to which either spouse is a party, including beneficiary designations;
5. Powers of Attorney for management of property or health care;
6. Ownership and beneficiary designations for life insurance policies, and beneficiary designations for RRSPs and qualified plans.

Note: Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should, or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the questionnaire should still be completed to the extent possible.

ESTATE PLANNING QUESTIONNAIRE

General Information

Date: _____

YOU:

NAME: _____

OTHER NAMES USED: _____

HOME ADDRESS: _____

OTHER RESIDENCES: _____

TELEPHONE: _____

OCCUPATION: _____

EMPLOYER: _____

POSITION: _____

BUSINESS ADDRESS: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

MARITAL STATUS: _____

SPOUSE (if applicable):

NAME: _____

RESIDENCE IF OTHER THAN YOURS: _____

OTHER NAMES USED: _____

CITIZENSHIP: _____

OCCUPATION: _____

EMPLOYER: _____

POSITION: _____

PLACE OF BIRTH: _____

FAMILY PROFILE

| <u>NAME</u> | <u>MARITAL STATUS</u> | <u>NO. OF CHILDREN</u> | <u>DATE OF BIRTH</u> | <u>SOCIAL INSURANCE NUMBER</u> |
|--------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------------|
| YOU: _____ | _____ | _____ | _____ | _____ |
| SPOUSE: _____ | _____ | _____ | _____ | _____ |

CHILDREN AND DECEASED CHILDREN:
(include address if other than yours, and note if child is deceased or adopted)

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ASSETS

Note: Please show the approximate value of the following assets in the appropriate column. Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories:

| | <u>You</u> | <u>Spouse</u> | <u>Joint</u> |
|---|------------|---------------|--------------|
| Cash, Bank Accounts and Money Market Funds | _____ | _____ | _____ |
| Bonds and Bond Funds | _____ | _____ | _____ |
| Listed Stocks and Mutual Funds | _____ | _____ | _____ |
| Listed Partnerships | _____ | _____ | _____ |
| Residence | _____ | _____ | _____ |
| Second Homes | _____ | _____ | _____ |
| Investment Real Estate | _____ | _____ | _____ |
| Professions or Business in which you are active (Sole Proprietorship, Partnerships or Corporations) | _____ | _____ | _____ |
| Closely Held Business (including RRSPs)(Complete supplemental information on page 5) | _____ | _____ | _____ |
| Life Insurance (complete supplemental information on page 6) | _____ | _____ | _____ |
| Annuities | _____ | _____ | _____ |
| Interests in Estates or Trusts | _____ | _____ | _____ |
| Home Furnishings | _____ | _____ | _____ |
| Automobiles | _____ | _____ | _____ |
| Collections | _____ | _____ | _____ |
| Other Personal Effects or Miscellaneous Assets (identify if significant) | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ |

SPECIAL INFORMATION REGARDING RETIREMENT PLANS:

| | <u>RRSPs</u> | <u>Pension</u> | <u>Profit Sharing</u> |
|---------------|--------------|----------------|-----------------------|
| Participant | _____ | _____ | _____ |
| Beneficiary | _____ | _____ | _____ |
| Present Value | _____ | _____ | _____ |

Liabilities

| | <u>Debt #1</u> | <u>Debt #2</u> | <u>Debt #3</u> | <u>Debt #4</u> |
|---|----------------|----------------|----------------|----------------|
| Creditor | _____ | _____ | _____ | _____ |
| Amount of Debt | _____ | _____ | _____ | _____ |
| Assets Encumbered (if any) | _____ | _____ | _____ | _____ |
| Personal Liability (indicate "yes" or "no", and "H" husband and "W" wife or "J" joint if there is personal liability) | _____ | _____ | _____ | _____ |

Advisors

Name and Address:

Telephone No.:

Accountant: _____

Life Insurance Agent: _____

Investment Advisor: _____

Stockbroker: _____

Other Attorney: _____

Physician: _____

Other Consultant or Advisor: _____

If spouse uses different advisors, please note and provide the same information for spouse's advisors.

LIFE INSURANCE

| Policy Owner | Insured | Insurance Company & Policy No. | Death Benefit | Accidental Death Benefit if any | Type of Policy | Annual Premium | Cash Value/ Policy Loan | Policy Beneficiary |
|--------------|---------|--------------------------------|---------------|---------------------------------|----------------|----------------|-------------------------|--------------------|
| | | | | | | | | |

ADDITIONAL INFORMATION

1. If you or your spouse were married previously, indicate to whom, when and how the marriage was terminated, whether there were children of such marriage and whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree:

2. Where and when did your current marriage occur?

3. In what provinces have you resided during your marriage?

4. Have you and your spouse entered into a co-habitation agreement or marriage contract?

5. Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding \$10,000.00 per year to any person?

6. Does either spouse have a power of appointment or other interest under a Will or Trust created by someone else?

7. Does either spouse expect a significant inheritance?

8. Is either spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?

9. In general, how do you want your estate distributed among your beneficiaries?

10. To what degree is each spouse capable of managing financial affairs?

11. Does either spouse want to control the way his or her assets pass after the other spouse dies (as opposed to giving the other spouse such control)?

12. If a Trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal?

13. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?

14. Do you wish to make any charitable gifts in your Wills?

15. Do you want any assets to pass to your children before the second spouse's death?

16. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?

17. If so, what ages should the trust require distributions of income or principal to your children or grandchildren? (The Trustee can be given discretion to make such distribution prior to such ages, and all beneficiaries need to be treated the same.)

18. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disabilities?

19. If a child is under 18 when both spouses die, who do you want to raise the children?

20. Who do you and your spouse want the Executors of your Estate to be? (You may each select one or more individuals and/or a bank)

21. Who do you and your spouse want to be the Trustees of any Trusts established in your Wills? (You may select one or more individuals and/or bank)

22. If you or your children have adopted or do adopt a child, should the adopted child be treated the same as a natural child?

23. If a child dies while assets are in Trust for him or her, do you want such child to be able to leave any such assets to his or her spouse?

24. If neither of you and none of your issue (line descendants) survive, to whom do you want your assets to pass?

25. Do you have any specific preferences as to a funeral, burial and/or anatomical bequests?

26. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?

27. Where are your insurance policies kept?

28. Where are original Wills and other important papers kept?

29. Do you wish to discuss Powers of Attorney or instructions regarding medical treatment (Living Wills)?