

# **PLANNING YOUR WILL GUIDE**

**LAW OFFICE OF JOHN WOLFE & ASSOCIATE**  
**Barristers, Solicitors and Notaries**

35 Main Street East  
Grimsby, ON L3M 1M7

**CLIENT(S):** \_\_\_\_\_

**LAWYER:**     John L. Wolfe       Crystal A. Paolone

**PLANNING YOUR WILL GUIDE**

**WHY DO WE ASK FOR PERSONAL INFORMATION?**

In this form we ask for personal information about you, your family members and potential beneficiaries. We also ask for a list of your assets and liabilities.

We do this for several reasons-we assess the information you provide to us to determine if there are any special issues that may require discussion and advice, we review the list of assets and liabilities to determine if we should be suggesting that you take advantage of various tax and probate planning mechanisms to save your estate money, and finally, to assist us with the spelling of names and the recording of birthdates, etc.

Please be assured that the information that you provide to us is used to provide you with the best possible service and advice.

If you have any difficulties in completing this questionnaire we will be happy to discuss it with you, either before we meet or during our first meeting.

Date:	Referred by:
Any reason for urgency? <input type="checkbox"/> No <input type="checkbox"/> Yes    Details:	

**SECTION “A” – PERSONAL INFORMATION**

<b>Client #1</b>	
First Name:	Middle Name:
Last Name:	Maiden Name (if applicable):
Are you known by any other names: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide names and explain:	
Address:	
Home Number:	Cell Number:
Work Number:	Email Address:
How would you like us to send you draft documents? <div style="text-align: right; margin-left: 200px;"> <input type="checkbox"/> Fax no. _____  <input type="checkbox"/> e-mail  <input type="checkbox"/> home address  <input type="checkbox"/> Other _____ </div>	
Occupation:	Employer:

Date of Birth:	Place of Birth:
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> American	
Residence for income tax purposes: <input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> American	
<b>Client #2</b>	
First Name:	Middle Name:
Last Name:	Maiden Name (if applicable):
Are you known by any other names: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide names and explain:	
Address:	
Home Number:	Cell Number:
Work Number:	Email Address:
How would you like us to send you draft documents? <input type="checkbox"/> Fax no. _____ <input type="checkbox"/> e-mail <input type="checkbox"/> home address <input type="checkbox"/> Other _____	
Occupation:	Employer:
Date of Birth:	Place of Birth:
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> American	
Residence for income tax purposes: <input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> American	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Date of Marriage/Cohabitation: Is there a marriage contract/cohabitation agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged Name of Deceased Spouse/Fiancé(e):	<b>Client #1</b> <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date of Separation/Divorce: Separation Agreement/Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Client #2</b> <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date of Separation/Divorce: Separation Agreement/Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes

Have you been married more than once?	<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a will now?	<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you on medication that affects mood or thinking?	<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a capacity-related diagnosis?	<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you disabled?	<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do you receive benefits from <i>Ontario Disability Support Program</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do you receive benefits from <i>Ontario Disability Support Program</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any plans to relocate to another province or country?	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, when?	

<b>Children and Grandchildren</b>			
1.	First Name:	Child of: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	
	Middle Name(s):	Date of Birth:	
	Last Name:	Place of Birth:	
	Address:		
	Marital Status (circle): S/M/CL/W/Sep./Div.	Telephone Number:	
	Occupation:		
	Notes:		
His or her children (your grandchildren) (please indicate if children are biological, adopted, step or other)			
Full Legal Name	Address	Date of Birth	Marital Status (circle)
			S/M/CL/W/Sep./Div.
			S/M/CL/W/Sep./Div.
			S/M/CL/W/Sep./Div.

2.	First Name:		Child of: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	
	Middle Name(s):		Date of Birth:	
	Last Name:		Place of Birth:	
	Address:			
	Marital Status (circle): S/M/CL/W/Sep./Div.		Telephone Number:	
	Occupation:			
	Notes:			
His or her children (your grandchildren) (please indicate if children are biological, adopted, step or other)				
Full Legal Name		Address	Date of Birth	Marital Status (circle)
				S/M/CL/W/Sep./Div.
				S/M/CL/W/Sep./Div.
				S/M/CL/W/Sep./Div.
3.	First Name:		Child of: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	
	Middle Name(s):		Date of Birth:	
	Last Name:		Place of Birth:	
	Address:			
	Marital Status (circle): S/M/CL/W/Sep./Div.		Telephone Number:	
	Occupation:			
	Notes:			

His or her children (your grandchildren) (please indicate if children are biological, adopted, step or other)			
Full Legal Name	Address	Date of Birth	Marital Status (circle)
			S/M/CL/W/Sep./Div.
			S/M/CL/W/Sep./Div.
			S/M/CL/W/Sep./Div.
<p><b>Are any of your children or grandchildren disabled?</b> <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p><b>If yes, do they receive benefits from <i>Ontario Disability Support Program</i>?</b> <input type="checkbox"/>No <input type="checkbox"/>Yes</p>			
<p><b>Do you have any dependants (minor children, adult children, parents, siblings or others to who you offer some form of assistance (not just financial))?</b></p>			
<p><b>Client #1</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please provide details:</p>			
Name:		Relationship:	
Nature of Support:			
<p><b>Client #2</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please provide details:</p>			
Name:		Relationship:	
Nature of Support:			
<p><b>Are you presently named as a beneficiary of an estate or trust?</b></p>			
<p><b>Client #1</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please provide particulars:</p>			
<p><b>Client #2</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please provide particulars:</p>			
<p><b>Have you set up a trust to benefit another person?</b></p>			
<p><b>Client #1</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please provide particulars:</p>			

<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:
<b>Are you an executor or trustee of any estate?</b>
<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:
<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:
<b>Do you own an interest in a business (i.e. do you operate your own business as a sole proprietorship, are you a partner or do you hold shares in a small business corporation)?</b>
<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:
<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:

**SECTION "B" – FINANCIAL INFORMATION**

**ASSETS**

<b>Bank Accounts</b>		
Institution and Account Number	Owner	Estimated Current Balance
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	

		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
<b>GICs, Stocks, Bonds, Mutual Funds, Investment Accounts</b>			
Institution and Account Number		Owner	Estimated Current Balance
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
<b>RRSPs and RRIFs</b>			
Institution and Account Number		Owner	Estimated Current Balance
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
<b>Pension Plans</b>			
Institution		Owner	Beneficiary
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2	
<b>Life Insurance Policies</b>			
Name of Company	Policy Number	Owner	Beneficiary
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2	
		<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2	



<b>Personal Property – Household furnishing, vehicles, boats, jewelry, artwork, etc.</b>		
Description	Approximate Value	
<b>Do you have any pets you would like to provide for?</b>		
<b>Does anyone owe you money?</b>		
<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:		
<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:		
<b>Do you have a safety deposit box?</b>		
<b>Client #1</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:		
<b>Client #2</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide particulars:		
<b>Principal Residence</b>		
Address	Owner <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	Date Acquired
Estimated Current Value	Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Balance
<b>Vacation Property</b>		
Address	Owner <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	Date Acquired
Estimated Current Value	Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Balance
<b>Other Property</b>		
Address	Owner <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	Date Acquired
Estimated Current Value	Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Balance

**Please list any other assets not otherwise listed above including points programs, etc.**

Client #1

Client #2

***Liabilities (other than mortgages listed above)***

\*Please list all credit cards even if there is no balance outstanding

Institution/Creditor	Borrower	Estimated Balance Outstanding
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Joint	