

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: _____

Marital Status/Previous Marriage? _____

CHILDREN

1) NAME: _____ SPOUSE: _____

ADDRESS: _____ CHILD: _____

2) NAME: _____ SPOUSE: _____

ADDRESS: _____ CHILD: _____

3) NAME: _____ SPOUSE: _____

ADDRESS: _____ CHILD: _____

QUESTIONS

1) Immediate Concerns / Reason for appointment / (Health / Travel / Family):

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? Yes ____ No ____ Jointly Held? Yes ____ No ____.

5) Do you have personal property or Bank accounts? Yes ____ No ____ Jointly Held? Yes ____ No ____.

6) Do you have any investments / Shares / Foreign Investments? Yes ____ No ____
Jointly Held? Yes ____ No ____.

APPROXIMATE VALUE OF ESTATE: _____

APPOINTMENT OF EXECUTORS & REPRESENTATIVES

(Who will represent you?)

1st REPRESENTATIVE: _____
(FULL LEGAL NAME)

ADDRESS: _____

PHONE NO.: (H) _____ (C) _____

E-MAIL: _____ Relationship to Donor: _____

2nd REPRESENTATIVE: _____
(FULL LEGAL NAME)

ADDRESS: _____

PHONE NO.: (H) _____ (C) _____

E-MAIL: _____ Relationship to Donor: _____

3rd REPRESENTATIVE: _____
(FULL LEGAL NAME)

ADDRESS: _____

PHONE NO.: (H) _____ (C) _____

E-MAIL: _____ Relationship to Donor: _____

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

BENEFICIARIES (FOR WILL)

(Who gets what?)

QUESTIONS FOR US
