PERSONAL DATA SHEET

This Personal Data Sheet will help you with your Will and Powers of Attorney submission to my Offices and should be emailed to me once complete or be available to you when we meet over Zoom to discuss the issues it raises concerning your Will and Estate Planning. It also serves as a checklist, which can be held by my Offices in order to locate assets which might otherwise be lost to your beneficiaries. It should also be kept on your Computer and updated by you from time to time. Periodically you can forward an updated version and I will delete the previous version from my server.

Regulations allowing us to meet and execute over Zoom, requires that I ask you to pdf the front of your Driver’s Licence or the main page of your Passport (if you do not have a driver’s Licence) and a pdf of the front and back of a Major Credit Card. Note that I can take a photo of this ID during our First Zoom, if you do not have access to a scanner. I will also take a photo of the session and potentially record the entire session to protect your identity.

My advice will be limited to the Will Checklist which I will not audit or expect you to provide documentary backup.

It is extremely important that you look at your beneficiary designations for any registered property that you may have, as well as insurance designations to make sure that it is in accordance with your desires, as they are outside the scope of your retainer of me and devolve outside of your Will. Should you separate and\or divorce that will not override your beneficiary designations.

You may “tab” to each blank space or use your mouse to click on the blank space to be completed and you must press the “enter/return” key to go to the next line space (i.e. this is to prevent your entered data from going over the page).

**At a minimum you must complete Part 1**

|  |  |
| --- | --- |
| **DATE:** |       |

**PART 1 – FAMILY INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. | Full Name: |       |

|  |
| --- |
| *(And any Nick Names or Other Names used in any Documentation):* |
|  |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |      /     /      | Place of Birth: |       |
| mm / dd / yyyy |

|  |  |  |
| --- | --- | --- |
| 2. | Occupation: |       |

|  |  |  |
| --- | --- | --- |
| 3. | Citizenship(s): |       |

(For Income Tax Purposes as US Citizens have to declare taxes on their world-wide income)

|  |  |  |
| --- | --- | --- |
| 4. | Marital Status: |       |

|  |  |
| --- | --- |
| Spouse’s Full Name: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

|  |  |
| --- | --- |
| Spouse’s Address:*(If other than yours)* |       |
| Apt/Suite: |       |
| City: |       |
| Province: |       |
| Postal Code: |       |

5. Name of Persons, (yourself, spouse, children or other beneficiaries) if any, who are receiving ODSP or suffering from a disability:

6. Guardians to be named for your minor child or children (under the age of 18):

|  |  |  |
| --- | --- | --- |
| (a) | Primary Guardian & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |  |
| --- | --- | --- |
| (b) | Secondary Guardian & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

7. (a) Do you intend to have more children? [ ]  Yes [ ]  No *(Please check one)*

1. Have you, or do you intend to freeze your genetic material in order to have more children in case of an untimely death? [ ]  Yes [ ]  No *(Please check one)*

8. Executors to be named, at least two, other than your spouse:

|  |  |  |
| --- | --- | --- |
| (a) | Full Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

|  |  |  |
| --- | --- | --- |
| (b) | Full Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

|  |  |  |
| --- | --- | --- |
| (c) | Full Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |
|  |

9. Power of Attorney for Property, at least one, other than your spouse:

|  |  |  |
| --- | --- | --- |
| (a) | Primary Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

|  |  |  |
| --- | --- | --- |
| (b) | Alternate Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

10. Power of Attorney for Health Care, at least one, other than your spouse:

|  |  |  |
| --- | --- | --- |
| (a) | Primary Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

|  |  |  |
| --- | --- | --- |
| (b) | Alternate Name & Relationship to you: |       |

|  |  |
| --- | --- |
| Address: |       |
| Apt/Suite: |       | Home Phone: |       |
| City: |       | Bus. Phone: |       |
| Province: |       | Cell Phone: |       |
| Postal Code: |       | E-mail: |       |

|  |  |
| --- | --- |
| Date of Birth: |      /     /      |
| mm / dd / yyyy |

11. Do you prefer cremation, rather than burial? [ ]  Yes [ ]  No

 *(Please check one)*

Other special instructions:

12. Have you elected through Organ Donation Ontario to donate

 your organ(s) on death? [ ]  Yes [ ]  No

 *(Please check one)*

You can do so yourself, if you wish at <https://www.ontario.ca/page/organ-and-tissue-donor-registration> or make a note below and I can do so for you when we meet, if you bring your health card with you.

