

Moncton \* Miramichi \* Saint John \* Fredericton

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### ESTATE PLANNING CHECKLIST

All information provided is strictly confidential and is used for estate planning purposes only. Details of your family and of your assets are essential so that we can assist you in developing an estate plan that will accomplish your wishes while minimizing probate taxes, income taxes and other changes which could reduce the value of your estate. For couples, please complete only one of these forms, indicating ownership of various assets with each of your initials in the columns provided.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

(Please include middle names and alternate names, if any)

Address: \_\_\_\_\_

(Street, apt #, city, postal code)

Length of time at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ How Long? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of time with current employer: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Spouses' Name: \_\_\_\_\_

(Please indicate middle names and alternate names, if any)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ How Long? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of time with current employer: \_\_\_\_\_ Citizenship: \_\_\_\_\_

1. a. Have you or your spouse been married before? Yes  No   
 b. Are you in a relationship that could become a marriage? Yes  No  Partner \_\_\_\_\_
2. Are you a party to any agreements or contracts such as a separation or divorce agreement, a marriage contract, or a court order for spousal or child support? Yes  No
3. Do you have a Will? Yes  No
4. Do you have any wishes regarding burial, cremation, funeral, or have you made any funeral pre-arrangements which you wish to state in your Will? Yes  No   
 Please be aware that your Executor (Estate Trustee) has final authority regarding your funeral and burial or cremation.
5. Do you have Power of Attorney? Yes  No
6. If you have children under the age of 18 and both parents die, who should be appointed as guardian of your children? Please provide guardian's address, telephone number, and relationship to you. Note that the named guardian must apply to Court for permanent guardianship within 90 days of your death.

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7. List the full legal names of each of your children in the table below. If a child is deceased but has children surviving him or her (your grandchildren), please list the deceased child and write the date of death in brackets after their name. If you need more space, please continue on the back.

If you have young children (or grandchildren), you may want to consider a trust which would allow your children(or grandchildren) to receive their inheritance gradually rather than all at once at the age of majority(presently 18). Check here if you would like to discuss trusts for children or grandchildren.

Child' Full Name	Lives in City/Country	Birthdate	Marital Status	Number of children and ages

8. Are there any children, grandchildren or other “logical” beneficiaries who are not to receive any benefit upon your death? Yes  No  If yes, provide name and an explanation:

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9. Do you have stepchildren? Yes  No  If yes, should they inherit from you? Yes  No

10. Are any of your beneficiaries living outside of Canada? Yes  No

11. Do you support anyone other than children who are under the age of 18? Yes  No

12. Are any of your beneficiaries disabled, either physically or mentally? Yes  No

13. Are any of your beneficiaries receiving social assistance or disability pensions or similar payments from government or other sources? Yes  No

14. Are there any outstanding loans between you and any of your beneficiaries? Yes  No

15. a. If you do not own any real estate, please skip to the next question.

List all real estate that you own including your house or condo, cottage, rental property, farm, U.S. or other vacation home, etc. Please provide information regarding value, mortgages, insurance as shown in the table below. If you need more space, please continue on page 7.

Address of property	Initials of Owners (full names if other than you and partner)	Sole, Joint or Tenants in Common	Approximate Market Value	If Mortgaged, Amount Remaining	Mortgage Insurance?

**Additional Mortgage Information**

Mortgage Provider	Mortgage Renewal Date	Interest Rate	Monthly Payment	Addition info.

15. b. Do you own Rental Property? Yes  No

Income from Property: \$\_\_\_\_\_

16. Do you own or operate a business? Yes  No  If yes, please provide a copy of business registration.

If there are any other owners, please provide a copy of the partnership or shareholders' agreement.

Name of business: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Registered: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

17. List details of any RRSP, RIF's, or RESP's in the table below. Please list other non-registered investments at question 20. Please continue on page 7 if you need more space.

Is it an RRSP, RIF, RESP or other?	Initials of Owners	Financial Institution	Names Beneficiary, if any.	Approximate Value

18. If you have named a beneficiary for a RIF/RRSP and that same beneficiary is not receiving the residue of the estate, do you want your estate or the beneficiary to pay the income tax on the RIF/RRSP?  
 Estate  Beneficiary

19. List details of any life insurance policies owned by you or your spouse.

Owner of Insurance Policy	Initials of all Owners	Issuer	Named Beneficiary, if any	Approximate Value on Death

20. Please list other investments (not previously listed). Include details of guaranteed investment certificates, Canada Savings Bonds or other bonds, stocks, mutual funds, foreign investments, etc. Please continue on page 7 if you need more space.

Type of Investment (GIC, CSB, stocks, etc)	Financial Institution	Initials of Owners and whether joint or not.	Approximate Value

21. Please list approximate annual income and source of such income. Please continue on page 7 if you need more space.

Type of Income (earned, interest, dividend, support, etc.)	Source	Initials of Person Receiving Income	Approximate Annual Amount

22. List banks or trust companies that you deal with and indicate how the accounts are owned.

Financial Institution	City	Type of Account (Cheq or savings)	Initials of Owners and whether joint or not	Approximate Balance

23. Safety deposit box? Yes  No  Location: \_\_\_\_\_

Held jointly with: \_\_\_\_\_

24. Do you own any items of particular value such as jewellery, collections, artwork? Yes  No

If yes, please provide details. If you need more space, please continue on page 7.

25. List details of any vehicles, boats, R.V.'s that you own and indicate ownership.

Type of vehicle (car, van, boat, etc.)	Initials of all Owners	Approximate Value

26. Who do you want to act as your Executor (Estate Trustee)?

Full Legal Name	City, Province	Relationship to You	Sole or Joint?

## Additional Information

## Key Document Checklist

- Property deed(s)
- Marriage contract
- Separation agreement
- Business registration
- Articles of Incorporation
- Partnership of Shareholders' Agreement
- Details of RRSP's/RRIF's and beneficiary designations
- Life insurance policies and beneficiary designations
- Investment account statements
- Passports
- Medicare cards
- Health Insurance card
- Statement of Mortgage
- Canada Pension Plan Statement 1-800-277-9914 To receive updated information
- Notice of Assessment – Most recent Income Tax



## Additional Notes