PRELIMINARY ESTATE QUESTIONNAIRE

PHONE NO: ______ EMAIL: _____

ADDRESS:

DOCUMENTS	CLIENT HAS: (Circle)	PREPARE FOR CLIENT :
Last Will & Testament	Yes or No	Yes or No
Power of Attorney	Yes or No	Yes or No
Representation Agreement	Yes or No	Yes or No

GENERAL INFORMATION

Client Name:		
AKA:		
Birth Name:		
DOB:	Place of Birth:	
Mother:	Father:	
Siblings:		
	arriage?	
	<u>CHILDREN</u>	
1) NAME:	SPOUSE:	
ADDRESS:	CHILD:	
2) NAME:	SPOUSE:	
ADDRESS:	CHILD:	
3) NAME:	SPOUSE:	
ADDRESS:	CHILD:	

QUESTIONS

1) Immediate Concerns / Reason for appointment / (Health / Travel / Fam	ily):
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2) Do you have life insurance	policies? Yes No
3) Do you have any RRSP's /]	RRIF's? Yes No
4) Do you own any real estate	? YesNoJointly Held? YesNo
5) Do you have personal prope	erty or Bank accounts? YesNoJointly Held? YesNo
6) Do you have any investmen Jointly Held? Yes No	nts / Shares / Foreign Investments? YesNo
APPROXIMATE VALUE OF	FESTATE:
APPOINT	<u>IMENT OF EXECUTORS & REPRESENTATIVES</u> (Who will represent you?)
1 st REPRESENTATIVE:	(FULL LEGAL NAME)
ADDRESS:	
PHONE NO.: (H)	(C)
E-MAIL:	Relationship to Donor:
2 nd REPRESENTATIVE:	(FULL LEGAL NAME)
ADDRESS:	
PHONE NO.: (H)	(C)
E-MAIL:	Relationship to Donor:
2rd DEDDECENTATIVE.	
J KEFKEJENIAIIVE:	(FULL LEGAL NAME)
ADDRESS:	
PHONE NO.: (H)	(C)

***Do you want your representatives to:** \Box Act separately? \Box Act together? \Box Act as alternates?

BENEFICIARIES (FOR WILL) (Who gets what?)

QUESTIONS FOR US