13. All Beneficiaries who are to receive a Bequest under your Will including your Children.

| **#** | **Full Name** | **Relationship** | **Address** | **RESP?**(For this person now or planned for the future) | **Date of Birth**(mm/dd/yyyy) |
| --- | --- | --- | --- | --- | --- |
| 1. |       |       |       |       |      /     /      |
| 2. |       |       |       |       |      /     /      |
| 3. |       |       |       |       |      /     /      |
| 4. |       |       |       |       |      /     /      |
| 5. |       |       |       |       |      /     /      |
| 6. |       |       |       |       |      /     /      |
| 7. |       |       |       |       |      /     /      |
| 8. |       |       |       |       |      /     /      |
| 9. |       |       |       |       |      /     /      |
| 10. |       |       |       |       |      /     /      |

14. In the Case of a Common Tragedy all Fall Over Beneficiaries who are to inherit your Estate. This assumes that your Wife (Spouse) and all your Children die at the same time as you or within 30 days in the case of your Wife (Spouse).

| **#** | **Full Name** | **Relationship** | **Address** | **Date of Birth**(mm/dd/yyyy) |
| --- | --- | --- | --- | --- |
| 1. |       |       |       |      /     /      |
| 2. |       |       |       |      /     /      |
| 3. |       |       |       |      /     /      |
| 4. |       |       |       |      /     /      |
| 5. |       |       |       |      /     /      |
| 6. |       |       |       |      /     /      |
| 7. |       |       |       |      /     /      |
| 8. |       |       |       |      /     /      |
| 9. |       |       |       |      /     /      |
| 10. |       |       |       |      /     /      |

15. Charities which are to receive a Bequest under your Will:

| **#** | **Name** | **Address** |
| --- | --- | --- |
| 1. |       |       |
| 2. |       |       |
| 3. |       |       |

Are you aware of the most tax effective means of estate charitable giving? [ ]  Yes [ ]  No

 *(Please check one)*

16. Average Household Income:

| **#** | **Name** | **Occupation** | **Annual Income** |
| --- | --- | --- | --- |
| 1. |       |       | $       |
| 2. |       |       | $       |
| 3. |       |       | $       |
| 4. |       |       | $       |
| 5. |       |       | $       |

17. Disposition of RRSPs, RIFs, annuities, pensions:

18. Disposition of residue (including trust for spouse and/or minors, payments of income from trust, payment of capital from trust, time of distribution of trust, provision should any beneficiaries predecease, etc.): You may discuss any of these issues when you meet with me.

19. Passwords for Computers, Bank Accounts and Applications. For example, Netflix, Facebook, LinkedIn, Pinterest and Twitter (You may keep this page in your private records and just note below where it is stored)

|  | **Computer/Application** | **User Name** | **Password** |
| --- | --- | --- | --- |
| 1. |     |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |

**PART II – GENERAL**

20. Are you presently receiving benefits from an estate or trust? [ ]  Yes [ ]  No

 *(Please check one)*

 *If yes, please give particulars:*

21. Do you and your spouse have a marriage/cohabitation agreement? [ ]  Yes [ ]  No [ ]  N/A

 *(Please check one)*

 *If yes, please provide a copy. If no, you must discuss with me in*

 *our meeting the potentially crucial requirement for a marriage/*

 *cohabitation agreement in your circumstances.*

22. Are you an executor or trustee of any estate? [ ]  Yes [ ]  No

 *(Please check one)*

23. Do you have your own accountant and/or life insurance agent?

| **Accountant’s Name** | **Accounting Firm/Company** | **Address** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |

| **Insurance Agent’s Name** | **Insurance Firm/Company** | **Address** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

24. Do you own or have an interest in a business (i.e., sole proprietorship or limited company)?

 [ ]  Yes [ ]  No

 *(Please check one)*

If yes, please provide copies of shareholders agreements, buy/sell agreements etc. In this circumstance, you will need both a primary and a secondary will. Not doing so will cost your estate thousands of dollars in Estate Administration Taxes unnecessarily paid to the Government of Ontario.

| **#** | **Company Name** | **Shareholders &** **% Ownership** | **Directors** | **Business Valuation** | **Cost Base of your Interest** | **Key Man Insurance Details** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |

 What is your succession plan upon retirement, disability or death?

