



PEIRES LAW<sub>LLP</sub>

## **ESTATE PLANNING CHECKLIST**

### **GENERAL INFORMATION**

<b>Name (first, middle, last):</b>	
<b>Are you known by any other name(s)? If yes, please specify:</b>	
<b>Mailing Address:</b>	
<b>Phone No. (Home):</b>	
<b>Phone No. (Cellphone):</b>	
<b>Phone No. (Business):</b>	
<b>Email Address:</b>	
<b>Date of Birth:</b>	
<b>Birthplace:</b>	
<b>Citizenship:</b>	
<b>Occupation:</b>	
<b>Employer:</b>	

## **MARRIAGES**

*Marital Status:*

Single       Cohabiting       Married       Engaged   
 Divorced       Separated       Widowed

<b>Current Marriage/Common-Law Status</b>	
<i>To Whom:</i>	
<i>When/Where:</i>	
<i>Domestic Contract:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide a copy if yes)
<i>Separated:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Separation:
<i>Separation Agreement (or Court Order):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide a copy if yes)

<b>Previous Marriage</b>	
<i>To Whom:</i>	
<i>When/When:</i>	
<i>Domestic Contract:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide a copy if yes)
<i>How was the marriage terminated:</i>	
<i>What are the support obligations:</i>	

## **CHILDREN**

<b>Name</b>	<b>Age</b>	<b>Marital Status</b>	<b>No. of Children</b>	<b>Health Concerns</b>	<b>Place of Residence</b>

**OTHER DEPENDANTS**

Name	Age

**RELATIVES**

Name	Age	Relationship	No. of Children	Health Concerns	Place of Residence

<b>Current Estate</b>	
<i>Do you have an existing Will:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<i>Do you have an existing Power of Attorney For Property:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<i>Do you have an existing Power of Attorney For Health Care:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<i>Are there any agreements binding your estate:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide a copy if yes)
<i>Have you been appointed executor/estate trustee of another estate:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide details if yes)

## FINANCIAL INFORMATION

### ASSETS

#### REAL PROPERTY

	Address	Who is registered owner and how is title held	Purchase Price	Current Value
Primary Residence:			\$	\$
Additional Personal Properties (cottage etc.):			\$	\$
			\$	\$
Investment Properties:			\$	\$
			\$	\$

#### MONEY OWED TO YOU

Debtor	Amount Outstanding	Additional Notes
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## **BANK ACCOUNTS, SAVINGS, INVESTMENTS, PENSIONS, SECURITIES**

*(Cash, Savings Account, Chequing Account, Tax Free Savings Account, RESP's, Pensions, Stocks, Bonds, RESP's, Annuities etc.)*

Type of Account	Institution	Owner(s)	Value	Is there a beneficiary designation?
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
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			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>
			\$	Yes (details) <input type="checkbox"/> No <input type="checkbox"/>

Do you have any safety deposit boxes?  No  Yes (details):

Are any investments locked in?  No  Yes (details):

**LIFE AND DISSABILITY INSURANCE**

Policy Details	Owner	Beneficiary	Face Amount
			\$
			\$
			\$
			\$

**BUSINESS INTERESTS**

Name of Firm or Company	Interest	Value
		\$
		\$
		\$

**PERSONAL PROEPRTY**

	Owner	Value
Household furniture and personal items:		\$
Books, paintings and other personal articles:		\$
Automobiles:		\$
Jewellery :		\$
Collections:		\$
Electronics:		\$
Miscellaneous items:		\$

**REWARD POINT PLANS**

Plan Details	Owner	Value
		\$
		\$
		\$
		\$
		\$
		\$

**MEMBERSHIPS**

Membership Details	Owner	Value
		\$
		\$
		\$
		\$
		\$
		\$

**DIGITAL ASSETS**

Account Type	Do you have an existing account?	Should Executors Have Access?
Facebook	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Twitter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
LinkedIn	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Accounts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FOREIGN ASSETS**

Type of Asset	Location	Value
		\$
		\$
		\$
		\$
		\$





## WILL INSTRUCTIONS

<b>Executor(s) and Relationship:</b>	
<b>Alternate Executor and Relationship:</b>	
<b>Organ Donation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Cremation:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Primary Beneficiary:</b>	
<b>Fall-over Beneficiaries:</b>	
<b>Guardian(s) of Child(ren):</b>	

## POWER OF ATTORNEY INSTRUCTIONS

<b>Continuing Power Of Attorney For Property</b>	
<b>Attorney(s) and Relationship:</b>	
<b>Alternate Attorney and Relationship:</b>	

<b>Continuing Power Of Attorney For Personal Care</b>	
<b>Attorney(s) and Relationship:</b>	
<b>Alternate Attorney and Relationship:</b>	
<b>Special Instructions:</b>	