25. Have you considered an estate freeze for tax planning purposes? [ ]  Yes [ ]  No

 *(Please check one)*

26. Have you been married more than once? [ ]  Yes [ ]  No

 *(Please check one)*

 *If yes, please provide copies of divorce, certificates of divorce, separation agreements, etc.*

27. If you are over 65 years of age have you considered an Alter Ego Trust for tax planning purposes, including avoidance for probate fees and protection of assets from a new spouse?

 [ ]  Yes [ ]  No [ ]  N/A

 *(Please check one)*

**PART III – ASSETS**

28. Automobile and Boats

| **#** | **Name & Description** | **Value** | **Original Cost** | **In Whose Name** |
| --- | --- | --- | --- | --- |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |

|  |  |
| --- | --- |
| 29. Approximate value of household goods content: **$** |       |

30. Real Estate

| **#** | **Location** | **Value** | **Original Cost** | **In Whose Name** |
| --- | --- | --- | --- | --- |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |

31. Bank Accounts

| **#** | **Name of Bank** | **Address of Bank** | **Account #** | **Average Balance** | **In Whose Name** |
| --- | --- | --- | --- | --- | --- |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |

32. Safety Deposit Box

| **#** | **Location** | **Box #** |
| --- | --- | --- |
| 1. |       |       |
| 2. |       |       |

33. Life Insurance (including any company group benefits)

| **#** | **Insurance Company Name** | **Policy Number** | **Policy Owner** | **Type of Plan** | **Named Beneficiary** | **Value of your Estate** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |
| 3. |       |       |       |       |       |       |
| 4. |       |       |       |       |       |       |
| 5. |       |       |       |       |       |       |
| 6. |       |       |       |       |       |       |

34. RRSP’s, RIFs, Pensions and Annuities

| **#** | **Name** | **Contract Number** | **Named Beneficiary** | **Value to your Estate** |
| --- | --- | --- | --- | --- |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |
| 4. |       |       |       |       |
| 5. |       |       |       |       |
| 6. |       |       |       |       |

35. Investments *(See Schedule A)*

36. Stock Options *(See Schedule B)*

**PART IV – LIABILITIES**

37. Mortgage Payable by You:

| **#** | **Amount Owing** | **Name of Lender** | **Secured By** |
| --- | --- | --- | --- |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |

38. Other Debts

| **#** | **Amount Owing** | **Name of Lender** | **Secured By** |
| --- | --- | --- | --- |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |

**39. PART V – SUMMARY**

|  |  |  |
| --- | --- | --- |
| Total value of assets | $ |       |
| Less total value of liabilities | $ |       |
| Less estimated tax liability | $ |       |
| Net value of estate | $ |       |

**40. PART VI– Assets That You Wish To Pass Outside of Your Will**

Precatory Memorandum – *A list you prepare (complete below) which is not specifically enforceable but is generally used to distribute your personal assets which have little financial value but much sentimental value to your friends and loved ones.*

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Name** | **Description** | **Person to Receive** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |
| 11. |       |       |       |
| 12. |       |       |       |
| 13. |       |       |       |

**41. SCHEDULE A - INVESTMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Holding** | **Original Cost** | **Market Value** | **Where Held** | **Beneficiaries** |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |
| 4. |       |       |       |       |       |
| 5. |       |       |       |       |       |
| 6. |       |       |       |       |       |
| 7. |       |       |       |       |       |
| 8. |       |       |       |       |       |
| 9. |       |       |       |       |       |
| 10. |       |       |       |       |       |

**42. SCHEDULE B – STOCK OPTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Number Owned** | **Number Invested** | **Current Value** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |

**43. Additional information which did not fit in the above noted category:**

|  |  |
| --- | --- |
| **#** | **Details** |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |
| 7. |       |
| 8. |       |